Religiosity, Emotion Regulation, and Resilience in Pakistani College Students

Najia Zulfiqar (PhD)
Narmeen Talat
Somayia Hafeez
Department of Psychology, University of Haripur, Pakistan

Religiosity supports mental well-being as people rely on religion to cope with stressful situations and restore emotional stability. This study was designed to assess the relationship of religiosity with emotion regulation and resilience among university students. A correlational research design with convenience sampling strategy was used. The sample comprised of (n=150) boys and (n=150) girls from different departments of a University in KPK Pakistan. The assessment measures included Demographic Information Sheet, Centrality of Religiosity Scale (CRS), Emotion Regulation Questionnaires (ERQ) and Brief Resilience Scale (BRS). Pearson Product Moment Correlation and Path model was run to analyze the data. The results indicated a strong positive correlation between religiosity and emotion regulation (β = .84, R^2 = .70, p < .01). The more religious students had better emotion regulation than the less religious students. The finding indicated that positive interconnection (β = .79, R^2 = .63, p < .01), resilience also increased in response to religiosity among university students and gender differences were non-significant. The results showed both models had an acceptable fit with the data. Results implicates that fostering religiosity among university students will regulate their adaptive emotions and resilience to cope with everyday stress.

Keyword: Emotions, Gender, Religion, Resilience, Education.

*Correspondence concerning this article should be addressed to: Najia Zulfiqar, PhD., Department of Psychology, The University of Haripur, Pakistan, Email: najia.zulfiqar@uoh.edu.pk, ORCID: 0000-0002-0649-7877.

Introduction

Religion provides a sense of meaning and purpose in life. People follow religious pathways to cope with stressful situations and feel protected from the negative effects on their physical and psychological health (Krok, 2015). Religiosity contains the beliefs, practices, and lifestyle of the followers. It is the extent to which they adopt religion as a coping strategy and regulate their emotions while facing difficulties in daily life (KimPrieto & Diener, 2019). Resilience is considered a personality construct that is also associated with emotion regulation. It refers to the capacity to bounce back after experiencing psychological stress and adversity. Religiosity sustains, and resilience restores emotional stability against threatening situations to promote healthy environmental adaptation (Smith et al., 2018).

Emotion regulation is a unique form of self-regulation that refers to changing one's current emotional state into a desired emotional state (McRae & Gross, 2020). Gross and John (2013) described two emotion regulation strategies: *cognitive reappraisal* entails the evaluation of a situation and modification of its meaning and impact, whereas *expressive suppression* entails modification, inhibition, or reduction of ongoing emotional behavior. Both strategies follow different temporal orders during the emotion regulation process. Cognitive reappraisal happens before any response is elicited to an emotional stimulus, whereas expressive suppression is produced once an organism responds to an emotion (Gross & John, 2013). Booth et al. (2020) found reappraisal as the most effective and adaptive emotion regulation strategy than others.

An attempt to understand why religious people can better regulate and control their emotions led scholars to conclude that religious people engage in continual meaning-giving to things and possess more lived experiences. Koole, McCullough, and Colleagues (2010) elaborated that religion promoted implicit self-regulation which is an efficient and flexible way to control one's behavior in the face of adversities. Those people who internalize their religious values gain more positive emotional regulation and well-being than less religious or non-religious people.

Vishkin et al. (2018) considered cognitive appraisal as an effective form of emotion regulation and found a close link between cognitive

appraisal and religiosity that promotes positive emotionality and life satisfaction. Religious people more positively appraise the stressful happenings and events around them than non-religious or a-religious people. Their belief system creates trust, and they change the spontaneous meaning. This thinking or feeling style diminishes negative emotional experiences and their harmful physiological and mental effects. Focusing on positive aspects of the phenomenon or suffering among religious people protects mental health and improves life satisfaction.

Religion directly affects patterns of emotion regulation, and emotional experiences vary across religions (KimPrieto & Diener, 2019). Vishkin et al. (2019) compared people from three religious backgrounds and categorized them on low versus high religiosity profiles. They linked the levels of religiosity against degrees of adaptive and maladaptive emotion regulation. Findings showed that more religious people were more open to emotional experiences and used adaptive emotions. Contrarily, less religious people exhibited maladaptive emotions and negatively reacted to people and events. A study supported a positive link between religiosity and health outcomes among adolescents, and the individual and familial factors were responsible for positive emotional-behavioral health outcomes (Abdollahzadeh et al., 2020). Thus, adaptive emotions occur as an outcome of positively regulated religious orientations.

Empirical evidence exists for bidirectional longitudinal associations between religiosity and emotion regulation among adolescents and young adults. Hardy et al. (2020) collected adolescent reports and parent reports of religiousness and emotional self-regulation from 500 families in the United States analyzing data from ages 11-22. Emotional, cognitive, and behavioral self-regulation increased or decreased over time with relative changes in adolescents' religiosity and showed cross-lagged associations.

Religiosity is considered tantamount to resilience in dealing with adverse situations. People are more oriented toward religious practices during stressful situations. Wong et al. (2017) extrapolated that religious beliefs and practices strengthen resilience to cope with stressful events, and to overcome adaptive and maladaptive emotional aftermaths. Crawford et al. (2016) mentioned four ways in which religiosity promotes resilience,

"by helping build attachment relationships, opening access to sources of social support, guiding conduct and moral values, and offering opportunities for personal growth and development." For instance, Yilmaz Karabulutlu (2019) reported increased religious coping styles among cancer patients in Turkey. Mahmood et al. (2021) highlighted that Pakistani Muslims relied more on religiosity to cope with health-related anxiety during COVID-19. Likewise, Arab Israeli-Palestinian college students are oriented more toward religion to cope with problem-focused and emotional-focused stress during COVID-19 (Agbaria & Mokh, 2023).

Literature review shows high religiosity is associated with adaptive psychological outcomes, and low religiosity produces maladaptive behaviors. A study shows that higher levels of religious faith and spirituality were associated with psychological domains of life satisfaction, meaning in life, and subjective happiness (Deb et al., 2020). Gebauer et al. (2012) compared outcomes of religiosity among different groups in a cross-cultural study and found people were more resilient in those cultures that appreciate religiosity. In such cultures, religious believers were much more respected than in cultures with low religious values. Consequently, social self-esteem and psychological adjustment were prevalent in cultures that value religiosity (Gebauer et al., 2012). Empirical evidence supports the significant positive connection between religious beliefs and resilience among Iranian students (Javanmard, 2013) and Indian students (Deb et al., 2020).

Particularly, consequential, and emotional dimensions of religiosity predicted resilience (Soloklo et al., 2014). Saleem and Saleem (2017) reported that psychological well-being was an outcome of both intrinsic and extrinsic religiosity of medical and non-medical students. A systematic review of 34 studies showed a moderate association between the two variables (Schwalm et al., 2022). While evidence exists for a non-significant relationship between religiosity and resilience among college students (Eldred, 2020). The inconsistencies in empirical literature provide a ground for further research. Studies show non-significant gender differences in the religiosity of students. Examples are studies with Pakistani (Saleem & Saleem, 2017) and Indian college students (Deb et

al., 2020). Boys, on average, scored higher on resilience than girls (Soloklo et al., 2014).

The above literature shows that scholars have studied the physical and psychological impact of religiosity among suffering populations (Krok, 2015). Some research highlighted an overlap between religiosity and resilience because people frequently use religion as a coping behavior (Eldred, 2020).The present study aimed to examine if religiosity determines emotion regulation and resilience among university students who are considered emotionally stable, healthy, and goal-directed. Emotion regulation and resilience will be regressed on participants' different levels of religiosity. The examination of religiosity and resilience as distinct constructs will determine whether or not they overlap. Studies using a path model on healthy individuals are scarce. Thus, it is rudimentary to assess the interconnections among religiosity, emotion regulation, and resilience. Understanding this association can help parents, teachers, academic administrators, and health professionals promote a desired level of religiosity among students to ensure adaptive outcomes. Another aim was to examine gender differences in study variables.

Hypotheses of the study

The research has the following hypotheses based on the above-mentioned literature review of religiosity, emotional regulation and resilience among Pakistani college students.

1. More religious students likely to be score higher on emotion regulation and resilience than the less religious students.
2. Boys will be more religious, emotionally regulated, and resilient than girls.

Method

Research Design

This quantitative survey research was conducted, and data were gathered at one time.

Sample

The target population was university students. A sample of *(N*= 300) university students was selected from a University of KPK, Pakistan. They were selected from different departments of the university through a convenience sampling technique. Most participants belonged to Haripur

and its neighboring districts. There were (*n*=150) boys and (*n*=150) girls. Students' characteristics such as age, family's socioeconomic status, and religion were controlled. All participants were in the age range of 19-24 years (*M* = 21.5, *SD* = .67). The majority of them reported having a middle socioeconomic status and 2.7% of students belonged to low socioeconomic status, 92.7 % from middle socioeconomic, and 4.7% from high socioeconomic status. All students belonged to Muslim families. They were currently enrolled in 4-year Bachelor's (66.1%), Master's (30.6%), and Ph.D. (3.3%) programs.

Measurements

Demographic Information Sheet. Participants were asked to report their gender, age, education, and socioeconomic status on a demographic information sheet.

The Centrality of Religiosity Scale (CRS-15).Originally developed by Huber and Huber (2012) to measure religiosity. This self-report inventory consists of (15 closed-ended) questions that are based on (5 dimensions), namely (intellect, ideology, public practice, private practice, and experience). Each dimension has three items. The items within the scale are rated on a (5-point Likert scale) ranging from (1 to 5) that has response options of (never, rarely, occasionally, often, and very often) respectively. The sum score of all five dimensions indicates the overall degree of an individual's religiosity. Participants are categorized into highly religious (4.0 to 5.0), religious (2.1 to 3.9), and non-religious (1.0 to 2.0) groups based on their obtained scores (Huber & Huber, 2012). Cronbach's alpha of CRS was .87 in the present study.

Emotion Regulation Questionnaire (ERQ). Originally developed this questionnaire to assess two facets of how an individual regulates his/her emotions in terms of cognitive reappraisal and expressive suppression (Gross & John, 2003). It has a total of 10 items. The cognitive reappraisal subscale has 6 items (1, 3, 5, 7, 8, 10). Four items (2, 4, 6, & 9) are in the suppression subscale. The sample item of the cognitive reappraisal subscale is (*I control my emotions by changing the way I think about the situation I'm in*) Likewise, the sample item of expressive suppression is (*I keep my emotions to myself*). All items are responded to on a 7-point Likert-type scale of (Strongly agree =7) to (Strongly disagree

=1). A high score indicates high emotion regulation (Gross & John, 2003). Cronbach's alpha reliability of the ERQ is 0.93, which signifies high internal consistency.

Brief Resilience Scale (BRS). Originally developed to measure the degree to which one recovers from stress after facing undesirable situations (Smith et al., 2008). BRS has 6 items and a five-point agreement scaling that ranges from strongly agree to strongly disagree. The responses are coded from 5 (high resilience) to 1 (low resilience), respectively. Three items are positively worded (i.e., 1, 3, & 5), and three items are negatively worded (i.e., 2, 4, & 6). The negatively worded items are reverse-scored. Sample items include, (*I bounce back quickly after hard times*) and (*I have a hard time making it through stressful events*). A score between (1.0 to 2.99) indicates low resilience; a score between (3.0 to 4.30) indicates moderate resilience; and a score between (4.31 to 5.0) indicates high resilience. BRS has excellent Cronbach's alpha reliability (α = .92) in the present study.

Procedure

Prior approval from the Ethics Review Committee, of the University for current research was taken. All participants were informed about the purpose of the study and provided a guarantee of confidentiality and anonymity of their personal information. They were provided with instructions to respond to each item of the questionnaires and fill in demographic information. Data were collected in person via group administration of questionnaires during May 2022 to June 2022, and only willing students were included in the sample. Participants took 15 minutes on average to respond to the study measures. After data collection, they were debriefed, and their concerns were addressed. The response rate was 94% in the present study.

Data was entered and analyzed in the statistical packages for social sciences (SPSS) and MPLUS software. First, descriptive statistics, correlation coefficients, and t .tests were performed. Then, the path model was tested based on the study objectives and hypotheses.

Results

Table 1

Descriptive Statistics and Correlation Coefficients for Study Variables (N=300)

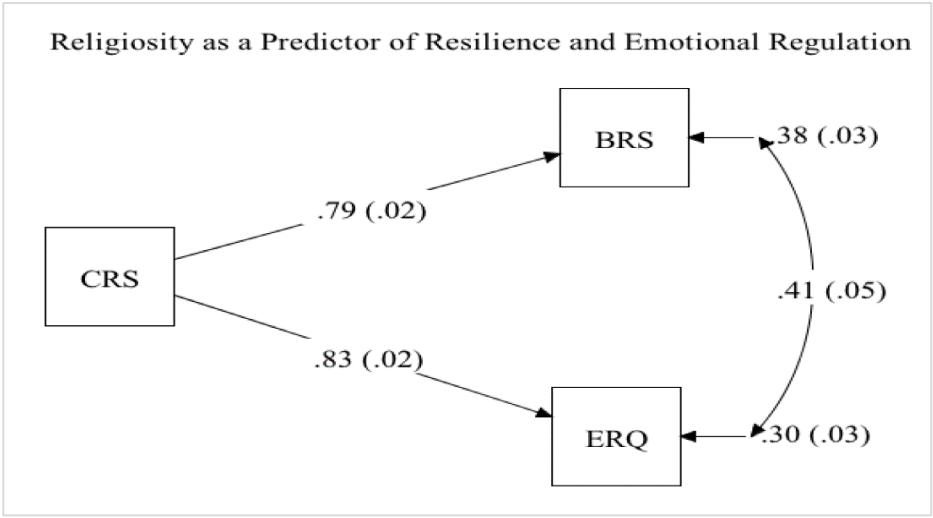
Variables	*M*	*SD*	Min	Max	Skew	Kurt	1	2
1 Rel	56.84	8.73	26	75	-2.46	5.49	-	-
2 Em	27.03	10.74	10	64	1.98	3.98	.83**	-
3 Res	19.26	1.95	13	24	-.61	.57	.79**	.80**

Note. Rel = Religiosity, Em = Emotion, Res = Resilience, M = Mean, SD = Standard deviation, Min = Minimum, Max = Maximum, *p < .05, **p < .01.

Table 1 shows descriptive statistics and correlation coefficients for study variables. Within the score range of 15-75, participants' mean score for religiosity on CRA was 56.84 *(SD* = 8.73), which indicates belonging to the religious group. The mean scores of the other two variables also show moderate emotion regulation and resilience. All three variables had a statistically significant positive correlation with each other. Comparatively, religiosity and emotion regulation had the highest coefficient value (r = .83**, p < .01) than other correlation indices. It alludes to significant positive associations among the variables. Given the high correlations among study variables, multi-collinearity tests were applied. For both variables, the variance proportion values were .01, and the VIF values were 1. This implies that the variables are not correlated.

Before further analysis, participants' perceived religiosity score was used to compute frequencies. Few students reported being less religious (n = 17), almost half of students reported being moderately religious (n = 146), and 137 students reported being highly religious.

Figure 1



Given high correlation coefficients among the study variables for the university students, the path model I was tested to examine the direct effects of religiosity on emotion regulation and resilience using maximum likelihood estimation.

Figure 1 shows that religiosity was positively related to emotion regulation *(β* = .83, *ΔR2* = .70, $p < .05$), as well as to resilience (*β* = .79, *ΔR2* =.63, $p < .05$). Hu and Bentler (2019) criteria for model fit indices were used to interpret the model fit given the Chi-squared statistics, root-mean-square error of approximation (RMSEA) $\leq .06$, CFI $\geq .95$, and SRMR $\leq .08$. The model achieved a good fit, χ^2 (3) = 2.510, p = .47, CFI = 0.99, TLI = 0.97, RMSEA = 0.04, SRMR = 0.014. These findings support the hypothesis about significant positive direct effects and imply that emotion regulation and resilience increased in response to religiosity among university students.

Table 2

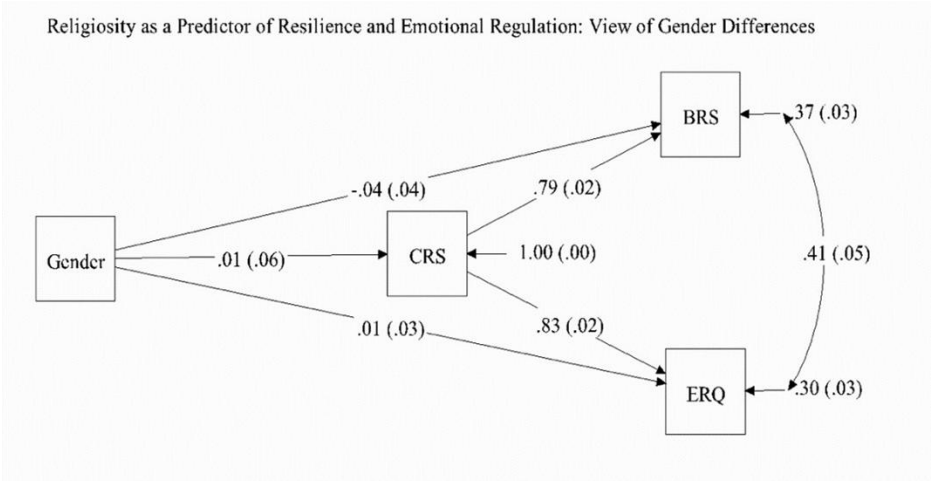
Mean, Standard Deviation, and Independent Sample t.test for Gender Differences in Study Variables (N=300)

Variables	Girls (*n*=150)	Boys (*n*=150)	*t(298)*	*p*	95% CI LL	95% CI UL	Cohen's d
Rel	56.77 (8.87)	56.90 (8.62)	-.12	.90	-2.11	1.86	.01
Em	26.99 (11.51)	27.08 (9.95)	-.07	.94	-2.54	2.35	.01
Res	12.42 (4.30)	12.01 (3.73)	.87	.38	-.51	1.32	0.10

Note. Rel = Religiosity, Em = Emotion, Res = Resilience, CI= confidence interval, LL = lower limit, UL = upper limit, *p < .05, ***p < .001

Gender differences were examined through an independent samples t-test. Girls were coded 0 and used as a reference group against boys who were coded 1. Table 2 shows non-significant gender differences in all three variables. These findings refute the hypothesis that boys will have higher scores than girls on these variables. Later, a path model was tested to examine the direct effects of gender on religiosity, emotion regulation, and resilience. Each variable was entered into the model as an observed variable. Figure II shows standardized path coefficients and the standard errors. The paths from gender to religiosity ($\beta = .01$, $p < .05$), emotion regulation ($\beta = .01$, $p < .05$), and resilience ($\beta = -.04$, $p < .05$) were significant but had weak beta values. All fit indices indicated an acceptable model fit ($\chi 2\ (6) = 4.63$, $p = 0.35$, CFI = 0.97, TLI = 0.95, RMSEA = 0.06, SRMR = 0.07). Thus, boys and girls, on average, had similar levels of religiosity, emotion regulation, and resilience.

Figure 2



Discussion

The present research explored the relationship between religiosity, emotion regulation, and resilience among university students. In this regard, the predictive effects of religiosity on emotion regulation and resilience were examined. The examination of gender differences in the study variables was also undertaken. Previous correlational studies contribute information about the positive relationship of religiosity with emotion regulation and resilience (Vishkin et al., 2018). The present study tested two path models based on study objectives. The first model tested the hypothesis that religiosity regulates emotions and promotes resilience among university students. The second model tested the hypothesis based on gender differences that boys score higher than girls on all three variables.

All study participants were Muslims by faith. Though everyone possesses a differential degree of religiosity, 146 students reported being religious, and 137 reported being highly religious. This variation determines the extent to which one believes and practices religious teachings in routine. Likewise, everyone has varied potential to control emotions and overcome problems. Trusting God and motivation to follow religious doctrine shape how an individual leads his life. For instance, patients become more religious and forbear stressful situations with trust in the supernatural. Their faith in God gives them the courage to face problems, and they adapt back to normal life more easily after getting

through hard times. Comparatively, those low in religiosity do not have religious rules as guidelines nor can they interpret personal and environmental issues with positive thinking. They are more prone to experience emotional and psychological problems, such as anxiety and depression

Patterns of religiosity vary across cultures. The present findings reflect a "non-Western/oriental, less-educated, less industrialized, fewer resources, and non-democratic" (non-WEIRD) culture that can be compared against the mainstream published literature reflecting the Western, educated, industrialized, rich, and democratic (WEIRD) cultures (Henrich et al., 2010). Comparing the average scores of the Pakistani participants on the Centrality of Religiosity Scale to those of other monotheists, such as Christians and Jews, would reveal both similarities and differences. High levels of religiosity are valued in Asian cultures, as seen by both their private and public rituals. European and other Western cultures, on the other hand, place less value on religion.

Findings showed that religiosity and emotion regulation were significantly positively correlated. Highly religious students had more emotional control than less religious students. They could better express and control emotions without difficulty. Plausibly, religious practices, prayers, and daily offerings promote self-regulation that in turn, also improves emotion regulation. It implies that high and low levels of religiosity determine differences in the way people express their emotions. This finding is consistent with the previous work of Vishkin et al. (2018) that people who are high in religiosity are also better in emotion regulation. Our results also support. Hardy et al. (2020) for dynamic relations between religiousness and self-regulation across adolescence and into young adulthood.

Religiosity was a significant positive correlate and predictor of resilience among university students, which means the higher the religious orientation, the higher the ability to be resilient. This finding highlights the significance of religious orientations in boosting coping mechanisms among students. The protective effects of religiosity on resilience are confirmed in another study that has identified the positive influence of self-reported religiosity on resilience (Soloklo et al., 2014). Religious people

have a powerful coping mechanism that enables them to face stressful circumstances without emotional burden. When they encounter life problems, they are better able to adapt to stress and trauma than those who are non-religious. Being unable to cope with problems, they are confident in receiving social support from family, friends, and others. Previous studies also supported a link between religiosity and resilience. Javanmard (2013) and Schwalm et al. (2022) reported a significant positive correlation between religiosity and resilience. Given weak belief system and low involvement in religious practices at private and public levels leads people to emotional disturbances and low resilience. They remain unable to cope with traumatic situations or to bounce back to life in a stress-free manner.

No significant gender difference was found in religiosity, emotion regulation, and resilience in the current study. It suggests gender plays a lesser role in the religious orientations of university students. Neither boys nor girls vary in patterns of emotion regulation, nor do they have heterogeneous resilience levels. These findings contradict Dorkhah et al. (2014) study that found the effects of religiosity on resilience were higher in boys than girls but confirm Saleem and Saleem's (2017) for non-significant gender difference in the religiosity of college students. The absence of significant gender differences in emotion regulation also aligns with McRae et al. (2018).

Conclusion

Religiosity provides the source of strength for emotion regulation and resilience. This evidence suggests that strengthening religiosity can help to prevent emotional difficulties and promote coping strategies. It is important to enhance religiosity to increase emotion regulation and resilience. If a moderate level of religiosity plays a significant role in strengthening adaptive emotion regulation and resilience, then its high level will promote further positive behaviors and emotions. More insight is needed into driving factors and settings that boost religiosity.

Limitations, Strengths and Implications of the study

The present research alludes to the importance of increasing religiosity among students and provides valuable information about how it can enhance resilience and stress-coping ability. As high religiosity promotes adaptive emotion regulation and resilience, people who struggle

with affect management can resort to ceremonial practices as a coping mechanism. Besides, teachers, parents, academic administrators, and policymakers can use this piece of empirical evidence to ensure the protection and promotion of psychological well-being and academic learning among students.

Yet, this study is limited in scope. Since the target population of the current study is university students, only students from one university were recruited. Thus, an obvious limitation of this study was the participants' diversity. A limitation can be the effect of response bias and social desirability due to which some answers could be less accurate, particularly, for religious orientation. Students' responses to the measures of emotion regulation and resilience can be potentially affected by social support and its sources. However, none of such mediating or moderating factors are explored in the present study. Another limitation of this study is the self-report data of the participants.

Further research on this topic should focus on eliminating as many limitations from the current study as possible. First, recruiting participants not just from one university but from multiple institutions will help separate the effects of education on religiosity and other socio-emotional attributes. Second, alternate research methods and data collection procedures can yield in-depth information. Choosing longitudinal, qualitative, and mixed methods or observational designs can guide developmental changes in behaviors under investigation. Similar studies can be planned with school students and teachers to explore dimensions of religiosity and their specific outcomes. Last, future researchers should also plan activities that can increase students' religious health. This will safeguard the protective factors in moderating the negative effects of adversity and promotive factors in enhancing mental health, psychological well-being, and academic learning.

References

Abdollahzadeh, R. M., Hasanzadeh A. M., Yazdani, A. A., & Bahrami, F. (2020). The influence of religiosity on the emotional–behavioral health of adolescents. *Journal of Religion and Health*, *59*(4), 1870-1888. DOI: https://doi.org/10.1007/s10943-018-00747-w

Agbaria, Q., & Mokh, A. A. (2023). Coping with Stress During the COVID-19 Outbreak: The contribution of self-control skills and

religiosity in Arab Israeli-Palestinian students in Israel. *Journal of Religion and Health, 62*(1), 720-738. DOI: https://doi.org/10.1007/s10943-022-01686-3

Booth, C., Songco, A., Parsons, S., & Fox, E. (2020). Cognitive mechanisms predicting resilient functioning in adolescence: Evidence from the cognitive bias longitudinal study. *Development and Psychopathology*, *34*(1), 345-353. DOI: https://doi.org/10.1017/S0954579420000668

Crawford, E., Wright, M., & Masten, A. S. (2016). Resilience and spirituality in youth. In E. C. Roehlkepartain, P. E., King, L. Wagener., & P. L. Benson (Eds.), *The Handbook of Spiritual Development in Childhood and Adolescence* (pp.355-370). Thousand Oaks, CA: Sage.

Deb, S., Thomas, S., Bose, A., & Aswathi, T. (2020). Happiness, meaning, and satisfaction in life as perceived by Indian university students and their association with spirituality. *Journal of Religion and Health*, *59*(5), 2469-2485. DOI: https://doi.org/ 10.1007/s10943-019-00806-w

Eldred, L. (2020). The impact of religiosity and personality on resilience and coping strategies. *Undergraduate Theses and Capstone Projects*. 164. https://digitalshowcase.lynchburg.edu/utcp/164

Gebauer, J. E., Sedikides, C., & Neberich, W. (2012). Religiosity, social self-esteem, and psychological adjustment: On the cross-cultural specificity of the psychological benefits of religiosity. *Psychological Science*, *23*, 158-160. DOI: https://doi.org/10.1177/0956797611427045

Gross, J. J., & John, O. P. (2013). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology, 85,* 348-362. https://psycnet.apa.org/doi/10.1037/0022-3514.85.2.348

Hardy, S. A., Baldwin, C. R., Herd, T., & Kim-Spoon, J. (2020). Dynamic associations between religiousness and self-regulation across adolescence into young adulthood. Developmental Psychology, 56(1), 180-197. doi: https://doi.org/10.1037/dev0000841

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). The weirdest people in the world? *Behavioral and brain sciences*, *33*(2-3), 61-83. doi:10.1017/S0140525X0999152X

Hu, L., & Bentler, P. M. (2019). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new

alternatives. *Structural Equation Modeling*, *6*(1), 1-55. Doi: https://doi.org/10.1080/10705519909540118

Huber, S., & Huber, O.W. (2012). The Centrality of Religiosity Scale (CRS). *Religions*, *3*(3),710-724.doi: https://doi.org/10.3390/rel3030710

Soloklo, J. B., ArabMoghaddam, N., & Dorkhah, A. F. (2014). The relationship between religiosity and resilience in secondary and high school students in Shiraz. *The Journal of New Thoughts on Education*, *10*(1), 144-163. DOI: 10.22051/JONTOE.2014.366

Javanmard, G. H. (2013). Religious beliefs and resilience in academic students. Procedia-*Social and Behavioral Sciences, 84*, 744-748. DOI: https://doi.org/10.1016/j.sbspro.2013.06.638

Kim-Prieto, C., & Diener, E. (2019). Religion is a source of variation in the experience of positive and negative emotions. *The Journal of Positive Psychology*, *4*(6), 447-460. DOI: https://doi.org/10.1080/17439760903271025

Koole, S. L., McCullough, M. E., Kuhl, J., & Roelofsma, P. H. M. P. (2010). Why Religion's Burdens Are Light: From Religiosity to Implicit Self-Regulation. *Personality and Social Psychology Review*, *14*(1), 95-107. DOI: 10.1177/1088868309351109

Krok, D. (2015). The role of meaning in life within the relations of religious coping and psychological well-being. *Journal of Religion and Health*, *54*(6), 2292-2308. DOI: https://doi.org/10.1007/s10943-014-9983-3

Mahmood, Q. K., Jafree, S. R., Sohail, M. M., & Akram, M. B. (2021). A cross-sectional survey of Pakistani Muslims coping with health anxiety through religiosity during the COVID-19 pandemic. *Journal of Religion and Health*, *60*(3), 1462-1474. DOI: https://doi.org/10.1007/s10943-021-01218-5

McRae, K., & Gross, J. J. (2020). Emotion regulation. Emotion, 20(1), 1-11. DOI: https://doi.org/10.1037/emo0000703

Saleem, S., & Saleem, T. (2017). Role of religiosity in psychological well-being among medical and non-medical students. *Journal of Religion and Health*, *56*(4), 1180-1190. DOI: https://doi.org/10.1007/s10943-016-0341-5

Schwalm, F. D., Zandavalli, R. B., de Castro Filho, E. D., & Lucchetti, G. (2022). Is there a relationship between spirituality/religiosity and resilience? A systematic review and meta-analysis of observational studies. *Journal of Health Psychology*, *27*(5), 1218-1232. DOI: https://doi.org/10.1177/1359105320984537

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2018). The Brief Resilience Scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine,15*(3),194-200.DOI: https://doi.org/10.1080/10705500802222972

Vishkin, A., Ben-Nun Bloom, P., & Tamir, M. (2018). Always look on the bright side of life: Emotion regulation, religiosity, and well-being. *Journal of Happiness Studies*, *20*(2), 427-447. DOI: https://doi.org/10.1007/s10902-017-9956-9

Vishkin, A., Ben-Nun Bloom, P., Schwartz, S. H., Solak, N., & Tamir, M. (2019). Religiosity and Emotion Regulation. *Journal of Cross-Cultural Psychology*, *50*(9),1050–1074. DOI: https://doi.org/10.1177/0022022119880341

Wong, S., Pargament, K. I., & Faigin, C. A. (2018). Sustained by the sacred: Religious and spiritual factors for resilience in adulthood and aging. In Resnick, B., Gwyther, L., Roberto, K. (eds). *Resilience in Aging: Concepts, Research, and Outcomes* (pp. 191-214). Springer, Cham. https://doi.org/10.1007/978-3-030-04555-5_1

Yılmaz Karabulutlu, E., Yaralı, S., & Karaman, S. (2019). Evaluation of distress and religious coping among cancer patients in Turkey. *Journal of Religion and Health*, *58*(3), 881-890. DOI: https://doi.org/10.1007/s10943-017-0453-6

Received July 04, 2023
Revisions Received November 16, 2023