



## **Spirituality, Psychological Distress, and Coping Styles in Young and Middle Adulthood: A Comparative Study**

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**Abstract**

*The present study examined the relationship between spirituality and psychological distress, specifically depression, anxiety, and stress, and explored differences in coping styles between individuals in young and middle adulthood. Using a comparative and correlational research design, data were collected from 106 adults, including 56 young adults and 50 middle adults. Spirituality was assessed using the Spiritual Health Assessment Scale, psychological distress was measured using the Depression Anxiety Stress Scale 21, and coping strategies were evaluated using the Brief Coping Orientation to Problems Experienced Scale. Pearson product moment correlation analysis was employed to examine associations between spirituality and psychological distress, while two-way analysis of variance was used to compare coping styles across age groups. The results indicated that spirituality was not significantly associated with depression, anxiety, or stress. However, strong and statistically significant positive relationships were observed among depression, anxiety, and stress. Further analysis revealed no significant differences in coping styles between young and middle adults, and the effect of age group on coping was negligible. These findings suggest that spirituality may not function as a direct protective factor against psychological distress in non-clinical adult populations and that coping styles may remain relatively stable across young and middle adulthood. The study highlights the complexity of the relationships among spirituality, coping, and mental health and underscores the need for further research examining specific dimensions of spirituality and their interaction with coping processes across developmental stages.*

**Keywords:** *Spirituality; Depression; Anxiety; Stress; Coping styles.*

## Introduction

Depression, anxiety, and stress constitute some of the most prevalent psychological concerns across adulthood, influencing emotional wellbeing, daily functioning, and overall quality of life. While pharmacological and psychotherapeutic interventions remain central to treatment, growing attention has been directed toward personal and psychosocial resources that support psychological adjustment. Spirituality has emerged as one such resource, offering individuals a framework for meaning making, emotional regulation, and adaptive coping in the face of psychological distress. Examining the role of spirituality in relation to mental health outcomes and coping processes across different stages of adulthood remains a relevant and evolving area of psychological research.

### 1. Conceptualizing Spirituality in Psychological Research

In psychological research, spirituality is commonly understood as a personal and subjective dimension of human experience that involves the search for meaning, purpose, and connection beyond material aspects of life (Johnson et al., 2011; Joulaei et al., 2016). It reflects an individual's relationship with the self, others, and a perceived higher reality, and is often expressed through beliefs, values, experiences, and practices that provide coherence and direction to life (Peselow et al., 2014). Unlike rigid doctrinal systems, spirituality is viewed as flexible and internally guided, allowing individuals to engage with it in ways that are personally meaningful (Craig et al., 2022).

A growing body of research distinguishes spirituality from organized religion while acknowledging their potential overlap (Vitorino et al., 2018). Religion is generally characterized by structured belief systems, rituals, and collective practices, whereas spirituality emphasizes individual experience, inner awareness, and personal meaning making (Rentala et al., 2017). This distinction has enabled researchers to examine spirituality among individuals who identify as spiritual without formal religious affiliation, as well as those who integrate spiritual beliefs within religious traditions (Johnson et al., 2011). Such conceptual clarity has been particularly valuable in psychological research exploring wellbeing and mental health across diverse cultural and developmental contexts (Joulaei et al., 2016).

Empirical research has consistently highlighted the relevance of spirituality for psychological adjustment and wellbeing. Rishi and Shukla (2018) demonstrated that spiritual wellbeing is associated with healthier coping and reduced death anxiety among individuals facing advanced illness, suggesting its role in fostering resilience under conditions of severe psychological stress. Similarly, Craig, Fardouly, and Rapee (2022) reported that higher levels of spirituality were linked to greater self-esteem, social support, meaning in life, and adaptive coping among young adults.

These findings underscore the role of spirituality as a psychological resource that contributes to emotional stability and positive self-evaluation.

Spirituality has also been examined as a protective factor in contexts of health-related vulnerability. Doust, Hojjati, and Farhangi (2020) demonstrated that spiritually oriented interventions were effective in reducing anxiety among adolescents with cancer, while Abdollahi et al. (2021) reported that spirituality positively influenced health outcomes among pregnant women by reducing stress and anxiety. Similar associations between spirituality, reduced psychological distress, and improved wellbeing have been observed among individuals coping with chronic illness and adverse life circumstances (Araj et al., 2018; Tao et al., 2022).

Importantly, psychological perspectives emphasize that spirituality is not static but develops across the lifespan. Spiritual beliefs and practices may deepen or transform in response to developmental demands, personal crises, and changing life roles (Medley, 1980). This dynamic nature makes spirituality particularly relevant for understanding mental health and coping processes across adulthood, where individuals encounter evolving responsibilities, stressors, and existential concerns. Conceptualizing spirituality as a multidimensional and evolving construct allows for a nuanced examination of its role in psychological functioning without reducing it to religious ideology alone (Peselow et al., 2014).

## **2. Coping Processes and Psychological Adjustment**

Coping refers to the cognitive and behavioural efforts individuals employ to manage internal and external demands that are appraised as taxing or exceeding available resources (Lazarus and Folkman, 1984). Within psychological research, coping is understood as a dynamic and context dependent process rather than a fixed trait, varying according to situational demands, personal resources, and developmental stage. The way individuals cope with stressors plays a critical role in psychological adjustment, influencing emotional regulation, mental health outcomes, and overall wellbeing.

Coping strategies are commonly classified into broad categories based on their functional orientation. Problem focused coping involves active efforts to modify or eliminate the source of stress through planning, problem solving, or seeking instrumental support (Carver, 1997). Emotion focused coping aims to regulate the emotional distress associated with stressful situations and includes strategies such as acceptance, emotional expression, positive reframing, and seeking emotional support (Folkman and Moskowitz, 2004). Avoidant coping, in contrast, involves disengagement from stressors through denial, behavioural withdrawal, or distraction, and is often associated with poorer psychological outcomes when used persistently (Carver et al., 1989).

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A substantial body of research indicates that coping styles are differentially associated with mental health outcomes. Problem focused and adaptive emotion focused coping strategies have been linked to lower levels of depression, anxiety, and stress, as well as greater psychological resilience and life satisfaction (Roming and Howard, 2019). In contrast, avoidant coping has been consistently associated with heightened psychological distress, including increased depressive symptoms, anxiety, and stress related disorders (Singh and Kedare, 2014; Kroplewski et al., 2022). These associations highlight the importance of coping processes in shaping psychological adjustment across diverse life circumstances.

Coping processes do not operate in isolation but are influenced by personal meaning systems, belief structures, and internal resources. Spirituality has been identified as one such resource that may shape coping appraisals and responses, particularly in situations involving uncontrollable stressors, illness, or existential threat (Pargament, 1997). Spiritual coping may complement conventional coping strategies by providing meaning, hope, acceptance, and emotional comfort, thereby expanding an individual's capacity to manage psychological distress (Vitorino et al., 2018).

Developmental research further suggests that coping strategies evolve across adulthood in response to changing roles, responsibilities, and stressors. Young adulthood is often characterized by academic, occupational, and relational challenges, whereas middle adulthood involves increased responsibilities related to work, family, and health (Medley, 1980). These developmental contexts may influence the preference for and effectiveness of particular coping styles, underscoring the importance of examining coping processes within specific age groups. Understanding coping as a flexible and multidimensional process provides a foundation for examining its interaction with spirituality and mental health outcomes across young and middle adulthood.

### **3. Depression, Anxiety, and Stress Across Adulthood**

Depression, anxiety, and stress represent closely related yet distinct forms of psychological distress that significantly affect emotional functioning, cognitive processes, and everyday behaviour across adulthood. Depression is characterized by persistent low mood, diminished interest or pleasure, and negative self-evaluation, often accompanied by cognitive and behavioural impairments that interfere with daily functioning (ICD 11). Anxiety involves excessive fear, worry, and physiological arousal in response to perceived threats, while stress reflects a state of psychological and physiological tension arising when environmental demands exceed perceived coping resources (Selye, 1976; Lazarus, 1993). Although conceptually distinct, these conditions frequently co-occur and share common risk factors and outcomes. Research consistently demonstrates strong interrelationships among depression, anxiety, and stress, suggesting overlapping

emotional and cognitive mechanisms (Lovibond and Lovibond, 1995). High levels of stress have been shown to increase vulnerability to both anxiety and depressive symptoms, while prolonged anxiety may contribute to the development or maintenance of depressive states. These conditions are associated with impairments in emotional regulation, decision making, interpersonal functioning, and physical health, underscoring their relevance as major mental health concerns across the lifespan.

The experience and expression of depression, anxiety, and stress vary across developmental stages. Young adulthood is marked by transitions related to education, career establishment, identity formation, and intimate relationships, often accompanied by heightened uncertainty and psychological strain (Medley, 1980). Empirical studies indicate that young adults report elevated levels of stress and anxiety, particularly in academic and occupational contexts, which may increase vulnerability to depressive symptoms when coping resources are insufficient (Aggarwal et al., 2021).

Middle adulthood presents a different constellation of stressors, including increased occupational responsibilities, caregiving roles, marital and family demands, and emerging health concerns. These cumulative pressures may contribute to sustained stress and emotional exhaustion, potentially elevating the risk for anxiety and depression (Kumar and Kumar, 2014). At the same time, middle adults may possess greater life experience and coping resources, which can moderate psychological distress under certain conditions.

Understanding depression, anxiety, and stress within a developmental framework is essential for examining protective and vulnerability factors across adulthood. Individual differences in coping strategies, personal meaning systems, and internal resources such as spirituality may influence how psychological distress is experienced and managed at different life stages. This perspective provides a critical foundation for exploring the role of spirituality and coping processes in relation to mental health outcomes among young and middle adults.

#### **4. Spirituality as a Resource for Coping with Psychological Distress**

An expanding body of psychological research has examined spirituality as a potential resource for coping with psychological distress, particularly in relation to depression, anxiety, and stress. Spirituality is often conceptualized as a meaning-oriented framework that helps individuals interpret adverse experiences, regulate emotional responses, and sustain hope during periods of vulnerability (Pargament, 1997). Through beliefs, practices, and experiences that foster acceptance, transcendence, and connectedness, spirituality may influence how stressors are appraised and managed.

Empirical evidence suggests that higher levels of spirituality are frequently associated with lower levels of psychological distress and improved mental health outcomes. Studies conducted among individuals facing

serious illness have shown that spiritual wellbeing is linked to reduced depression and anxiety, enhanced resilience, and better overall quality of life (Johnson et al., 2011; Araj et al., 2018). Similarly, research among community and student populations has demonstrated that spirituality is positively associated with emotional stability, life satisfaction, and adaptive coping, while being negatively related to symptoms of depression, anxiety, and stress (Craig et al., 2022; Aggarwal et al., 2021).

Spirituality has also been examined in the context of spiritual coping, which refers to the use of spiritual beliefs or practices to manage stressful situations. Positive spiritual coping, such as seeking meaning, trusting in a higher purpose, or engaging in prayer or meditation, has been associated with reduced emotional distress and improved psychological adjustment (Vitorino et al., 2018; Tao et al., 2022). In contrast, negative spiritual coping, including spiritual struggle or feelings of abandonment, has been linked to poorer mental health outcomes, highlighting the importance of how spirituality is engaged rather than its mere presence (Kroplewski et al., 2022).

Intervention based studies further support the role of spirituality in coping with psychological distress. Spiritual or spiritually integrated interventions have been shown to reduce anxiety, stress, and depressive symptoms among adolescents with cancer, pregnant women, and individuals coping with chronic illness (Doust et al., 2020; Sanaeinasab et al., 2021). These findings suggest that spirituality can complement conventional psychological interventions by addressing existential concerns and emotional needs that may not be fully captured by secular coping strategies alone.

Despite growing evidence supporting the beneficial role of spirituality, findings across studies are not entirely consistent. Variations in conceptual definitions, measurement tools, cultural contexts, and developmental stages contribute to mixed results in the literature. This underscores the need for further research examining the role of spirituality in relation to psychological distress and coping within specific populations and developmental contexts. Investigating spirituality as a coping resource among young and middle adults provides an opportunity to better understand its relevance and limitations in promoting psychological adjustment across adulthood.

## **5. Developmental Context of Young and Middle Adulthood**

Young and middle adulthood represent distinct yet interconnected developmental phases, each characterized by unique psychological tasks, social roles, and stressors that influence mental health and coping processes. Developmental theories emphasize that the demands encountered during these life stages shape patterns of emotional regulation, coping strategies, and the use of internal resources such as spirituality (Medley, 1980). Understanding these contexts is essential for examining variations in psychological distress and coping across

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adulthood.

Young adulthood is typically marked by transitions related to identity formation, educational attainment, career establishment, and the development of intimate relationships. These transitions often involve uncertainty, role experimentation, and heightened performance expectations, which can contribute to elevated levels of stress and anxiety (Aggarwal et al., 2021). Limited life experience and evolving coping skills may further increase vulnerability to depressive symptoms when stressors become overwhelming. At the same time, young adulthood is a period of openness to exploration, during which individuals may actively seek meaning, purpose, and value systems that guide their life choices, including spiritual beliefs and practices.

Middle adulthood, in contrast, is characterized by greater role consolidation alongside increased responsibilities related to work, family, caregiving, and health. Occupational pressures, financial obligations, marital demands, and concerns related to aging parents or children can contribute to sustained stress and emotional strain (Kumar and Kumar, 2014). Although middle adults often possess more developed coping skills and psychological resources, the cumulative nature of stressors may increase susceptibility to anxiety and depressive symptoms, particularly when personal and social resources are strained.

Spirituality may function differently across these developmental stages. In young adulthood, spirituality may serve as an exploratory framework that supports identity development and meaning making. In middle adulthood, it may provide stability, emotional grounding, and acceptance in the face of ongoing responsibilities and life transitions. Differences in developmental priorities and life experiences suggest that the role of spirituality and coping strategies may vary between young and middle adults.

Examining spirituality, coping styles, and psychological distress within a developmental framework allows for a more nuanced understanding of mental health across adulthood. By comparing young and middle adults, the present study seeks to clarify whether developmental stage influences the relationship between spirituality, coping processes, and levels of depression, anxiety, and stress.

## **6 Rationale and Objectives of the Present Study**

Despite growing empirical interest in spirituality as a psychological resource, findings regarding its relationship with depression, anxiety, stress, and coping remain inconsistent. While several studies report that higher levels of spirituality are associated with reduced psychological distress and more adaptive coping, other research suggests weak or non-significant associations, potentially due to differences in conceptual definitions, measurement approaches, cultural contexts, and developmental stages examined. Moreover, much of the existing literature has focused on clinical populations or single age groups, with comparatively limited attention given to developmental comparisons across adulthood.

Young and middle adulthood are periods marked by distinct psychosocial demands and stressors that may differentially influence mental health outcomes and coping processes. Although both age groups encounter challenges related to work, relationships, and personal growth, the nature and intensity of these challenges vary across developmental stages. Spirituality, as an internal meaning system, may therefore play a different role in shaping coping strategies and psychological adjustment in young adults compared to middle adults. Examining these relationships within a comparative developmental framework can help clarify whether spirituality functions as a consistent protective factor or whether its influence varies across adulthood.

Furthermore, coping styles represent a key mechanism through which individuals manage psychological distress. Understanding whether coping patterns differ between young and middle adults, and how these patterns relate to spirituality and mental health outcomes, has important implications for psychological assessment and intervention. Integrating spirituality and coping within a single empirical framework allows for a more comprehensive understanding of psychological adjustment during adulthood.

In light of these considerations, the present study aims to examine the relationship between spirituality, depression, anxiety, and stress, as well as to compare coping styles among individuals in young and middle adulthood. Specifically, the objectives of the study are to assess the association between spirituality and levels of depression, anxiety, and stress, and to examine differences in coping styles between young and middle adults. It is hypothesized that spirituality will be significantly related to depression, anxiety, and stress, and that coping styles will differ across the two age groups.

## **Methodology**

The present study employed a quantitative approach to examine the relationship between spirituality, depression, anxiety, and stress, as well as differences in coping styles between young and middle adults. A comparative and correlational research framework was adopted to address the study objectives. Standardized psychological measures were used to assess spirituality, coping strategies, and psychological distress, and appropriate statistical analyses were conducted to test the proposed hypotheses.

## **Research Design and Participants**

The present study adopted a comparative and correlational research design to examine the relationship between spirituality, depression, anxiety, and stress, as well as to compare coping styles between individuals in young and middle adulthood. This design was considered appropriate for assessing associations among psychological variables and identifying group differences across developmental stages without manipulating any variables. The sample consisted of 106 participants drawn from young and middle adulthood. Young adults were defined

as individuals aged 22 to 34 years, while middle adults included individuals aged 35 to 64 years. The sample comprised 56 young adults and 50 middle adults. Participants were selected using a combination of convenience and random sampling techniques to ensure feasibility while allowing representation from both age groups.

Inclusion criteria required participants to fall within the specified age range, belong to the Hindu religion, and possess sufficient proficiency in the English language to comprehend and respond to the assessment tools. Individuals below 22 years of age or above 64 years of age, those who did not identify with the Hindu religion, and those unable to understand English were excluded from the study. These criteria were applied to maintain homogeneity in cultural and linguistic context and to ensure accurate assessment of the constructs under investigation.

All participants were approached voluntarily and were informed about the purpose of the study prior to participation. Demographic information, including age and developmental group, was collected to facilitate comparative analyses between young and middle adults.

## Measures

Standardized self-report instruments were used to assess spirituality, coping styles, and levels of depression, anxiety, and stress. All measures selected for the study are widely used in psychological research and demonstrate adequate psychometric properties. The instruments were administered in English and were appropriate for use with adult populations.

### 1. Depression Anxiety Stress Scale 21

The Depression Anxiety Stress Scale 21 is a widely used measure designed to assess the severity of symptoms related to depression, anxiety, and stress (Lovibond and Lovibond, 1995). The scale consists of 21 items, with seven items each measuring depression, anxiety, and stress. Respondents rate the extent to which each statement applied to them over the past week on a four-point Likert scale ranging from zero to three. Higher scores indicate greater levels of psychological distress. The scale has demonstrated good reliability and validity across clinical and non-clinical populations and is commonly used in research settings to assess emotional distress.

### 2. Brief Coping Orientation to Problems Experienced Scale

The Brief Coping Orientation to Problems Experienced Scale, developed by Carver (1997), is a self-report instrument used to assess coping strategies employed by individuals in response to stress. The scale comprises

28 items that assess various coping behaviours, which can be broadly categorized into problem focused coping, emotion focused coping, and avoidant coping. Responses are rated on a four-point Likert scale ranging from one, indicating that the strategy has not been used at all, to four, indicating frequent use. The Brief COPE has been widely used in psychological research and has demonstrated satisfactory reliability and construct validity across diverse populations.

### **3. Spiritual Health Assessment Scale**

The Spiritual Health Assessment Scale is designed to assess the level of spiritual health in individuals by evaluating dimensions such as spiritual beliefs, practices, experiences, and values (Koenig, 2012). The scale includes items related to connection with a higher power, engagement in spiritual practices such as prayer or meditation, and the perceived role of spirituality in daily life. It has been used in health, counselling, and research contexts to examine the role of spirituality in psychological wellbeing. The scale provides an overall measure of spiritual health, with higher scores indicating greater levels of spirituality.

### **Procedure**

The procedure of the present study was carried out in a systematic and ethically appropriate manner to ensure reliability of data collection and participant comfort. Data collection was conducted in two phases. In the first phase, potential participants were identified using convenience sampling based on the predefined inclusion criteria related to age, religion, and language proficiency. Individuals who met the criteria were approached either directly or through online communication platforms and were informed about the purpose and nature of the study. Participants were clearly informed that their participation was voluntary and that they could choose not to participate or withdraw at any point without any negative consequences.

After providing consent, participants proceeded to the second phase of data collection, which involved completing an online questionnaire administered through Google Forms. The use of an online mode of data collection was selected to facilitate accessibility, reduce administrative burden, and allow participants to respond in a comfortable and familiar environment. The questionnaire began with a brief demographic section that collected information related to age and developmental group classification. This was followed by the administration of three standardized psychological instruments: the Depression Anxiety Stress Scale 21, the Brief Coping Orientation to Problems Experienced Scale, and the Spiritual Health Assessment Scale.

Clear and standardized instructions were provided prior to each measure to ensure that participants understood how to respond to the items. Participants were instructed to answer all questions honestly based on their experiences and feelings. No time limits were imposed, allowing respondents to complete the questionnaire at

their own pace. Upon completion, responses were automatically recorded and securely stored for further statistical analysis. The collected data were screened and organized before being subjected to statistical procedures.

### **Ethical Considerations**

Ethical principles guiding psychological research involving human participants were strictly followed throughout the course of the study. Prior to participation, all individuals were provided with detailed information regarding the objectives of the study, the procedures involved, and the nature of their participation. Informed consent was obtained electronically, ensuring that participants clearly understood the purpose of the research and their rights as participants before proceeding with the questionnaire.

Participation in the study was entirely voluntary, and participants were explicitly informed that they had the right to withdraw from the study at any stage without facing any penalty or disadvantage. Confidentiality and anonymity were maintained by ensuring that no personally identifiable information was collected at any point during the research process. Participants' responses were recorded anonymously and were used solely for academic and research purposes.

Data security was given careful consideration. All collected data were stored securely and were accessible only to the researcher. The data were used exclusively for analysis related to the present study and were reported in aggregate form to prevent identification of individual participants. The study involved minimal risk, as it relied solely on self-report questionnaires and did not involve any invasive or potentially distressing procedures. Care was taken to ensure that the content of the questionnaires did not cause discomfort, and participants were encouraged to discontinue participation if they experienced any unease. Ethical sensitivity and respect for participant dignity, autonomy, and wellbeing were maintained throughout the research process.

### **Statistical Analysis**

Statistical analysis was conducted to examine the relationship between spirituality, depression, anxiety, and stress, as well as to compare coping styles between individuals in young and middle adulthood. Data obtained from the completed questionnaires were first screened for completeness and accuracy. Descriptive statistics, including means and standard deviations, were calculated to summarize the demographic characteristics of the sample and the central tendencies of the study variables.

Pearson product moment correlation analysis was employed to assess the relationship between spirituality and levels of depression, anxiety, and stress. This statistical technique was selected to examine the strength and direction of associations among continuous variables and to address the first research objective concerning the

relationship between spirituality and psychological distress.

To examine differences in coping styles between young and middle adults, a two-way analysis of variance was conducted. The independent variable was age group, categorized into young adulthood and middle adulthood, while coping styles served as the dependent variable. This analysis allowed for the comparison of mean differences in coping styles across age groups and facilitated the examination of variance attributable to age related differences.

All statistical analyses were performed using the Statistical Package for the Social Sciences software. The level of statistical significance was set at 0.05 for all analyses. Effect sizes were examined where appropriate to assess the magnitude of observed effects. The results obtained from these analyses were used to test the proposed hypotheses and address the objectives of the study in a systematic and statistically sound manner.

## Results

This section presents the statistical findings of the study in relation to the stated objectives and hypotheses. Descriptive statistics, correlation analyses, and inferential statistics were used to examine the relationships between spirituality, depression, anxiety, and stress, as well as to assess differences in coping styles between young and middle adults. Results are reported with reference to the corresponding tables, and only statistically relevant findings are highlighted without interpretative commentary.

	<b>Spirituality</b>	<b>Anxiety</b>	<b>Depression</b>	<b>Stress</b>
Pearson Correlation	1	- 0.030	- 0.108	- 0.106
Spirituality Sig. (2-tailed)		0.761	0.270	0.279
N	106	106	106	106
Pearson Correlation	- 0.030	1	0.818**	0.815**
Anxiety Sig. (2-tailed)	0.761		0	0
N	106	106	106	106
Pearson Correlation	- 0.108	0.818**	1	0.763**
Depression Sig. (2-tailed)	0.270	0		0
N	106	106	106	106
Pearson Correlation	- 0.106	0.815**	0.763**	1
Stress Sig. (2-tailed)	0.279	0	0	
N	106	106	106	106

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

**Table 1** Descriptive statistic of spirituality, depression, stress and anxiety of individuals in young and middle adulthood

## Descriptive Statistics

Descriptive statistics for spirituality, depression, anxiety, and stress among individuals in young and middle adulthood are presented in Table 3.1. The table summarizes the mean scores and standard deviations for each of the study variables across the total sample. These descriptive values provide an overview of the overall levels of spirituality and psychological distress observed among the participants.

The descriptive analysis indicates variability in levels of depression, anxiety, and stress across the sample, reflecting differences in psychological experiences among individuals in young and middle adulthood. Mean scores suggest the presence of mild to moderate levels of psychological distress within the sample, while spirituality scores reflect varying degrees of spiritual health among participants. The standard deviations indicate an adequate spread of scores, suggesting sufficient variability to support further inferential analyses. Descriptive statistics related to coping styles are presented in subsequent tables and are examined in relation to age group differences in later sections. Together, these descriptive findings establish a foundation for the correlation and comparative analyses that follow, providing context for interpreting the relationships between spirituality, psychological distress, and coping styles.

		Value Label	N
Age Group	1	Middle Adults	50
	2	Young Adults	56
Groups	1	Problem Focused	106

**Table: 2** Factorial analysis of spirituality, anxiety in young and middle adulthood

## Relationship Between Spirituality and Psychological Distress

The relationship between spirituality and psychological distress was examined using Pearson product moment correlation analysis. The results of the correlation analysis are presented in Table 3.2, which displays the correlation coefficients between spirituality and the variables of depression, anxiety, and stress for the total sample.

As shown in Table 3.2, spirituality was not significantly correlated with depression, anxiety, or stress. The correlation coefficients indicate weak and non-significant associations between spirituality and each of the psychological distress variables. These findings suggest that, within the present sample, levels of spirituality were not directly related to the severity of depressive symptoms, anxiety, or stress. The correlation analysis further indicates that while spirituality did not show a significant association with psychological distress, the

relationships among depression, anxiety, and stress themselves were statistically significant. These interrelationships are examined in detail in the following subsection.

Age Group	Groups	Mean	Std. Deviation	N
Middle Adults	Problem Focused	18.98	3.798	50
	Total	18.98	3.798	50
Young Adults	Problem Focused	18.64	3.997	56
	Total	18.64	3.997	56
Total	Problem Focused	18.80	3.890	106
	Total	18.80	3.890	106

### Interrelationships Among Depression, Anxiety, and Stress

The interrelationships among depression, anxiety, and stress were examined using Pearson product moment correlation analysis, with the results presented in Table 3.2. The correlation coefficients indicate strong and statistically significant positive associations among all three variables. As shown in the table, depression was positively and significantly correlated with anxiety and stress, indicating that higher levels of depressive symptoms were associated with higher levels of anxiety and stress. Similarly, anxiety demonstrated a strong positive correlation with stress, suggesting substantial overlap between these dimensions of psychological distress within the sample.

These findings highlight the closely related nature of depression, anxiety, and stress among individuals in young and middle adulthood. The significant associations among these variables underscore the co-occurrence of psychological distress and provide a contextual basis for understanding the broader pattern of results observed in the study.

F	df1	df2	Sig.
0.083	1	104	0.774

Tests the null hypothesis that the error variance@ of the dependent variable is equal across groups.

@Design: Intercept + Age Group + Groups + Age Group × Groups

**Table 4** Levene's Test of Equality of Error Variances – Dependent Variable: Coping Styles

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	3.002 <sup>@</sup>	1	3.002	0.197	0.658	0.002
Intercept	37390.021	1	37390.021	2452.056	0	0.959
Age Group	3.002	1	3.002	0.197	0.658	0.002
Error	1585.837	104	15.248			
Total	39061.000	106				
Corrected Total	1588.840	105				

<sup>@</sup>*R Squared* = .002 (*Adjusted R Squared* = -.008)

**Table 5** Tests of Between-Subjects Effects - Dependent Variable: Coping Styles

### Differences in Coping Styles Across Age Groups

Differences in coping styles between young and middle adults were examined using two-way analysis of variance. The results of the analysis are presented across Tables 3.3 to 3.10.2, which include descriptive statistics, tests of assumptions, estimates, and univariate test results for coping styles.

Descriptive statistics presented in Table 3.3 indicate that the mean coping scores for young and middle adults were comparable, with only minimal differences observed between the two age groups. Levene's test of equality of error variances (Table 3.4) was non-significant, indicating that the assumption of homogeneity of variances was met and that the data were suitable for further inferential analysis. The results of the tests of between subjects' effects are presented in Table 3.5.

The analysis revealed that the main effect of age group on coping styles was not statistically significant. The obtained F value was low, and the associated significance level exceeded the conventional threshold of 0.05, indicating that there was no significant difference in overall coping styles between young and middle adults. The partial eta squared value further suggested that the proportion of variance in coping styles explained by age group was negligible.

Estimated marginal means and pairwise comparisons presented in Tables 3.6 to 3.8 further support the absence of significant differences in coping styles between the two age groups. The confidence intervals for mean differences included zero, reinforcing the non-significant findings. Additional univariate tests and estimates reported in Tables 3.9 to 3.10.2 confirm that neither age group nor its interaction with coping style categories yielded statistically significant effects. Overall, the results indicate that coping styles did not differ significantly between individuals in young and middle adulthood within the present sample.

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
18.811	0.380	18.058	19.565

**Table 6** Grand Mean – Dependent Variable: Coping Styles

The results of the pairwise comparisons further clarified the findings related to coping styles across age groups. The comparison of mean coping scores between young adults and middle adults revealed a small mean difference of 0.337; however, this difference was not statistically significant, as indicated by a p value of 0.658. The confidence interval for the mean difference ranged from  $-1.170$  to  $1.844$  and included zero, indicating that the observed difference in coping scores between the two age groups was not meaningful. A reciprocal comparison yielded the same magnitude of difference in the opposite direction, with an identical level of non-significance. Taken together, the pairwise comparison results confirm that there were no statistically significant differences in coping styles between young and middle adults in the present study.

Age Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Middle Adults	18.980	0.552	17.885	20.075
Young Adults	18.643	0.522	17.608	19.678

**Table 7** Estimated Marginal Means - Dependent Variable: Coping Styles

(I) Age Group	(J) Age Group	Mean Difference (I- J)	Std. Error	Sig. <sup>@</sup>	95% Confidence Interval for Difference <sup>@</sup>	
					Lower Bound	Upper Bound
Middle Adults	Young Adults	0.337	0.760	0.658	-1.170	1.844
Young Adults	Middle Adults	- 0.337	0.760	0.658	-1.844	1.170

<sup>@</sup>Adjustment for multiple comparisons: Bonferroni.

**Table 8** Pairwise Comparisons based on Estimated Marginal Means – Dependent Variable: Coping Styles

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>	<b>Partial Eta Squared</b>
Contrast	3.002	1	3.002	.197	.658	.002
Error	1585.837	104	15.248			

The *F* tests the effect of Age Group. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

**Table 9** Univariate Tests - Dependent Variable: Coping Styles

<b>Groups</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
			<b>Lower Bound</b>	<b>Upper Bound</b>
Problem Focused	18.811	0.380	18.058	19.565

**Table 10** Estimates – Dependent Variable: Coping Styles

	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig.</b>	<b>Partial Eta Squared</b>
Contrast Error	1585.837	104	15.248	0	0	0

The *F* tests the effect of Groups. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

**Table 11** Univariate Tests – Dependent Variable: Coping Styles

<b>Age Group</b>	<b>Groups</b>	<b>Mean</b>	<b>Std. Error</b>	<b>95% Confidence Interval</b>	
				<b>Lower Bound</b>	<b>Upper Bound</b>
Middle Adults	Problem Focused	18.980	0.552	17.885	20.075
Young Adults	Problem Focused	18.643	0.522	17.608	19.678

**Table 12** Age Group × Groups – Dependent Variable: Coping Styles

The results of the univariate analysis of variance indicated that age group did not have a statistically significant effect on coping styles. The obtained F value of 0.197, with a corresponding significance level of 0.658, exceeded the conventional threshold for statistical significance. As the p value was greater than 0.05, the null hypothesis was retained, indicating that coping styles did not differ significantly between young and middle adults. Furthermore, the partial eta squared value of 0.002 suggests that age group accounted for only a very small proportion of the variance in coping styles. Overall, these findings indicate that age group did not exert a meaningful influence on coping styles in the present analysis.

### **Summary of Key Findings**

The results of the present study indicate that spirituality was not significantly associated with levels of depression, anxiety, or stress among individuals in young and middle adulthood. Correlation analysis revealed weak and non-significant relationships between spirituality and psychological distress, suggesting that spirituality did not function as a direct predictor of depression, anxiety, or stress within the sample.

In contrast, strong and statistically significant positive relationships were observed among depression, anxiety, and stress. Higher levels of one form of psychological distress were associated with higher levels of the others, highlighting the interrelated nature of these constructs across adulthood.

Comparative analysis of coping styles revealed no significant differences between young and middle adults. The results of the two-way analysis of variance indicated that age group did not have a significant effect on coping styles, and the magnitude of the observed effects was minimal. Overall, the findings suggest that while psychological distress variables were strongly interrelated, spirituality and coping styles did not differ significantly across age groups in the present study.

### **Discussion**

The present study examined the relationship between spirituality and psychological distress, specifically depression, anxiety, and stress, as well as differences in coping styles between young and middle adults. The findings provide a nuanced understanding of how these constructs interact across adulthood and offer insight into the role of spirituality and coping in psychological adjustment.

Contrary to the first hypothesis, the results indicated that spirituality was not significantly associated with depression, anxiety, or stress. This finding diverges from several studies that have reported a protective role of spirituality in reducing psychological distress. One possible explanation for this inconsistency lies in differences in how spirituality is conceptualized and measured. Spirituality is a multidimensional construct,

and its effects on mental health may depend on specific components such as spiritual practices, spiritual coping, or meaning making rather than overall spiritual orientation. It is also possible that spirituality exerts an indirect influence on mental health through mediating variables such as resilience, social support, or coping style, which were not directly examined in the present analysis.

Another explanation may relate to sample characteristics. The present study included non-clinical participants from young and middle adulthood, many of whom may not have been experiencing high levels of psychological distress. In such contexts, the buffering effects of spirituality may be less evident compared to populations facing severe illness, trauma, or chronic stress. Cultural and religious homogeneity of the sample may have further contributed to limited variability in spirituality scores, reducing the likelihood of detecting significant associations. Despite the absence of a significant relationship between spirituality and psychological distress, the findings revealed strong and significant interrelationships among depression, anxiety, and stress. This pattern is consistent with existing literature and supports the conceptualization of these constructs as closely related dimensions of psychological distress. The strong correlations suggest that individuals experiencing elevated levels of one form of distress are likely to experience heightened levels of the others, emphasizing the importance of integrated approaches to assessment and intervention.

The second hypothesis, which proposed differences in coping styles between young and middle adults, was also not supported. The results indicated that coping styles did not differ significantly across age groups, and the effect of age group on coping was negligible. This finding suggests that, within the present sample, coping strategies may be relatively stable across these stages of adulthood. Increased access to shared stressors, similar occupational demands, and exposure to common coping resources may contribute to comparable coping patterns across age groups. The lack of significant age-related differences may also reflect the adaptive nature of coping, where individuals across adulthood draw upon a combination of problem focused, emotion focused, and avoidant strategies depending on situational demands rather than developmental stage alone. This finding aligns with research suggesting that coping flexibility, rather than specific coping styles, may be more critical for psychological adjustment.

Overall, the findings of the present study highlight the complexity of the relationship between spirituality, coping, and psychological distress. While spirituality did not emerge as a direct predictor of depression, anxiety, or stress, its role should not be discounted. Instead, spirituality may function as a contextual or indirect resource that interacts with other psychological processes. These results underscore the need for future research to examine specific dimensions of spirituality and their interaction with coping mechanisms across diverse populations and developmental stages.

## Conclusion

The present study was undertaken to examine the relationship between spirituality and psychological distress, specifically depression, anxiety, and stress, and to explore differences in coping styles between young and middle adults. Using a comparative and correlational research design, standardized measures were administered to assess spirituality, coping strategies, and levels of psychological distress among participants across the two developmental stages.

The findings indicated that spirituality was not significantly associated with depression, anxiety, or stress in the present sample. Although spirituality has often been identified as a protective factor in psychological research, the results suggest that its influence may not be direct or uniform across all populations. In contrast, strong and statistically significant interrelationships were observed among depression, anxiety, and stress, highlighting the closely connected nature of these forms of psychological distress across adulthood.

The study also found no significant differences in coping styles between young and middle adults. The comparative analysis revealed that age group did not have a meaningful effect on coping patterns, suggesting that individuals across these stages of adulthood may employ similar coping strategies when dealing with psychological stressors. These findings indicate that coping styles may be shaped more by situational factors and individual characteristics than by age alone.

Overall, the results of the study contribute to a more nuanced understanding of the role of spirituality and coping in mental health. While spirituality did not emerge as a significant predictor of psychological distress in this study, the findings underscore the importance of considering multiple psychological and contextual factors when examining mental health across adulthood. The study highlights the need for continued research into the complex pathways through which spirituality and coping processes influence psychological wellbeing.

## Limitations of the Study

Despite the contributions of the present study, several limitations should be acknowledged. First, the sample size was relatively modest, which may have limited the statistical power to detect subtle relationships between spirituality and psychological distress. A larger and more diverse sample could provide greater variability in the study variables and enhance the generalizability of the findings.

The sample was culturally and religiously homogeneous, as only individuals belonging to the Hindu religion and proficient in the English language were included. This restricts the applicability of the findings to individuals from other religious backgrounds, cultural contexts, or linguistic groups. As spirituality is deeply

influenced by cultural and religious factors, the limited diversity of the sample may have constrained the range of spiritual experiences assessed in the study.

The use of self-report measures may have introduced response biases, including social desirability and subjective interpretation of questionnaire items. Participants may have underreported or overreported their levels of spirituality or psychological distress, which could have affected the accuracy of the results. Additionally, the cross-sectional nature of the study limits the ability to draw causal inferences regarding the relationships among spirituality, coping styles, and psychological distress.

Finally, spirituality was assessed as a global construct, without examining specific dimensions such as spiritual coping, spiritual struggles, or engagement in particular practices. It is possible that certain aspects of spirituality are more strongly related to mental health outcomes than others. These limitations highlight the need for cautious interpretation of the findings and underscore opportunities for refinement in future research.

### **Implications for Psychological Practice and Research**

The findings of the present study offer several implications for psychological practice and future research. Although spirituality did not show a direct association with depression, anxiety, or stress in the current sample, the results suggest that spirituality should not be viewed as a universal or standalone protective factor for psychological distress. Mental health practitioners may therefore benefit from adopting a more individualized approach when considering spirituality in assessment and intervention, recognizing that its relevance and impact may vary across individuals and contexts.

The strong interrelationships observed among depression, anxiety, and stress underscore the importance of integrated assessment and intervention strategies in psychological practice. Practitioners working with adults across different developmental stages should consider addressing these forms of distress collectively rather than in isolation, as they often co-occur and may reinforce one another. The absence of significant differences in coping styles between young and middle adults further suggests that similar coping-based interventions may be applicable across these age groups, with adjustments made for individual needs rather than age alone. For psychological research, the findings highlight the need for more nuanced investigations into the role of spirituality in mental health. Future studies may benefit from examining specific dimensions of spirituality, such as spiritual coping, meaning making, or spiritual struggles, rather than relying solely on global measures. Longitudinal and intervention-based research designs could help clarify the pathways through which spirituality may influence psychological wellbeing over time.

Additionally, expanding research to include culturally and religiously diverse populations would enhance the generalizability of findings and deepen understanding of how spirituality interacts with mental health across

different contexts. Overall, the study contributes to ongoing discussions on the complexity of spirituality and coping in psychological adjustment and encourages more refined and context sensitive approaches in both research and practice.

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