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**EXPLORING THE RELATIONSHIP AND IMPACT OF ISLAMIC  
RELIGIOUS COPING ON THE MEANING MADE FOLLOWING THE  
LOSS OF A LOVED ONE**

Yara Ihab Am Ali

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**MASTER THESIS NO. 2023: 87**

**College of Medicine and Health Sciences**

**Department of Clinical Psychology**

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RELIGIOUS COPING ON THE MEANING MADE FOLLOWING  
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*Yara Ihab Am Ali*



*November 2023*

United Arab Emirates University  
College of Medicine and Health Sciences  
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EXPLORING THE RELATIONSHIP AND IMPACT OF ISLAMIC  
RELIGIOUS COPING ON THE MEANING MADE FOLLOWING  
THE LOSS OF A LOVED ONE

Yara Ihab Am Ali

This thesis is submitted in partial fulfilment of the requirements for the degree of Master  
of Science in Clinical Psychology

November 2023

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Cover: Grief and holding onto a loved one who is gone  
(Photo: Fatinha Ramos, Source: Pinterest)


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## Declaration of Original Work

I, Yara Ihab Am Ali, the undersigned, a graduate student at the United Arab Emirates University (UAEU), and the author of this thesis entitled “*Exploring the Relationship and Impact of Islamic Religious Coping on the Meaning Made Following the Loss of A Loved One*”, hereby, solemnly declare that this is the original research work done by me under the supervision of Dr. Zahir Vally in the College of Medicine and Health Sciences at UAEU. This work has not previously formed the basis for the award of any academic degree, diploma or a similar title at this or any other university. Any materials borrowed from other sources (whether published or unpublished) and relied upon or included in my thesis have been properly cited and acknowledged in accordance with appropriate academic conventions. I further declare that there is no potential conflict of interest with respect to the research, data collection, authorship, presentation and/or publication of this thesis.


Student's Signature:  \_\_\_\_\_

Date: 23/11/2023

## Approval of the Master Thesis


This Master Thesis is approved by the following Examining Committee Members:

- 1) Advisor (Committee Chair): Dr. Zahir Vally  
Title: Associate Professor  
Department of Clinical Psychology  
College of Medicine and Health Sciences

Signature  \_\_\_\_\_

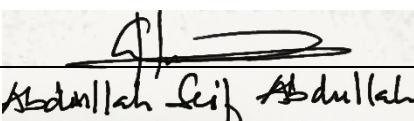
Date 21/11/2023

- 2) Member: Prof. Maria Compo-Redondo  
Title: Professor  
Department of Clinical Psychology  
College of Medicine and Health Sciences

Signature  \_\_\_\_\_

Date 21/11/2023

- 3) Member: Dr. Abdulla Abdulla Al Miskry  
Title: Associate Professor  
Department of Cognitive Sciences  
College of Humanities and Social Sciences

Signature  \_\_\_\_\_  
Abdullah Seif Abdullah

Date 22/11/2023

- 4) Member (External Examiner): Dr. Mai Helmy  
Title: Assistant Professor  
Department of Psychology  
Sultan Qaboos University, Muscat, Sultanate of Oman

Signature  \_\_\_\_\_

Date 21/11/2023


This Master Thesis is accepted by:

Acting Dean of the College of Medicine and Health Sciences: Professor Ahmed Al-Suwaidi

Signature 

Date 22/12/2023

Dean of the College of Graduate Studies: Professor Ali Al-Marzouqi

Signature 

Date 22/12/2023

## Abstract

Coping after a loss of a loved one can play out differently for different individuals. The existing literature examines coping with loss and bereavement, but it is often with specific types of loss, and usually with western populations or religions. This paper examines the impact of Islamic religious coping onto the meaning made (integration of stressful event) following the loss of a loved one to death, in a diverse ethnic background sample population of various Muslims who have experienced loss in the past 5 years. The study focuses specifically on positive religious coping, and whether it would have a positive and strong relationship with the ability to integrate the stressful life experience (i.e., loss or grief). A comprehensive survey including 3 measures, was sent out electronically and gathered over 500 responses, where 267 entries were recorded after the inclusion criteria. Four linear regression analyses were conducted to examine the relationship between positive coping and the 2 sub variables of the ISLES, as well as its total score, with a further exploration of the effect of the time of loss. The results show a significant positive relationship ( $p < 0.05$ ) ( $r = .141$ ) between positive coping and the integration of stressful life experiences (ISLES) total score and its footing in the world subscale ( $r = .154$ ), but no significant relationship ( $p > 0.05$ ) with the comprehensibility subscale ( $r = .731$ ). Time of loss also showed an impact, explaining that the more time passes, the better the integration of the loss experience. We can conclude that positive Islamic coping can help individuals to process and integrate the painful experience of loss, and allows them to remain functioning forward, with no impact on values or footing in the world.

**Keywords:** Islamic Religious coping, Loss, Meaning making, Grief, Integration.



## Title and Abstract (in Arabic)

استكشاف علاقة وأثر التعامل الديني الإسلامي على المعنى الناتج بعد فقدان أحد أفراد الأسرة

### الملخص

يمكن أن يختلف التعامل مع فقدان شخص عزيز عليك من شخص لآخر. الدراسات الموجودة تبحث في كيفية التعامل مع الخسارة والفجوة، ولكنها غالبًا ما تكون مع أنواع محددة من الخسارة، وعادةً مع السكان الغربيين أو الأديان الغربية. تبحث هذه الورقة في تأثير التكيف الديني الإسلامي على المعنى الذي تطور من بعد فقدان أحد أفراد أسرته للموت، في عينة سكانية ذات خلفية عرقية متنوعة من مختلف المسلمين الذين عانوا من الخسارة في السنوات الخمس الماضية. تركز الدراسة بشكل خاص على التكيف الديني الإيجابي، وما إذا كان سيكون له علاقة إيجابية وقوية مع القدرة على دمج تجربة الحياة الضاغطة (أي الخسارة أو الحزن). تم إرسال مسح شامل يتضمن 3 مقاييس إلكترونيًا وجمع أكثر من 500 إجابة، حيث تم تسجيل 267 إدخالًا بعد معايير التضمين. تم إجراء أربعة تحليلات للانحدار الخطي لفحص العلاقة بين التكيف الإيجابي والمتغيرين الفرعيين لـ بالإضافة إلى درجتها الإجمالية، مع مزيد من الاستكشاف لتأثير وقت الخسارة. أظهرت النتائج وجود علاقة إيجابية ذات دلالة إحصائية ISLES ( $r = 0.141$ ) ( $P < 0.05$ ) بين النتيجة الإجمالية للتكيف الإيجابي وتكامل تجارب الحياة الضاغطة (ISLES) وموضع قدمها في المقياس الفرعي العالمي ( $r = 0.154$ )، ولكن لا توجد علاقة ذات دلالة إحصائية. العلاقة ( $0.05 <$ ) مع المقياس الفرعي للفهم ( $ص = 0.731$ ). وأظهر وقت الخسارة أيضًا تأثيرًا، موضحًا أنه كلما مر الوقت، كان التكيف والتكامل مع تجربة الخسارة أفضل. يمكننا أن نستنتج أن التكيف الإسلامي الإيجابي يمكن أن يساعد الأفراد على معالجة ودمج تجربة الخسارة المؤلمة، ويسمح لهم بالبقاء في العمل إلى الأمام، دون أي تأثير على القيم أو الأساس في العالم.

مفاهيم البحث الرئيسية: المواجهة الدينية الإسلامية، الفقد، الحزن، التكامل، صناعة المعنى.

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## **Dedication**

*To everone who lost a loved one*

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## **List of Abbreviations**

COM	Comprehensibility
FW	Footing in the World
ISLES	Integration of Stressful Life Experiences Scale
NRC	Negative Religious Coping
PRC	Positive Religious Coping





## **Chapter 1: Introduction**

The extent to which religion affects understanding and managing/coping with significant life events (Pargament & Mahoney, 2005) may be defined as the degree to which people use religion to comprehend and treat stress (Pargament et al., 2000). Religious coping can be divided into two categories: positive and negative religious coping (Pargament et al., 1998). A stable relationship with a transcendental force, a spiritual connection with others, and a generous worldview are all examples of effective religious coping, and they are all associated with successful outcomes. Conflicts with a transcendental power, internal/interpersonal conflicts, and spiritual stresses are all examples of negative religious coping. It is associated with negative psychological outcomes (such as anxiety) (Ano & Vasconcelles, 2005; Pargament, 2011).

### **1.1 Overview**

Each person's reaction to loss is different. Every person, group, religion, and culture deals with loss in a unique way. According to a number of studies, attitudes about sorrow and grieving may be influenced and justified by a religious framework (Suhail et al., 2011; Kristiansen & Sheikh, 2012; Kristiansen et al., 2016). People's religious views may, in particular, have an impact on how they view and handle bereavement.

Even though there is a growing number of research on religion as a posttraumatic coping mechanism, most of it has concentrated on Christianity and has made little mention of other traditional religions like Islam (Hill & Pargament, 2008; Abu-Raiya & Pargament, 2015). There are several religiously inspired viewpoints among Muslims regarding the causes and remedies for psychological discomfort. One popular idea is that God's divine will ultimately determines one's fortunes and misfortunes in life (Husain, 1998; Inayat, 2005). Another idea is that, if handled carefully, bad luck might be a manner of trying to make amends for sins. Muslims are therefore urged to practice patience, perseverance, or self-control in order to deal with difficulties (Khan et al., 2009).

## **1.2 Research Objective**

It is plausible that Islamic teachings have an impact on believers' assessments of life occurrences because typical interpretations of Islam link prosperity and misfortune to God's will. This paper will explore religious coping, from an Islamic perspective, and its impact on the meaning making that arises because of a loss of a loved one. The main purpose is to investigate the connection and relationship between positive religious coping and meaning making by means of ability of integration of stressful life events (i.e. loss), while also discussing the literature on the effectiveness of religious coping in terms of various forms of hardship and life challenges, as well as the impact of religiosity on grief outcomes.

## Chapter 2: Literature Review

### 2.1 Religious Coping

Religious coping is a concept that is fairly fresh in the literature, and has been explored in relation to trauma, migration, and stressful life situations. A researcher named Pargament has brought up religious coping theory, despite the fact that theorists and general coping researchers have ignored the religious part of coping (Pargament, 2001; Pargament & Mahoney, 2005). He emphasizes that each coping mechanism can include religion as a key component. According to him, religion gives people the tools they need to deal with dangerous or scary situations, enables them to see things from a different perspective, and improves their capacity to handle them. He describes religious coping as an effort to view and handle life's stresses in light of sanctification.

Pargament's religious coping consists of a number of elements. First, religious coping serves a variety of purposes, such as the search for meaning, intimacy with others, identity, control, anxiety reduction, adjusting to life's changes, and spirituality; second, religious coping is a multi-quality construct that includes behavior, emotions, relationships, and cognition; and third, it is a dynamic process. It is everchanging, within the context of time, situation, and conditions. Moreover, religious coping is multivalent: a process that may result in either beneficial or detrimental consequences. Fifth, religious coping entails the addition of a distinct dimension to the coping process through the special relationship to sacred topics. Finally, religious coping provides fundamental knowledge about our understanding of religion and its relationship to health and well-being, particularly when faced with critical challenges, because of the unique focus placed on the ways religion makes its presence in life felt. This viewpoint has significant effects on how religious coping is evaluated (Pargament, 2011).

The Muslim social support method is a potent collective reflection of the religiosity of individuals and the internalization of Islamic beliefs and standards. The obvious emphasis placed on the individual's relationship with the Creator and reliance on Him in all matters of life as a coping strategy in the reduction of anxiety, depression, and restoration of hope may be the most notable distinction between Islamic coping

mechanisms and strategies and other alternative coping means (Mohammadzadeh & Najafi, 2020). Religious beliefs can increase a person's sense of security and help them cope with challenges both inside and outside of their environment (Lichtenthal & Burke, 2011; Exline et al., 2014). Positive religious coping mechanisms reflect a secure connection to spiritual forces, which includes a sense of spiritual kinship with others and a kind perspective on the world. Negative religious coping mechanisms, on the other hand, highlight the underlying spiritual tensions and conflicts that exist between people and God as well as with other people. The coping hypothesis emphasizes how individuals actively understand and react to significant life events, and how they impact the level of life satisfaction and social support satisfaction (Dobrakowski et al., 2021).

Many empirical investigations have revealed that the primary predictors of the effects of traumatic life events are specific appraisal and coping strategies. According to the coping theory, conduct is better understood within a broad cultural context as a process of dynamic interaction between individuals and life conditions (Mohammadzadeh & Najafi, 2020). Moreover, studies have shown that religious coping mechanisms might act as a mediating factor in the relationship between stressors and psychological outcomes like wellbeing (Helder et al., 2002). This implies that while maladaptive religious coping is harmful to psychological health, adaptive religious coping promotes healthy well-being, mental health, and positive functioning. It is reasonable to believe that religious coping may enable people to lessen their dread of loss and their experience with grieving given that religious coping and religiosity offer psychological resources that help people to cope with pain (Ghoncheh et al., 2021).

## **2.2 Influence of Religious Coping on Meaning Making**

For many people, religion or spirituality forms the foundation of their overall philosophy of life, the framework through which they experience and comprehend the world, and the means by which they go about their daily lives. As a result, the universe appears benign, secure, fair, coherent, and, in the end, under their control (Park et al., 2013). Obviously, this meaning system will influence their responses when faced with highly stressful circumstances like the death of a loved one. Several tools are available from a religious and spiritual perspective to help people comprehend and deal with loss.

It is useful to look at early understandings of meaning making. Viktor Frankl, who experienced great suffering in his life, but adopted positive meaning and resilience, argued that the pursuit of meaning is not a subordinate mental process to instinct; rather, it stands as the primary driving force in life (Frankl, 1972; 2011; 2014). His theory underscored the importance of equipping oneself with the necessary tools for discovering meaning, rejecting the notion of viewing individuals as simplistic machines with isolated components (Frankl, 1986; 2004). A crucial element of Frankl's existential theory involved a person's capacity to transcend their surroundings. According to Frankl, individuals are exclusively responsible for determining the meaning of their lives, necessitating them to take ownership of creating and defining their distinct purpose. Moreover, he emphasized that the power to interpret the meaning of a situation holds the potential to generate a positive outcome even in the most adverse circumstances (Bushkin et al., 2021).

It is important to note that neither meaning-making nor coping take place in a vacuum. According to Klass (2014), meaning-making during bereavement takes place in an "inter-subjective" domain, and many of the processes that influence coping and meaning-making strategies are rooted in social interaction. Religious social support indicates better coping outcomes. (O'Connor, 2003; Klass, 2014; Neimeyer et al., 2014). Additionally, according to a study conducted by Stelzer et al. (2019), those who identify as religious but do not participate in a religious community may be more likely to engage in negative religious coping, in which their data independently predicted more severe bereavement. This study does indicate that being religious is not necessarily protective in the setting of mourning, and that identifying religious people who are not involved in a religious community and offering them opportunity to do so may help with a preventative intervention strategy in grieving. Therefore, it is worth exploring the communal effect of grief coping for future research (Stelzer et al., 2020).

By offering a source of meaning and easing transition, religion may help people cope with stress, depression, and anxiety (Hipolito et al., 2014; Toussaint et al., 2017). According to some studies, traumatic loss is linked to more religious coping, everyday spiritual experiences, and organized religion (Currier et al., 2013). Making sense of trauma may be made easier by considering religious notions of suffering (Hasanov &

Shirinov, 2017). In a study done on the impact of Islamic beliefs on trauma survivors, it was discovered that these beliefs were linked to fewer post-traumatic stress disorder (PTSD) symptoms: the difficult event was God's will; hardship is followed by ease; patience will be rewarded; and the difficult event was a test of faith. Alternatively, having PTSD was linked to thinking that challenges are God's punishment (Berzengi et al., 2017).

In order to improve the fit between the appraised meaning of the stressor and global meaning, meaning making entails changing spirituality, either the very meaning of the stressor (appraised meaning) in a process of assimilation or changing one's global beliefs and goals (Park, 2010b). Finding a more palatable perspective of the event and its ramifications is a normal step in the meaning-making process. In order to find meaning, one may also need to reevaluate their global perspectives, ambitions, and sense of purpose in life (Wrosch, 2010; Park, 2010a). Making sense of the world involves both conscious efforts to alter one's assessed or overall meaning as well as unconscious activities (such as intrusive thoughts) (Park, 2013). Therefore, meaning making, can be operationalized or investigated from a perspective of the ability to integrate stressful life experiences. Which can be assessed through footing in the world, which is essentially global meaning and impact on world perception, as well as comprehensibility, which entails making sense of the loss itself (Holland et al., 2010).

### **2.3 Effectiveness of Religious Coping**

The literature seems to be exploring the idea of religious coping or meaning making, but mostly in relation to reducing psychological disturbances, coping with death anxiety and depression, coping with terminal illness and trauma survival. Although these studies do not necessarily focus on loss of a loved one or grief outcomes, they explore ideas of secondary loss and how effective religious coping can be. Therefore, these studies are worth noting, and it is important to identify that gap but while looking at the support of these study findings. For example, there is a substantial body of research demonstrating the effectiveness of religious coping mechanisms as a protective buffer against mental disorders like depression and anxiety (Braam et al., 2010; Peteet & Balboni, 2013; Thuné-Boyle et al., 2013). When stressors are managed in the face of

difficult situations, adaptive behavioral and cognitive techniques derived from culture religious and spiritual precepts are referred to as religious coping (Lee et al., 2014; Ng et al., 2017). Religious coping is a strategy that may enable people to take advantage of their religious convictions in order to increase self-efficacy (Braam et al., 2010; Thuné-Boyle et al., 2013). According to attachment theory, persons who are dealing with stressful or crisis situations may turn to religion and a deep relationship with a heavenly being like "God" for support. They feel less alone, feel more secure, have fewer worries about dying and a possible afterlife, and consequently suffer less depressed affect and death sadness when they believe in and submit to God or a higher force who they perceive to provide protection (Hill & Pargament, 2008). Consequently, while dealing with a stressful situation that threatens one's life, like advanced cancer, religious coping may be an effective way to change how stress and depressive affect are seen. It may also promote good mental health (Sharif et al., 2018).

According to a study looking at religious coping and death depression in cancer patients, positive religious coping behaviors are linked to fewer depressive thoughts and negative feelings about dying in Iranian cancer patients. This study contributes to our understanding of the role of religion in coping. Furthermore, in individuals with earlier stages of sickness, negative religious coping was more strongly linked to adverse effects and melancholy thoughts about death (Sharif et al., 2018).

In an investigation by Berzengi et al. (2017) Muslim trauma survivors with and without PTSD residing in the United Kingdom (Study 1) and a sample of Muslim trauma survivors living in Northern Iraq were examined for their perceptions of Islam, trauma-related perceptions, and religious coping (Study 2). First, it was discovered that negative religious coping distinguished Muslim trauma survivors with PTSD from those without (Study 1), was a predictor of PTSD (Study 1) and is substantially linked with worsening PTSD symptoms (Study 2). This study also noted that positive religious coping was not linked to PTSD, in contrary to previous studies. Additionally, in Study 2, they concluded that unfavorable or negative assessments of Islam were strongly linked to worsening PTSD symptoms, whereas positive assessments of Islam were significantly linked to ameliorating PTSD symptoms. Moreover, negative trauma-related appraisals significantly predicted PTSD symptoms in Study 2 and also linked with them. Finally,

there was a strong correlation between poor assessments of traumatic experiences and bad assessments of Islam and religious coping. Ultimately, it was discovered that the association between unfavorable assessments of Islam, unfavorable religious coping, and PTSD symptoms is mediated by trauma-related appraisals. This implies that unfavorable religious views could result in negative trauma-related assessments, which would then encourage PTSD symptoms. This research shows us the impact of religious coping and how the two extremes of appraisal towards religious beliefs will definitely impact the way an individual deals or copes with hardship.

Humans frequently encounter the prevalent phenomenon of death-related fear. People are fully aware of their mortality, and this awareness can lead to a fear of dying, which can lead to anxiety. It is possible to convey one's attitudes regarding death deliberately or unconsciously through one's personality traits as well as through cultural, societal, and philosophical belief systems. Several religious organizations and groups use rituals and have philosophical beliefs that have been influenced by various cultures. In order to research religion and fear of dying, researchers attempted to use self-reported measures to examine the connection between religiosity and death anxiety. The results showed that death dread among the participants is inversely connected to religiosity (Saleem & Saleem, 2020). This implies that greater religiosity is associated with less fear of dying. So, it can be said that religion can numb feelings of death anxiety. Additionally, a meta-analysis reviewed 10 studies that explore the relationship between religiosity and anxiety, and they found that religiosity can act as a buffer and offers coping strategies, which in turn decreases anxiety (Abdel-Khalek et al., 2019).

## **2.4 Religiosity and Grief Outcomes**

Grief can be an ongoing mental process that permeates one's life or it can be a constructive resolution to an experience that increases one's sense of humanity, compassion, and wisdom. Shock, denial, numbness, wrath, longing, yearning, searching, disorganization, despair, and possible reorganization are all facets of the multifaceted experience of grief. Loss burdens can be carried for a lifetime or released. Sorrow can be considered as a normal human experience that develops one's fundamental humanity, but



it can also be a possible trap, a no-out-of-here situation, and a source of long-term misery (Park & Halifax, 2021).

In a study examining the function of religious coping, meaning, and devotion to God as mediators in the grieving process, they discovered that a secure form of attachment to God was a statistically significant predictor for all three outcomes (depression, grieving, and stress-related growth), as well as for our two mediators, is one of the model's most important discoveries (meaning and positive religious coping). In this group, a strong connection to God appeared to be negatively correlated with both depression and grief. It also appeared to have an indirect impact on these emotions via the process variables of meaning and effective religious coping. This discovery is rich theoretically. Individuals with a secure kind of attachment to God may have a faith or worldview that involves confidence in a compassionate God who is continuously available and responsive. With this God as their ultimate secure base, people may weather a significant death with less depression and grief and with more stress-related growth. They may also rely more heavily on positive religious coping when belief in this God is part of their orienting system since good religious coping strategies appear to be reflective of faith in a helpful, forgiving God (Kelley & Chan, 2012).

From the above research presented and concepts that are evident in the literature, we can see that there is an effectiveness to adopting healthy and positive religious coping attitudes, and that there would be a positive impact on dealing with various forms of life stressors.

## **2.5 Purpose of the Study**

The main objective of this study is to examine the style or level of Islamic religious coping and its impact on the meaning that is attached to the experience of grief and ability to integrate the experience, following the loss of a loved one. We aim to understand how a religious framework can influence coping with hardship.

## **2.6 Significance of the Study**

It is very important to conduct this study to first, identify the patterns of religious coping in Muslims, in order to understand attitudes, as they are not a widely studied group. Additionally, we would be able to identify how people's religious attitudes and ideas of coping would influence the meaning that arises from dealing with grief after the loss of a loved one. Although there is substantial research on grief and meaning-making and religious coping, there is little evidence pertaining to loss to death, in a Muslim sample. Therefore, it is valuable knowledge that is worth exploring. This knowledge would bridge a gap in the literature and identify patterns and links in a new population.

## **2.7 Research Question(s) and Hypotheses**

Research question:

What is the impact of Islamic religious coping on meaning making following the loss of a loved one?

Hypotheses:

- H1: It is predicted that individuals who scored highly on the positive religious coping scale, would similarly score highly on a measure of meaning making, following the loss of their loved one.
- H2: It is predicted that positive religious coping, would be highly associated with a sub variable of meaning making, specifically footing in the world, which reflects global meaning, following the loss of their loved one.
- H3: It is predicted that positive religious coping, would be highly associated with a sub variable of meaning making, specifically comprehensibility, which reflects making sense of a specific event, following the loss of their loved one.
- H4: It is predicted that increasing duration of time following the loss of the loved one, would be associated with greater total meaning making.

## Chapter 3: Methods

### 3.1 Participants

The target population for this study is Muslim adults from the ages of 18 and older. There is no specification for gender, educational level, socioeconomic status, or ethnic background, but demographic information of those domains was collected. The aim was to collect data from at least 200 participants. A total of 550 responses were gathered, but after eliminating responses that did not fit the inclusion criteria, a total of 267 responses were recorded. The conditions for inclusion of the participant response is for them to have experienced the loss of a loved one in the last 5 years, which was explicitly stated in the informed consent form. The survey including the 3 measures was sent out electronically, shared on social media platforms, and sent out through university emails. There was a random selection process. There was no compensation for filling out the questionnaires.

### 3.2 Materials

#### 3.2.1 *Brief RCOPE*

The Brief RCOPE, which has been used as a gauge of spiritual struggles, is a valid and reliable tool for measuring religious coping. It has 14 items and two subscales that assess positive religious coping (PRC; for example, "Focused on religion to stop worrying about my problems") as well as negative religious coping (NRC; for example, "Felt punished by God for my lack of devotion"). In investigations of distressed people exposed to various life stresses and violently bereaved African Americans, the Brief RCOPE has demonstrated adequate to high internal reliability for both subscales ( $\alpha = .80$  and  $.69$ , respectively) (Pargament et al., 1998; McConnell et al., 2006., Burke et al., 2011).

#### 3.2.2 *Integration of Stressful Life Experiences Scales (ISLES)*

A 16-item multidimensional scale called the Integration of Stressful Life Experiences Scale (ISLES) measures how much meaning was created after a stressful

life experience. Greater meaning made (i.e., greater integration) of the stressful event is reflected in higher scores, whereas greater barriers to meaning making are reflected in lower results. Using data from two college-aged samples—one of 178 people who had undergone a variety of life pressures and another of 150 people who had recently experienced a bereavement—Holland et al. (2010) discovered that the ISLES exhibited strong internal consistency (i.e., Footing in the World subscale:  $=.93$  and  $.94$ ; and Comprehensibility subscale:  $=.80$  and  $.85$  in the general stress and bereaved samples, respectively). In the general stress and bereaved populations, it also displayed adequate test-retest reliability (Holland et al., 2010).

### *3.2.3 PG-13-Revised*

The PG-13 scale was developed as part of the PGD diagnostic criteria recommended for inclusion in the DSM-5 and ICD-118. The scale has 13 items that can be used to assess grief intensity continuously on a dimensional scale as well as diagnose PGD using the specified criteria. The PG-13 items are a subset of the Inventory of Complicated Grief - Revised, which is a version of the Inventory of Complicated Grief. This measure shows promising internal consistency ( $.93$ ) and test-retest reliability ( $.89$ ) in its Persian version (Ashouri et al., 2023).

## **3.3 Research Design**

This research design is non-experimental. The research question is correlational, as it aims to find a link between religious coping and the impact it has on the meaning made following a grief experience. A correlational statistical analysis was applied to assess the correlational coefficient to determine the direction and strength of the relationship.

## **3.4 Research Procedure**

Before conducting the data collection, an ethical approval was obtained from the IRB. The measures were combined in one google form, on separate pages, and a link was shared on social media platforms, emailed to university students, and shared randomly and generally. The google form also included a consent form, stating the

confidentiality of the information, and additionally included a section that gathered basic demographic information, to learn more about the population. All measures are quantitative in nature. A few questions were asked regarding the loss, such as when it occurred and who was the person they lost. Moreover, the Brief RCOPE investigates positive and negative religious coping, which may be uncomfortable for some people, so a disclaimer, as well as contact information of the researchers were added to participants in case they faced any discomfort. Total completion time took about 10 minutes.

### **3.5 Ethics**

This study was administered on adults, therefore there is no worry over minors or children. A consent form was presented at the beginning of the google form before the questionnaires. Participant demographic details were collected for background information; however, but are kept confidential and no names or identifiable information will be present in the research report or publication. Although the questionnaires may be looking at the impact of grief, and this may elicit an emotional reaction, there is no intense questioning or forcing to relive any negative memories and emotions, therefore, there is no potential for harm. However, just in case, contact details were provided in case any participant would like to reach out for support. An ethical approval was also obtained by the IRB before administration.

### **3.6 Data Analysis**

First, the participants' response data that was collected using google forms was exported and used for statistical analysis using SPSS. Demographic variables were assessed and screened to ensure the participant data met the research criteria. The inclusion criteria were for respondents who were Muslim, over the age of 18, and have experienced loss of a loved one to death in the past 5 years. 267 participants passed the inclusion criteria. The exclusion criteria included people who were younger than 18 and have experienced the loss outside of the 5-year parameter. The entries were screened for missing data, and those were. Descriptive analysis was then computed for demographic data using frequencies and percentages for categorical variables and means and standard deviations for continuous variables such as time of loss in years. Descriptive data was also computed for the measures

used for primary variables (religious coping, prolonged grief disorder, and ISLES). A correlational matrix was produced, which generated Pearson's  $r$  values and its associated  $p$  values, in order to establish relationships or links between the variables. Finally, a series of 4 linear regressions were run. The first assessed the predictive impact of positive coping on the total ISLES score, which was reflective of meaning making, the second assessed the predictive impact of positive coping on FW sub variable, the third assessed the predictive impact of positive coping on the COM sub variable, and finally the fourth regression assessed the predictive impact of time of loss occurrence on the total ISLES score. In all analyses, a  $p$  value of  $p < 0.05$  was indicative of statistical significance.

## Chapter 4: Results

### 4.1 Descriptive Statistics

There was a total of 267 responses for the administered survey, that were used as the final sample. Originally, a total of 437 responses were collected, but many responses were removed due to not meeting the inclusion criteria. A sample size calculation was computed using the following parameters: an effect size of  $f^2 = .15$ ,  $\alpha = .05$ , power =  $.8$ , and number of predictors = 1. This indicated that a minimum sample size of 55 individuals, is needed to attain  $.8$  power. This shows that sample attained for this study is more than adequate. Table 1 illustrates the sample population's demographic variables. Information regarding gender, nationality, educational level, and age was collected. It shows that the sample has more female respondents (82%) in comparison to male respondents (18%). In terms of nationality, it shows a great amount of diversity, with 21 different nationalities being included. The majority of participants were from Oman ( $n=61\%$ ), and the second highest nationality percentage was from Egypt ( $n=12.4\%$ ). The other nationality entries such as Yemen, Turkiye, and Sweden only had 1 respondent each. In terms of educational background, most responses came from undergraduate students ( $n=64.8\%$ ), followed by master's students ( $n=18.4\%$ ), with few responses from people who hold diplomas, or are enrolled in an MD program, among others. Moreover, the age of respondents ranged from 18 to 60 years old. The age groups were divided into categories, the first representing 18-23, and the 7<sup>th</sup> category representing 55-60 years old. The majority of respondents fall between 18-23 years old ( $n=47.2\%$ ), while the minority falls between 48-60 (over 2 categories) ( $n=1.5\%$ ). Finally, the relation to the person the individual lost was collected, and this was categorically recorded from 1-13, which involved losses such as Mother (3), friend (7), sibling (9), and teacher (13), to name a few. The major category was the loss of a grandparent ( $n=44.6\%$ ), and the minority loss was that of a spouse at ( $n=.4\%$ ).

Table 1: Showing sample population's frequency statistics, according to variable

		Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Gender	Male	48	18.0	18.0	18.0
	Female	219	82.0	82.0	100.0
	Total	267	100.0	100.0	
Nationality	Egypt	33	12.4	12.4	12.4
	Oman	163	61.0	61.0	73.4
	Saudi	1	.4	.4	73.8
	Palestine	17	6.4	6.4	80.1
	UAE	11	4.1	4.1	84.3
	USA	3	1.1	1.1	85.4
	Pakistan	2	.7	.7	86.1
	Jordan	11	4.1	4.1	90.3
	Syria	8	3.0	3.0	93.3
	France	1	.4	.4	93.6
	Lebanon	2	.7	.7	94.4
	Dominican	3	1.1	1.1	95.5
	Iraq	2	.7	.7	96.3
	Turkiye	1	.4	.4	96.6
	Yemen	1	.4	.4	97.0
	Sudan	2	.7	.7	97.8
	Sweden	1	.4	.4	98.1
	Canada	1	.4	.4	98.5
	Algeria	2	.7	.7	99.3
	India	1	.4	.4	99.6
Australia	1	.4	.4	100.0	
	Total	267	100.0	100.0	
Education	Undergrad	173	64.8	64.8	64.8
	Master	49	18.4	18.4	83.1
	PhD	4	1.5	1.5	84.6
	Diploma	17	6.4	6.4	91.0
	MD	1	.4	.4	91.4
	Highschool	1	.4	.4	91.8
	Other	22	8.2	8.2	100.0
	Total	267	100.0	100.0	
Age	18-23	126	47.2	47.2	47.2
	24-29	91	34.1	34.1	81.3
	30-35	24	9.0	9.0	90.3
	36-41	6	2.2	2.2	92.5
	42-47	12	4.5	4.5	97.0
	48-54	4	1.5	1.5	98.5
	55-60	4	1.5	1.5	100.0
	Total	267	100.0	100.0	



Table 1: Showing sample population's frequency statistics, according to variable (Continued)

		Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Relation to Loss	Grandparent	119	44.6	44.6	44.6
	Father	30	11.2	11.2	55.8
	Mother	11	4.1	4.1	59.9
	Uncle	28	10.5	10.5	70.4
	Cousin	9	3.4	3.4	73.8
	Aunt	21	7.9	7.9	81.6
	Friend	26	9.7	9.7	91.4
	In Law	3	1.1	1.1	92.5
	Sibling	8	3.0	3.0	95.5
	Spouse	1	.4	.4	95.9
	Uncle/Aunt's spouse	5	1.9	1.9	97.8
	Child	2	.7	.7	98.5
	Teacher	4	1.5	1.5	100.0
	Total	267	100.0	100.0	

Table 2 discusses the descriptive statistics of the population responses in terms of the time of loss. The range of years was from less than a year (0) to 5 years (5).

Table 2: Showing sample population's descriptive statistics in terms of loss occurrence

	N	Minimum	Maximum	Mean	Std. Deviation
When the loss occurred (years)	267	0	5	2.09	1.646
Valid N (listwise)	267				

Table 3 illustrates the descriptive statistics of the scores for the different measures used in the study. The sample produced a mean score of 25.65 (SD= 8.236) on the prolonged grief disorder scale. This scale provides a cut off score of 35 in order to meet the criteria for prolonged grief disorder. In relation to the brief religious coping measures, the positive coping style mean was 17.89 (SD=4.244), while the negative coping sample mean was 6.49 (SD=4.422). When it comes to the ISLES, the footing in the world subscale has a mean of 37.90 (SD=7.903), while the comprehensibility scale

had a mean of 15.94 (SD=3.439). Finally, the ISLES total measure score had the mean of 53.84 (SD= 10.680).

Table 3: Showing descriptive statistics of prolonged grief disorder measure, religious coping measure, and the integration of stressful life experiences measure

	N	Minimum	Maximum	Mean	Std. Deviation
Prolonged grief disorder	267	11	55	25.65	8.236
Positive Coping	267	0	21	17.98	4.244
Negative Coping	267	0	24	6.49	4.422
Footing in the world (ISLES)	267	13.00	50.00	37.9026	7.90390
Comprehensibility (ISLES)	267	8.00	23.00	15.9401	3.43962
Total score (ISLES)	267	23.00	72.00	53.8427	10.68049
Valid N (listwise)	267				

## 4.2 Correlational Statistics

Table 4 illustrates a correlation matrix, in which the association between the primary variables were explored. We can see that there is a significant negative correlation ( $p < 0.001$ ) between prolonged grief disorder and all 3 scales of the ISLES (FW  $r = -.328$ ) (COM  $r = -.266$ ) and (Total  $r = -.328$ ). For positive coping, we can see a significant positive correlation ( $p < .05$ ) with the footing in the world subscale ( $r = .154$ ) as well as the total ISLES score ( $r = .141$ ), for the comprehensibility subscale, there was no significant correlation. For negative coping, we can see a significant negative correlation ( $p < .001$ ) with all 3 scales of the ISLES (FW  $r = -.297$ ) (COM  $r = -.229$ ) and (Total  $r = -.294$ ). Looking at the ISLES measure, we can see a significant link ( $P < 0.01$ ) between the subscales of the measure, showing its high internal consistency (FW and Total  $r = .976$ ) (FW and COM  $r = .731$ ) (COM and Total  $r = .863$ ).

Table 4: This table illustrates the correlations between the various measures

		Prolonged Grief Disorder	Positive Coping	Negative Coping	Footing in the World	Comprehensibility	ISLES total
Prolonged Grief Disorder	Pearson Correlation	1	-.010	-.012	-.328**	-.266**	-.328**
	Sig. (2- tailed)		.877	.847	.000	.000	.000
	N	267	267	267	267	267	267
Positive Coping	Pearson Correlation	-.010	1	.221**	.154*	.084	.141*
	Sig. (2- tailed)	.877		.000	.012	.173	.022
	N	267	267	267	267	267	267
Negative Coping	Pearson Correlation	-.012	.221**	1	-.297**	-.229**	-.294**
	Sig. (2- tailed)	.847	.000		.000	.000	.000
	N	267	267	267	267	267	267
Footing In the World	Pearson Correlation	-.328**	.154*	-.297**	1	.731**	.976**
	Sig. (2- tailed)	.000	.012	.000		.000	.000
	N	267	267	267	267	267	267
Comprehensibility	Pearson Correlation	-.266**	.084	-.229**	.731**	1	.863**
	Sig. (2- tailed)	.000	.173	.000	.000		.000
	N	267	267	267	267	267	267
ISLES total	Pearson Correlation	-.328**	.141*	-.294**	.976**	.863**	1
	Sig. (2- tailed)	.000	.022	.000	.000	.000	
	N	267	267	267	267	267	267

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

### 4.3 Regression Analysis

Four linear regression analyses were done, in order to evaluate the predictor (positive coping) in relation to a) Integration of stressful life events (ISLES) total score b) footing in the world subscale c) comprehensibility subscale and d) the effect of time of loss on the ISLES total score.

#### 4.3.1 Regression 1: Positive Coping and ISLES Total Score

In the first regression analysis, we aimed to assess the impact of the predictors of positive coping and negative coping, on the integration of stressful life events total score. Before looking at the regression statistics, in Table 5, we can see the correlations between the measures. We can see a significant positive correlation between positive coping and the ISLES total score ( $r = .141$ ), and a significant negative correlation between negative coping and the ISLES total score ( $r = -.294$ ). Table 6 shows the model summary of the first linear regression analysis, where model 1 shows positive coping as a predictor, and the dependent variable as the ISLES total. Model 1 shows that 2% of the variance in the score of integration of stressful life experience can be accounted for by the positive coping style, ( $F(1,265) = 5.344, p = .022$ ). Model 2 includes negative coping as a predictor as well, which also remains significant, but the developer of the brief rcope specifically stated that both subscales should not be combined and correlated. That's why, for the purpose of this study, a total coping score was not calculated and included in these analyses. The results of model 1 show a significant relationship between positive coping and integration of stressful life experiences. Looking further at the coefficients, Table 7 shows us Model 1, where positive coping ( $\beta = .141, t = 2.312, p = .022$ ) positively predicts the integration of stressful life experiences.

#### 4.3.2 Regression 2: Positive Coping and Footing in the World (FW)

Given that the ISLES as a measure produces two sub variables (Footing in the World (FW) and Comprehensibility (COM)), it is worth looking at the regression analyses with each of them. The second linear regression analysis that was conducted, looked specifically at the relationship between positive coping, and footing in the world. In Table 8, demonstrating the model summary, Model 1 shows that 2.4% of the variance in footing in the world perception can be accounted for by the positive coping style, ( $F$

(1,265) = 6.403,  $p < 0.05$ ). The results of model 1 show a significant relationship between positive coping and footing in the world. Model 2 includes negative coping as a predictor as well, which also remains significant, but the developer of the brief rcope specifically stated that both subscales should not be combined and correlated. That's why, for the purpose of this study, a total coping score was not calculated and included in these analyses. The results of model 1 show a significant relationship between positive coping and footing in the world. Looking further at the coefficients, Table 9 below shows us Model 1, where positive coping ( $\beta = .154$ ,  $t = 2.530$ ,  $p < 0.05$ ) positively predicts footing in the world.

#### 4.3.3 Regression 3: Positive Coping and Comprehensibility (COM)

When it comes to the ISLES's comprehensibility sub variable, as Table 4 and 10 illustrated, there is no significant ( $p > 0.05$ ) relationship between the measure and positive coping ( $r = .084$ ). A regression analysis was still conducted in order to see the results clearly, and the model summary in Table 11 shows that only 0.7% of the variance in the comprehensibility subscale score can be accounted for by positive coping ( $F(1,265) = 1.866$ ,  $p = .173$ ). Table 12 shows the coefficients, which confirms there is no significant result ( $\beta = .084$ ,  $t = 1.866$ ,  $p > 0.05$ ). This is quite an interesting result; however, we believe there could be a plausible explanation. Firstly, in comparison to the footing in the world subscale, there were only 5 items that made up the scale, which is very disproportionate, and could explain the variance in the scores. Secondly, comprehensibility accounts for the ability to make sense of the loss itself, so an explanation would be that with positive religious coping, individuals are able to stick to their values, and not perceive the world as a confusing place (high footing in the world score), but still struggle to make sense of the loss itself. In a sense, the strength of religion and beliefs is grounded, but the pain may still exist.

Table 5: This table illustrates the correlations between the coping styles and the ISLES total score

		ISLES Total	Positive Coping	Negative Coping
Pearson Correlation	ISLES Total	1.000	.141	-.294
	Positive Coping	.141	1.000	.221
	Negative Coping	-.294	.221	1.000
Sig. (1-tailed)	ISLES Total	.	.011	.000
	Positive Coping	.011	.	.000
	Negative Coping	.000	.000	.
N	ISLES Total	267	267	267
	Positive Coping	267	267	267
	Negative Coping	267	267	267

Table 6: This table shows the model summary of positive coping in relation to ISLES total score

*Model Summary<sup>c</sup>*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.141 <sup>a</sup>	.020	.016	10.59433	.020	5.344	1	265	.022	
2	.362 <sup>b</sup>	.131	.124	9.99558	.111	33.699	1	264	.000	1.854

a. Predictors: (Constant), Positive Coping

b. Predictors: (Constant), Positive Coping, Negative Coping

c. Dependent Variable: ISLES Total

Table 7: This table illustrates the coefficients of the models and their significance

<i>Coefficients<sup>a</sup></i>		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Model		B	Std. Error	Beta		
1	(Constant)	47.480	2.828		16.792	.000
	Positive Coping	.354	.153	.141	2.312	.022
2	(Constant)	49.415	2.689		18.380	.000
	Positive Coping	.544	.148	.216	3.673	.000
	Negative Coping	-.825	.142	-.342	-5.805	.000

a. Dependent Variable: ISLES Total

Table 8: This table shows the model summary of positive coping in relation to footing in the world

<i>Model Summary<sup>b</sup></i>										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.084 <sup>a</sup>	.007	.003	3.43403	.007	1.866	1	265	.173	1.838

a. Predictors: (Constant), Positive Coping

b. Dependent Variable: ISLES Comprehensibility

Table 9: The table illustrates the coefficients of the variables and relationship between them

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	32.759	2.088		15.686	.000
	Positive Coping	.286	.113	.154	2.530	.012
2	(Constant)	34.219	1.980		17.282	.000
	Positive Coping	.429	.109	.231	3.938	.000
	Negative Coping	-.623	.105	-.348	-5.949	.000

a. Dependent Variable: Footing in the World

Table 10: This table illustrates the correlations between positive coping styles and the ISLES comprehensibility sub variable

		Comprehensibility	Positive Coping
Pearson Correlation	Comprehensibility	1.000	.084
	Positive Coping	.084	1.000
Sig. (1-tailed)	Comprehensibility	.	.087
	Positive Coping	.087	.
N	Comprehensibility	267	267
	Positive Coping	267	267



Table 11: This table shows the model summary where positive coping is a predictor in relation to comprehensibility

<i>Model Summary<sup>b</sup></i>										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.084 <sup>a</sup>	.007	.003	3.43403	.007	1.866	1	265	.173	1.838

a. Predictors: (Constant), Positive Coping

b. Dependent Variable: ISLES Comprehensibility

Table 12: This table illustrates the coefficients of the variables and relationship between them

<i>Coefficients<sup>a</sup></i>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	14.721	.917		16.062	.000
	Positive Coping	.068	.050	.084	1.366	.173

a. Dependent Variable: Comprehensibility

#### 4.3.4 Regression 4: Time of Loss and ISLES Total Score

A fourth regression analysis was conducted out of interest, due to the possibility that the time of loss could influence the level of coping, as well as the ability to integrate the stressful life experience (i.e., grief). Table 13 shows the correlations between the variables of time of loss, positive coping, and the ISLES total score. We can see that there is a positive significant correlation between Time of loss and the ISLES total score ( $p < 0.05$ ) ( $r = .127$ ). The relationship between time of loss and positive coping is not significant ( $p > 0.05$ ) ( $r = 0.90$ ). This suggests that the time of the loss does not influence coping style or any change in coping over time. Furthermore, looking at Tables 14 and 15, which show the model summary and coefficients, we can get a clearer view of the relationship between the variables. The model summary in Table 14 shows that 1.6% of

the variance in the in the ISLES total score can be accounted for by the time of the loss occurrence ( $F(1,265) = 4.345, p = .038$ ). Table 15 illustrates the coefficients, which confirms there a significant relationship ( $\beta = .127, t = 2.084, p < 0.05$ ) between time of loss and the ISLES total score.

Table 13: This table illustrates the correlations between the coping styles and the ISLES total score as well as the time of loss

		ISLES Total	Time of Loss	Positive Coping	Negative Coping
<i>Correlations</i>					
Pearson Correlation	ISLES Total	1.000	.127	.141	-.294
	Time of Loss	.127	1.000	.090	.047
	Positive Coping	.141	.090	1.000	.221
	Negative Coping	-.294	.047	.221	1.000
Sig. (1-tailed)	ISLES Total	.	.019	.011	.000
	Time of Loss	.019	.	.071	.220
	Positive Coping	.011	.071	.	.000
	Negative Coping	.000	.220	.000	.
N	ISLES Total	267	267	267	267
	Time of Loss	267	267	267	267
	Positive Coping	267	267	267	267
	Negative Coping	267	267	267	267

Table 14: This table shows the model summary where tie of loss and the coping styles are predictors in relation to the ISLES total score

<i>Model Summary<sup>b</sup></i>										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. F Change	Durbin-Watson
1	.127a	.016	.012	10.61396	.016	4.345	1	265	.038	
2	.382b	.146	.136	9.92518	.130	20.028	2	263	.000	1.845

a. Predictors: (Constant), Positive Coping

b. Dependent Variable: ISLES Comprehensibility

Table 15: This table illustrates the coefficients of the variables and relationship between them

<i>Coefficients<sup>a</sup></i>					
Model		Unstandardized Coefficients		Standardized Coefficients	t
		B	Std. Error	Beta	
1	(Constant)	52.117	1.052		49.531
	Time of Loss	.824	.395	.127	2.084
2	(Constant)	48.249	2.723		17.722
	Time of Loss	.810	.371	.125	2.181
	Positive Coping	.518	.148	.206	3.508
	Negative Coping	-.834	.141	-.345	-5.906

## Chapter 5: Discussion

Losing loved ones to death is an inevitable part of human existence, and the way individuals cope with experiences of loss and grief can have an impact on their psychological well-being and how they make sense of the world (Harrop et al., 2020). Coping styles are an individual's approach to managing stress and adversity, and they play an integral role in determining how well they integrate tough experiences into their lives (Dobrakowski et al., 2021). The purpose of this research is to investigate the impact of Islamic religious coping (mainly positive) on the meaning making, in terms of integrating the experience of the loss. In the text that follows, I review the results of the study, followed by a reflection on their implications and direction for future research, and these components are examined in turn below, following the discussion of each analysis.

Before delving into the regression analysis, it is essential to first examine the correlations between the measures. Table 5 reveals some intriguing correlations. We can see that positive coping is significantly positively correlated with the ISLES total score ( $r=.141$ ), indicating that individuals who employ more positive coping strategies tend to integrate their stressful life experiences more effectively. These results confirm our first hypothesis and relate to reflections of how religion can aid with creating meaning in purpose in the face of life's difficult and incomprehensible inevitable events (Van Uden & Zondag, 2016). Conversely, negative coping is significantly negatively correlated with the same ISLES total score ( $r=-.294$ ), suggesting that individuals who rely on negative coping mechanisms may struggle to make sense of and integrate their stressful life experiences. Interestingly, a study by Lichtenthal et al (2011), confirmed that negative religious coping was significantly related to more negative meaning making (Lichtenthal & Burke, 2011).

Moving forward, the regression analysis results reflect the primary focus of this study. In the first regression where model 1 shows positive coping as a predictor, with the ISLES total score as the dependent variable, we can see that positive coping is positively associated with better integration of stressful life experiences, while negative coping is negatively associated with the same. It is important to note that the effect size

is relatively small, with positive coping only accounting for 2% of the variance in the ISLES total score. Our results confirm hypothesis 1 and relate to findings of study done to explore religious coping, meaning making and stress. Emam & Al-Bahrani (2016), found that positive religious coping was a positive predictor of positive and peaceful appraisal of stressful life experience (Emam & Al-Bahrani, 2016). However, due to the low variance in our findings, this underscores the complexity of the integration process, which is likely influenced by numerous other factors, which can be explored in further research.

When it comes to the second regression analyses, positive coping was assessed in relation to footing in the world, a sub variable of the ISLES measure. Footing in the world (FW) looks at the general making sense of the world after experiencing the painful event. Particularly looking at the extent of impact on an individual's global meaning. Model 1, in Table 8, reveals that 2.4% of the variance in FW can be accounted for by the positive coping style. Table 9 also expresses coefficients ( $\beta = .154$ ,  $t = 2.530$ ,  $p < 0.05$ ), which positively predicts footing in the world. This result support hypothesis 2. These findings indicate a significant and positive relationship between positive coping and the perception or extent of footing in the world and global meaning. Meaning, these individuals would have a greater sense of stability and connection with their world, holding on to their values and not perceiving the world as a confusing place following the loss. Looking at global meaning is just as important as specific or internal meaning making, as this can give us valuable information on religious and socio-cultural shaping, which can capture the complexity of loss and meaning making, shifting away from solely western understandings in the literature (Valentine, 2019). The findings give us a sense that the integration process of a stressful life event is influenced by the individual's ability to positively appraise the experience and effectively manage the stress.

Moving on to the comprehensibility (COM) sub variable of the ISLES, a regression analysis was conducted to assess the relationship between it and positive coping, and some interesting and nuanced results have been yielded. As demonstrated in Table 4 and reaffirmed by the regression analysis summarized in Table 11, the relationship between positive coping and COM, is not statistically significant ( $p > 0.05$ ). a mere 0.7% of the variance in the comprehensibility subscale score can be attributed to

positive coping. This suggests that positive coping does not appear to positively influence the level of making sense of the loss. This disproves hypothesis 3. This may imply that the pain of the loss or the gravity of it may be too strong to make sense of, impacting the degree of comprehensibility. According to some cognitive and trauma theories, the most devastating losses are those that fail to make sense, casting everything that formerly had meaning into doubt and confusion (Thompson & Janigian, 1988; Folkman, 2001). This is evidence that can provide some insight into why we garnered such results, implying the heaviness of grief. In contrast, in the footing in the world subscale, values and global perception were not impacted. There are several factors that can be considered as plausible explanations for the lack of a significant relationship between the variables. First, scale disproportionality. It is important to note that the items that make up the comprehensibility scale are very small in number, relative to the items that make up the footing in the world subscale. The limited range of the items cannot capture the complexity and diversity of ways that individuals make sense of loss or grief, contributing to the low variance explained by positive coping. Furthermore, factors that may go together include value adherence and emotional distress. It is possible that individuals who employ positive religious coping may strongly adhere to their values and religious beliefs (reflected in the FW subscale) but they may still struggle with making sense of the loss itself. This may suggest that such values may act as a stable foundation that provides comfort and support. However, it may not necessarily alleviate the emotional distress that comes with loss, especially when trying to comprehend the adversity. A possible argument would be that the person's belief is strong enough to maintain the values and knowing that death is inevitable, while still struggling to deal with the pain, because positive coping may not always facilitate the cognitive process of making sense of a painful event. It is a rather nuanced relationship, and further research is required to explore this hypothesis, and investigate the possible cognitive processes involved in comprehending adverse experiences.

The fourth and final regression explored the effect of the time of the loss on positive coping and meaning making. The results demonstrate that there is a significant positive correlation ( $p < 0.05$ ) ( $r = .127$ ) between the time of loss and the ISLES total score, possibly suggesting that the longer time passes, the better the integration of the

adverse experience of the loss. The findings support hypothesis 4. However, there was no significant relationship between time of loss and positive coping, showing that over time, there is no impact or a necessary influence on the level of positive coping. This is an interesting observation and requires further studying into the possibility of growth of adaptive coping strategies overtime. Explaining integration of the stressful event, requires an understanding of various psychological and emotional processes that occur as time progresses. Time may act as a healing agent, where individuals need the space and movement of time to process the various stages of grief. A study conducted by Holland et al (2010), that used the ISLES measure to discuss its development and validity, investigated the use of the measure overtime. They found a moderate stability across the 3-month interval of assessing the ISLES, but they also conducted an unplanned follow up at a later time. They found changes in the total score and concluded that overtime there could be a reflection on positive change in levels of grief symptoms, as well as psychiatric distress (Holland et al., 2010). This provides the opportunity to look at the effects of time, as their study mentioned implications of a small sample size and a short period of study time.

## **5.1 Clinical Implications**

Our research is crucial in building up the knowledge on the topic of religious coping in order to develop effective intervention programs that clinicians can provide, as well as contribute to support system networks for individuals dealing with grief in order to enhance their well-being. Clinicians could use this research to learn more about Islamic coping, in order to be well versed in the religious concepts, perceptions, and practices, thereby improving cultural competence skills, and better understanding when dealing with clients with a Muslim background. Our findings demonstrate that the integration process of a stressful life event is influenced by the individual's ability to positively appraise the experience and effectively manage the stress. This understanding can inform therapeutic interventions, where clinicians can work with individuals to foster religious coping, and to enhance positive strategies, ultimately promoting a greater sense of stability and connection in the face of life's challenges. Additionally, that global

meaning can be impacted by religious coping, which gives us opportunities to study communal societal religious impacts of meaning making with regards to grief and loss.

The conclusion that discusses the importance of global meaning has several practical and theoretical implications. First, this understanding can inform therapeutic interventions, where clinicians can work with individuals to foster religious coping, and to enhance positive strategies, ultimately promoting a greater sense of stability and connection in the face of life's challenges. Additionally, that global meaning can be impacted by religious coping, which gives us opportunities to study communal societal religious impacts of meaning making with regards to grief and loss. Moreover, understanding how positive coping impacts meaning making can inform the materials and resources used in the therapeutic process, that can help foster positive coping.

A recommendation for clinicians who feel they have the space to provide support but aren't sure how to work with grief can use this research to understand how to build psychoeducational materials that can be a source of help for client coming in for grief consultations. Such a service would create a therapeutic space where clients can book a session, cope in for therapeutic expressive session, followed by a psychoeducational exchange from the clinician where they would provide resources for support to foster better understanding of the grief process and what to expect. Additionally, follow-up support sessions can be provided at different time-intervals in order to check-in on their well-being and possibly offer therapy sessions if needed.

## **5.2 Limitations and Recommendations**

Our study is a cross-sectional design, meaning we cannot establish a causal relationship, but rather a correlational one. This puts up the opportunity for future research to look at possible factors that may act as causes that foster positive religious coping or negative religious coping, to gain a better understanding into the mechanisms that influence coping styles. Furthermore, our study measures need validation studies to be conducted in order to validate them in accordance with our region and population. This will be our next step after publication.



Further studies can explore the multifaceted nature of adaptation and coping with grief, while accounting for additional variables, such as social support network, beliefs of what happens after death, the way the death occurred, the level of closeness to the loss, and many more possibilities. Such research is crucial in building up the knowledge in order to develop effective programs and interventions by clinicians, as well as support systems for individuals dealing with grief in order to enhance resilience and well-being.

When it comes to analyzing the concept of meaning-making further, future studies can delve into the specific mechanism through which positive coping contributes to a better footing in the world or a more grounded sense of meaning, to grasp a more detailed understanding of the relationship between the variables. Moreover, with the issue of comprehensibility being insignificant in this study, a recommendation would be to look into the intricacies of processing grief, and how individuals typically make sense of loss. In order to further study this phenomenon, a qualitative study done on a smaller sample is recommended to get a better understanding into the subjective experience of grief, pain, and loss, additionally, as mentioned previously, to examine the cognitive processes involved in comprehending adverse experiences.

When looking at time effects of the study, we were able to analyze the difference between responses of those who faced the loss a few months ago, compared to 4 years ago for example. We could find differences, and a significant relationship was established between time of loss and integration of stressful life experience. However, from the findings, we can tell that there is a possibility that the integration of the loss is a process that takes place gradually over time, and longitudinal studies using the measure can investigate this in future research. This suggestion comes in agreement with Holland et al's further study recommendations (Holland et al., 2010). A longitudinal study can help us understand details of what occurs over time, while possibly tracking coping habits, in order to see the effects of the variables on the meaning making overtime. Other factors to investigate for future research could be the ability of gaining perspective overtime, looking at capability of emotional adjustment, and investigating psychological resilience.

## **Chapter 6: Conclusion**

In summary, we can conclude that a positive Islamic religious coping style can impact and influence the meaning and level of integration of the loss in an individual's experience. Footing in the world was seen to be directly linked with positive coping, however, further research needs to be conducted to understand the concept of comprehensibility and its relationship with coping with loss. Such research on a personal and complicated topic needs more time and building up on knowledge as individual experience and differences are a possible influencing factor on results. This research is valuable to the psychological well-being community and clinicians in order to understand grief and coping better, as well as design interventions and support networks that can enhance clients' well-being.

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# Appendices

## Appendix A

### Ethics Approval



### **Social Sciences Ethics Committee - Research / Course**

#### ***Ethical Approval Letter***

Date: 17/08/2023

This is to certify that application No:ERSC\_2023\_3049, titled:Exploring the relationship and impact of Islamic religious coping on the meaning made, following the loss of a loved one, submitted by Zahir Vally has been reviewed and approved by UAEU Social Sciences Ethics Committee - Research / Course on 02/06/2023.

*Sincerely,*

**Chair of the UAEU Social Sciences Ethics Committee - Research / Course  
Research Ethics Sub-Committee  
United Arab Emirates University**



## Appendix B

### Consent form

Informed consent form

Yara Ihab Am Ali 202170014

You are invited to take part in this research. Participation is voluntary. You may withdraw from responding to the surveys at any time. There is no risk associated with this research.

**Please only fill this survey out if you are over 18 years old, are Muslim, and have experienced a loss a loved one to death, in the last 5 years.**

This study aims to look at the relationship between the nature of religious coping and the meaning made following the loss of a loved one. This is part of a master's thesis at UAEU.

The form consists of a page that asks for demographic information, followed by a page of the PG-13-Revised which assesses grief symptoms, followed by the Brief RCOPE, which is a 14-item scale that explores religious coping, followed by a page of the ISLES, which is a 16-item scale that looks at meaning developed after a stressful life experience.

This survey should take about 10 minutes. All information that is shared will be confidential, and the demographic information is just so we could understand the population better.

By agreeing with statements below, you agree to taking part in this study. Thank you.

"I hereby give my permission to **Yara Ihab Am Ali (researcher)** to allow me to respond to the questionnaires presented, and to quote my responses in her master's Thesis research paper. I understand that their work is for academic purposes.

I also understand that I waive any claim for copyright to this material should the researchers ever publish it in a scholarly journal or in electronic format online.

I understand that the research title is *Exploring the relationship and impact of Islamic religious coping on the meaning made, following the loss of a loved one.*

I also understand that the researcher, hereby named **Yara Ihab Am Ali**, will maintain my anonymity regarding my responses to the questionnaire items".

I hereby give my permission below:

Do you agree with participation in this study and the above statements?

- Yes
- No

If you have any questions, please do not hesitate to contact Dr. Zahir Vally ([zahir.vally@uaeu.ac.ae](mailto:zahir.vally@uaeu.ac.ae)) or the researcher Yara Am Ali ([202170014@uaeu.ac.ae](mailto:202170014@uaeu.ac.ae))

# Appendix C

## Demographic Information Section

Demographic information X ☰

This section includes questions that ask for more descriptive information. This will be kept confidential.

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**Do you live in the UAE? \***

- Yes
- No
- I am visiting
- Other...

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**Age \***

Short answer text  
.....

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**Gender \***

- Male
- Female

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**Nationality \***

Short answer text  
.....

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**Educational level \***

- Undergraduate
- Graduate - Master's
- Graduate - PhD
- Diploma
- Other...

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**Religion \***  
(Reminder this study explores Muslim religious attitudes)

- Islam
- Other...

# Appendix D

## Loss related questions

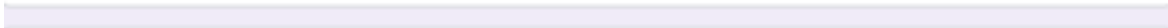
Have you lost someone significant to you? \*

- Yes
- No



What is this person's relation to you? \*

Short answer text  
.....



Did you lose this person in the last 5 years? \*

- Yes
- No



When did you lose this person? \*

Short answer text  
.....

## Appendix E

### The PG-13-Revised

**Q1.** Have you lost someone significant to you?  Yes  No

**Q2.** How many months has it been since your significant other died?  Months

For each item below, please indicate how you currently feel

Since the death, or as a result of the death...	Not at all	Slightly	Somewhat	Quite a bit	Overwhelmingly
<b>Q3.</b> Do you feel yourself longing or yearning for the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q4.</b> Do you have trouble doing the things you normally do because you are thinking so much about the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q5.</b> Do you feel confused about your role in life or feel like you don't know who you are any more (i.e., feeling like that a part of you has died)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q6.</b> Do you have trouble believing that the person who died is really gone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q7.</b> Do you avoid reminders that the person who died is really gone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q8.</b> Do you feel emotional pain (e.g., anger, bitterness, sorrow) related to the death?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q9.</b> Do you feel that you have trouble re-engaging in life (e.g., problems engaging with friends, pursuing interests, planning for the future)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q10.</b> Do you feel emotionally numb or detached from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q11.</b> Do you feel that life is meaningless without the person who died?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q12.</b> Do you feel alone or lonely without the deceased?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13.** Have the symptoms above caused significant impairment in social, occupational, or other important areas of functioning?  Yes  No

## Appendix F

### The Brief RCOPE

**Table 2.** The Brief RCOPE: Positive and Negative Coping Subscale Items.

<i>Positive Religious Coping Subscale Items</i>	
1.	Looked for a stronger connection with God.
2.	Sought God's love and care.
3.	Sought help from God in letting go of my anger.
4.	Tried to put my plans into action together with God.
5.	Tried to see how God might be trying to strengthen me in this situation.
6.	Asked forgiveness for my sins.
7.	Focused on religion to stop worrying about my problems.
<i>Negative Religious Coping Subscale Items</i>	
8.	Wondered whether God had abandoned me.
9.	Felt punished by God for my lack of devotion.
10.	Wondered what I did for God to punish me.
11.	Questioned God's love for me.
12.	Wondered whether my church had abandoned me.
13.	Decided the devil made this happen.
14.	Questioned the power of God.

\*Item 12: church was adjusted to mosque/community

## Appendix G

### Integration of Stressful Life Experiences Scale (ISLES)

Please indicate the extent to which you agree or disagree with the following statements with regard to your recent loss. Read each statement carefully and be aware that a response of agreement or disagreement may not have the same meaning across all items.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1. Since this loss, the world seems like a confusing and scary place.	1	2	3	4	5
2. I have made sense of this loss.	1	2	3	4	5
3. If or when I talk about this loss, I believe people see me differently.	1	2	3	4	5
4. I have difficulty integrating this loss into my understanding about the world.	1	2	3	4	5
5. Since this loss, I feel like I'm in a crisis of faith.	1	2	3	4	5
6. This loss is incomprehensible to me.	1	2	3	4	5
7. My previous goals and hopes for the future don't make sense anymore since this loss.	1	2	3	4	5
8. I am perplexed by what happened.	1	2	3	4	5
9. Since this loss happened, I don't know where to go next in my life.	1	2	3	4	5
10. I would have an easier time talking about my life if I left this loss out.	1	2	3	4	5
11. My beliefs and values are less clear since this loss.	1	2	3	4	5
12. I don't understand myself anymore since this loss.	1	2	3	4	5
13. Since this loss, I have a harder time feeling like I'm part of something larger than myself.	1	2	3	4	5
14. This loss has made me feel less purposeful.	1	2	3	4	5
15. I haven't been able to put the pieces of my life back together since this loss.	1	2	3	4	5
16. After this loss, life seems more random.	1	2	3	4	5

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This thesis was conducted with the purpose of understanding patterns of Islamic religious coping styles, specifically positive religious coping, and how it impacts or influences the framework of thinking after experiencing grief from the loss of a loved one to death. This research is very timely and relevant as grief is inevitable, but with Muslim populations, who aren't commonly studied, it can inform clinicians to include treatment interventions that involve religious coping, and informs universities to include psychoeducational study plans, and gives researchers ideas on possible gaps in the literature.

**Yara Ihab Am Ali** received her Master of Science in Clinical Psychology from the Department of Clinical Psychology, College of Medicine & Health Sciences at UAE University, UAE. She received her Bachelor of Arts in Psychology from the College of Arts & Science, American University of Sharjah, UAE.

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