The Impact of Religious Practices on the Resilience and Post-Traumatic Growth of Adolescents

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Abstract

Resilience and post-traumatic growth play crucial roles in the development of adolescents, particularly when they encounter diverse obstacles in life. The objective of this study is to investigate the impact of religious practices on resilience and experience personal growth after experiencing trauma in adolescents. This research employs a quantitative methodology grounded on a positivist framework. Data were gathered using a simple random sampling method including 218 Muslim teenagers in Yogyakarta, Indonesia who had encountered stressful incidents in the preceding year. Statistical analysis was employed to examine the correlation between variables. This research illustrates that religious practices may serve as a substantial source of resilience for teenagers in managing trauma. Engagement in religious activities enhances resilience and fosters healthy development. These findings indicate the need for the amalgamation of spiritual support and psychological therapies to facilitate teenage rehabilitation.

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1. Introduction

Resilience has a crucial role in the process of adolescents' self-discovery. Resilience is the capacity to effectively handle significant changes, adjust successfully to challenges, and recover quickly from challenging circumstances (Cui et al., 2024). Troy et al. (2023) conducted a comparative analysis of the experiences of two individuals who experienced the loss of a loved one. One person undergoes an extended period of sadness, while the other person heals at a faster rate and discovers fresh significance in their life. These findings indicate that the second individual possesses the typical traits of a resilient person (Jo et al., 2024). A neuroimaging study offers a more profound understanding of the neural foundation of resilience. In their study, Egan et al. (2024) discovered distinct patterns of brain activity in resilient individuals, particularly in the prefrontal cortex and hippocampus. These regions have a vital function in the regulation of emotions, memory, and decision-making, which significantly aids teenagers in navigating developmental obstacles, such as the quest for identity.

Individuals can enhance their ability to cope with challenges by improving their resilience (Naydonova, 2023). The study conducted by Hofgaard et al. (2021) provided evidence of the beneficial effects of resilience on various aspects of individuals' well-being and quality of life, such as academic achievement and mental health maintenance (Li et al., 2022). Resilience plays a crucial role in the process of recovering from and managing emotions during or after experiencing stress (Albayrak et al., 2024). Renati et al. (2023) discovered that in the presence of stress, resilience functions as a safeguard for teenagers, aiding in the reduction of psychological stress. On the other hand, teenagers who have low resilience are more susceptible to experiencing adverse outcomes, such as mental and physical health issues. These findings align with the research conducted by Min et al. (2014) which indicates that persons with a high level of resilience experience less pain in comparison to those with low resilience. This disparity is intricately linked to the capacity of adolescents to endure and recover from distressing and traumatic occurrences.

Resilience and post-traumatic growth (PTG) both refer to adaptive coping strategies that have a beneficial effect on an individual's mental and physical well-being. Contrary to resilience, which

primarily concerns the restoration of normal functioning, PTG lays greater emphasis on the transformations and new achievements that arise from the experience (Morris et al., 2019). Peng et al. (2022) elucidates that Posttraumatic Growth (PTG) encompasses more than just a mere recuperation from trauma; rather, it entails a profound metamorphosis that propels individuals towards an elevated sense of gratitude for life. Participatory theatre games (PTG) have the potential to inspire adolescents to perceive the world from a fresh perspective and reassess their own lives. The circumstances surrounding the traumatic incident also significantly influence an individual's experience of posttraumatic growth (PTG). Tawakkul and Abdullah (2021) believe that traumatic experiences have the potential to foster a shift in one's attitude towards a more optimistic outlook. This phenomenon occurs because individuals who undergo traumatic events attempt to comprehend their novel experiences through cognitive mechanisms, so facilitating additional adjustment and development. Victims who undergo trauma in small increments can form optimistic attitudes on their capacity to handle future challenges, therefore augmenting their post-traumatic growth (PTG). On the other hand, if someone encounters more intense and long-lasting trauma, they may need to put in more effort and resources to cope with it and find meaning in their experiences. This can lead to a larger level of post-traumatic growth, as supported by (Zeidner & Kampler, 2019).

Each person, especially teenagers, exhibits a unique reaction to trauma (Dhungana et al., 2022). While certain individuals experience a sense of being overwhelmed, leading to detrimental impacts on their physical and mental well-being, others perceive this as an opportunity for personal growth and resilience (Ozcetin & Hicdurmaz, 2017). While resilience and post-traumatic growth (PTG) can positively influence each other, a significant number of Indonesian adolescents have not been able to harness this capacity. The substantial occurrence of mental health issues, with 25% to 51% of Indonesian adolescents displaying clinically significant symptoms of depression and anxiety (Astutik et al., 2020), along with the highest rates of suicidal thoughts among 12 Muslim nations (Eskin et al., 2018), underscores the pressing requirement for assistance for adolescents. The issue is worsened by variables such as restricted availability of mental health care, societal disapproval, and insufficient knowledge and awareness (Kotera et al., 2022). The failure to overcome trauma and achieve healthy development might have a detrimental effect on their overall quality of life and well-being.

Implementing religious activities, as suggested by You et al. (2019) can be a potent remedy for addressing this issue, as it offers substantial psychological impact on teenagers. Engaging in religious activities, such as prayer, worship, and other spiritual practices, fosters a sense of connection to positive ideals, promotes healthy behaviours, and enhances both physical and mental well-being. According to Wilson's (2023) study, participating in religious activities can enhance one's self-quality, leading to increased stability and mental clarity during stressful conditions, as well as improved stress management abilities. Religious practices also contribute to mitigating the adverse effects of increased stress resulting from emergency situations (Bl & Rocío, 2023). Religious beliefs aid individuals in effectively assimilating and coping with traumatic experiences (Leo et al., 2021). According to Williams and Lindsey (2010) teenagers who have a deep connection with God or a higher power, derive purpose from life, and actively engage in religious rituals, demonstrate a higher level of resilience to trauma and are more readily able to recover.

Prior research has consistently demonstrated a direct correlation between religious activities and the ability of individuals to bounce back from adversity. Hossein's (2013) research discovered a robust correlation between religious practices and resilience among college students. Furthermore, an examination of individuals affected by the earthquake in Haiti revealed the significant impact of religious worship in promoting heightened resilience (Mesidor & Sly, 2019). These findings indicate that engaging in religious activities can provide psychological support and resilience, enhancing teenagers' capacity to manage and bounce back from stressful circumstances.

Studies have demonstrated that engaging in religious practices can have a substantial impact on promoting post-traumatic growth. Empirical research suggests that certain individuals, when faced with traumatic and stressful experiences, attempt to cope with hardship by interpreting their religious beliefs (Welton, 2022). For instance, a research conducted on individuals who belong to the Ahmadiyya Community revealed a noteworthy impact of religious coping mechanisms and resilience on post-traumatic growth (Hanifatunisa & Syahid, 2020). Furthermore, a scientific investigation including individuals with psychiatric illnesses and physical ailments shown a substantial association between religious engagement and the incidence of post-traumatic growth (Adeli, 2022). These

findings indicate that engaging in religious activities can significantly aid individuals in managing the effects of trauma and attaining improved recovery.

Based on theoretical studies and previous research result, the research hypothesis (H) can be developed, namely:

H1: The religious practices exert an influence on the resilience of adolescents.

H2: The religious practices that adolescents engage in have an influence on their post-traumatic growth.

While earlier studies have shown that religious practices play a crucial role in developing resilience and facilitating post-traumatic recovery, greater research is needed to understand the intricate relationships between these components, especially within the heterogeneous population of Indonesia. The decision to concentrate on Muslim adolescents in Yogyakarta is motivated by the city's vibrant culture and educational opportunities, as well as the significant impact of Islam on its community. Yogyakarta's unique blend of a vibrant academic atmosphere and strong religious principles creates an optimal backdrop for investigating how religious practices can enhance the mental well-being of Muslim teenagers who have experienced trauma. This study seeks to investigate the impact of religious practices, such as prayer, reading the Qur'an, and other spiritual activities, on the psychological well-being and quality of life of Muslim adolescents in Indonesia who have experienced post-traumatic stress. The project aims to make significant contributions to the creation of more efficacious religion-based psychological therapies, with the ultimate goal of enhancing the quality of life and psychological well-being of teenagers in Indonesia.

2. Method

This study employed a quantitative methodology by utilising a questionnaire to objectively measure variables, in accordance with the principles of the positivist paradigm (Kotronoulas & Papadopoulou, 2023). Statistical analysis was conducted on numerical data from 218 Muslim youths, aged 17 to 21 years, in Yogyakarta who experienced trauma during the last 12 months. The sample was obtained using simple random sampling from the population of students in schools and colleges. The objective was to discern patterns and correlations among variables, in addition to generalizing the results. This technique effectively reveals overall trends; nonetheless, it is crucial to acknowledge that trauma experiences are complex, and specific subtleties may remain inadequately represented. Consequently, the study's conclusions must be evaluated within the wider social and cultural context. The research methodologies underwent ethical approval, and the involvement of respondents was both voluntary and anonymous. The comprehensive attributes of the participants can be observed in Table 1.

Table 1. characteristics of Respondents				
Characteristics	Categories	Number	%	
Educational Level	High School	89	40.83	
	College	129	59.17	
Types of Trauma	Physical	73	33.44	
	Emotional	145	66.56	

Table 1. Characteristics of Respondents

The research data was gathered through the utilisation of an online questionnaire administered via Google Forms. The questionnaire employed a closed structure, utilising a 5-point Likert scale. The Likert scale is a widely used instrument for assessing an individual's degree of agreement with a statement, such as their level of interest (Cheng et al., 2021). The evaluation was carried out utilising a numerical scale ranging from 1 to 5, where 1 denoted the utmost degree of disagreement and 5 denoted the furthest degree of agreement (Nurunisa & Shodiq, 2024). Table 2 demonstrates the application of the Likert scale in this investigation.

Alternative Answers	Scoring		
	Positive	Negative	
Strongly Agree	5	1	
Agree	4	2	
Doubtful	3	3	
Disagree	2	4	
Strongly Disagree	1	5	

Table 2. Likert Scale

This study employed the experimentally validated Connor-Davidson Resilience Scale (CD-RISC) to assess resilience. The CD-RISC measures five primary characteristics, including personal competence, acceptance of change and secure relationships, stress tolerance, self-control, and spiritual impact (Connor & Davidson, 2003). The assessment of post-traumatic growth was conducted using the Post-Traumatic Growth Inventory (PTGI) developed by (I & Calhoun, 1996). The scale assesses the beneficial outcomes that arise from a traumatic event, including enhanced gratitude for life, deeper interpersonal connections, personal development, shifts in outlook, and heightened spiritual well-being. Religious practices are assessed based on the regularity of worship, the implementation of religious principles, participation in religious events, and the impact of religion on decision-making. The confirmatory factor analysis demonstrates the validity of all components in this instrument, since all indicator items exhibit a robust link with their underlying factors (factor loading > 0.5). The scale's high internal reliability, with a coefficient alpha (α) greater than 0.7, guarantees the consistency of the measurement.

The quantitative data analysis was conducted using the SmartPLS 4 software. The SmartPLS software utilizes the variance-based Partial Least Squares (PLS) method to do thorough structural equation modeling (SEM) analysis. This method is particularly useful for studies that have small sample sizes and intricate models (Sarstedt et al., 2021). This study employs Structural Equation Modeling-Partial Least Squares (SEM-PLS) to investigate the associations among religious practices (X), resilience (Y1), and post-traumatic growth (Y2). Before conducting hypothesis testing, the researchers evaluated the validity and reliability of the study tools to assure the quality of the data (Valencia & Shodiq, 2024). SmartPLS 4.0 enables a thorough depiction of the study model, hence streamlining the interpretation of analysis outcomes.

Figure 1 depicts the conceptual framework that underpins this study. The hypothesis posits that engagement in religious activities (X) positively influences both personal resilience (Y1) and post-traumatic growth (Y2).

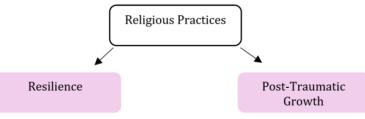


Figure 1. Research Conceptual Model

3. Results and Discussion

3.1. Results

The validity test in this study involved assessing the level of agreement between the indicator items and the constructs being examined using the factor load value. A indicator item is deemed acceptable if its factor load value is equal to or greater than 0.7. The analysis results indicate that all indicator items in this study have factor load values that exceed the stated threshold, suggesting that the research instrument possesses strong convergent and discriminant validity.

The confirmatory factor analysis results presented in Figure 2 and Table 3 demonstrate that the measurement model employed exhibits strong convergent validity. Indicator items that have factor

loading values above 0.7 and average variance extracted (AVE) values over 0.5 are considered to accurately measure their latent constructs.

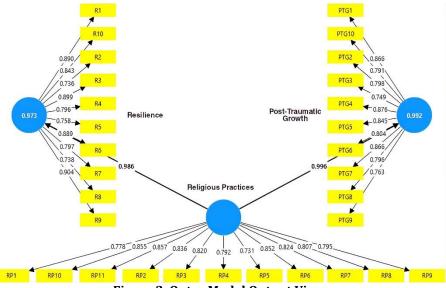


Figure 2. Outer Model Output View

Construct	Items	FL	AVE
	RP1	0.778	
	RP2	0.836	
	RP3	0.820	
	RP4	0.792	
	RP5	0.731	
Religious Practices	RP6	0.852	0.663
-	RP7	0.824	
	RP8	0.807	
	RP9	0.795	
	RP10	0.855	
	RP11	0.857	
	R1	0.890	
	R2	0.736	
	R3	0.899	
	R4	0.796	
Resilience	R5	0.758	0.00
Resilience	R6	0.889	0.685
	R7	0.797	
	R8	0.738	
	R9	0.904	
	R10	0.843	
	PTG1	0.866	
	PTG2	0.798	
	PTG3	0.749	
	PTG4	0.876	
Post-Traumatic Growth	PTG5	0.845	0.667
rost-maumatic Growth	PTG6	0.804	0.007
	PTG7	0.866	
	PTG8	0.796	
	PTG9	0.763	
	PTG10	0.791	

This study utilised the Fornell-Larcker criterion to assess the discriminant validity at the construct level. This criterion entails evaluating the square root of the average variance extracted (AVE) for each construct and examining the cross-correlation between constructs.

The study results presented in Table 4 indicate that the square root values of the Average Variance Extracted (AVE) for all constructs, namely 0.827, 0.817, and 0.814, surpass the threshold of 0.5. Furthermore, these AVE values are higher than the cross-correlation values observed between

the constructs. This discovery suggests that the concepts evaluated in this research possess a distinct identity and are distinct from one another.

Table 4. Discriminant valuity				
	Resilience	Post-Traumatic Growth	Practices of Religion	
Resilience	0.827			
Post-Traumatic Growth	0.990	0.817		
Religious Practices	0.986	0.996	0.814	

Table 4. Discriminant Validity

The reliability analysis (See Table 5), conducted using Cronbach's alpha, revealed exceptionally high values for the three research variables, ranging from 0.944 to 0.949. While values exceeding 0.7 typically suggest strong reliability (Rosli et al., 2024), it is important to approach this exceptionally high figure with caution. Further investigation is required to examine the potential presence of too homogeneous or duplicated items using item analysis. SmartPLS created a composite reliability (CR) number that indicated a high level of internal reliability for all constructions, in addition to Cronbach's alpha. The results align with the Cronbach's alpha value. Once the validity and reliability of the constructs were confirmed, the study proceeded by examining the structural model. The R-square value quantifies the extent to which the exogenous latent variables can account for the variability in the endogenous latent variables. Table 6 below provides a summary of the R-square values corresponding to each endogenous latent variable.

Table 5. Reliability Test

	Cronbach's alpha	Composite Reliability	
Resilience	0.948	0.949	
Post-Traumatic Growth	0.944	0.945	
Religious Practices	0.949	0.951	

Table 6. R-Square Value

Construct	R-Square	R-Square Adjusted	
Resilience	0.973	0.973	
Post-Traumatic Growth	0.992	0.992	

The study in Table 7 reveals a statistically significant correlation between religious practices and both resilience (p < 0.05, $\beta \approx 1$) and post-traumatic growth (p < 0.001, $\beta = 1$). A beta coefficient value close to 1 suggests a significant impact of religious activities on enhancing resilience and promoting post-traumatic growth. This discovery provides evidence for hypotheses 1 and 2, which suggest that a greater frequency of religious practices (X) is associated with increased levels of resilience (Y1) and post-traumatic growth (Y2).

Table 7.	Hypothesis	Testing	Result
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	Original Sample (β)	T- statistics	P-values
Religious Practices \rightarrow Resilience	0.986	591.299	0.000
Religious Practices \rightarrow Post-Traumatic Growth	0.996	1019.271	0.000

3.2. Discussion

The study findings suggest that religious activities influence the resilience and post-traumatic growth of teenagers. This discovery aligns with the study conducted by Blanc et al. (2016), which likewise emphasises the significant impact of religious practices on enhancing resilience and an individual's ability to manage and bounce back from traumatic experiences. Adolescents derive meaning, purpose, and hope from their religious views, particularly their belief in a higher power. These beliefs can serve as a source of strength while facing challenging circumstances. Religious practices, such as prayer and meditation, can be beneficial coping methods for teenagers, aiding them in finding purpose in their suffering and developing emotional resilience. While the cultural background in this study differs from that of (Jr & Helm, 2013), both studies emphasise the significance of incorporating religious rituals into mental health services. Research by Hossein (2013) also Mesidor and Sly (2019) repeatedly recognizes that participation in religious activities

may function as a significant psychological buffer, providing people with emotional resources to confront life's obstacles.

This study further validates the conclusions of Zacchaeus (2021), that individuals who undergo post-traumatic growth exhibit a tendency to reconstruct their life and frequently encounter heightened spirituality. Case studies involving diverse populations, including victims of natural disasters, minority groups, and individuals with psychological and physical ailments (Adeli, 2022; Hanifatunisa & Syahid, 2020; Welton, 2022), indicate that religious practices offer a wider perspective and hope for the future; religious beliefs assist individuals in deriving meaning from suffering and cultivating internal resources to manage trauma.

The consequences of these findings are substantial for initiatives aimed at providing assistance to teenagers who have undergone trauma. By promoting religious behaviours that align with their individual views, it is anticipated that individuals might discover purpose in life, cultivate optimism, and receive robust social backing from the religious community. This highlights the significance of incorporating spirituality into mental health services. Nevertheless, it is crucial to bear in mind that this assimilation should be carried out with sensitivity and in a manner that acknowledges and values the variety of individual ideas. The possibility of divergent opinions and opposition from nonreligious folks may provide a barrier. To tackle these problems, mental health practitioners must cultivate connections founded on comprehension and respect for teenagers' ideas, while offering a flexible and adaptable approach customized to the individual's needs and history. In summary, this study emphasises the significant capacity of religious practices to enhance resilience and promote post-traumatic growth. Integrating mental health and spirituality can be a progressive approach to offering comprehensive and efficient assistance to persons who have undergone trauma, aiding them in discovering fresh significance in their lives.

4. Conclusion

This study emphasises the pivotal significance of religious activities, specifically Islamic practices, in bolstering resilience and fostering healthy development in adolescents who have experienced trauma. The data indicates that engaging in religious activities can serve as a substantial reservoir of resilience while facing challenging circumstances. These findings suggest that incorporating Islamic-based spiritual support within comprehensive psychological therapies is crucial for effectively aiding the recovery and growth of post-traumatic adolescents. Within the framework of mental health policy, it is crucial to make a deliberate and focused attempt to enhance spiritual support and religious practices. This is necessary in order to establish an environment that promotes the psychological well-being and overall quality of life for teenagers.

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References

- Albayrak, Z. S., Vaz, A., Bordes, J., Ünlü, S., Sep, M. S., Vinkers, C. H., ... & Yapici-Eser, H. (2024). Translational models of stress and resilience: An applied neuroscience methodology review. *Neuroscience Applied*, *3*, 104064. https://doi.org/10.1016/j.nsa.2024.104064
- Astutik, E., Sebayang, S. K., Puspikawati, S. I., Tama, T. D., & Sintha, D. M. (2020). Depression, Anxiety, and Stress among Students in Newly Established Remote University Campus in Indonesia. May.
- Blanc, J., Rahill, G. J., Laconi, S., & Mouchenik, Y. (2016). Religious Beliefs, PTSD, Depression and Resilience in Survivors of the 2010 Haiti Earthquake. *Journal of Affective Disorders*, 190, 697–703. https://doi.org/10.1016/j.jad.2015.10.046

- Blázquez, M., & Sánchez-Mangas, R. (2023). General and COVID19-specific emotional stress: Religious practice as a potential coping strategy. *Economics & Human Biology*, 51, 101284. https://doi.org/10.1016/j.ehb.2023.101284
- Cheng, C., Lay, K. L., Hsu, Y. F., & Tsai, Y. M. (2021). Can Likert scales predict choices? Testing the congruence between using Likert scale and comparative judgment on measuring attribution. *Methods in Psychology*, 5, 100081. https://doi.org/10.1016/j.metip.2021.100081
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new Resilience scale: The Connor-Davidson Resilience scale (CD-RISC). Depression and Anxiety, 18(2), 76–82. https://doi.org/10.1002/da.10113
- Cui, M., Wang, S., Gao, Y., Hao, Y., & Dai, H. (2024). The effect of emotion regulation strategies on nomophobia in college students: The masking role of resilience. *Heliyon*, 10(9). https://doi.org/10.1016/j.heliyon.2024.e30075
- Dhungana, S., Koirala, R., Prasad, S., & Bahadur, S. (2022). SSM Mental Health Resilience and its association with posttraumatic stress disorder, anxiety, and depression symptoms in the aftermath of trauma: A cross-sectional study from Nepal. SSM - Mental Health, 2(June), 100135. https://doi.org/10.1016/j.ssmmh.2022.100135
- Egan, L. A., Park, H. R., & Gatt, J. M. (2024). Resilience to stress and trauma: a narrative review of neuroimaging research. *Current Opinion in Behavioral Sciences*, 58(February), 101408. https://doi.org/10.1016/j.cobeha.2024.101408
- Eskin, M., Albuhairan, F., & Rezaeian, M. (2018). Suicidal Thoughts, Attempts and Motives Among University Students in 12 Muslim-Majority Countries. https://doi.org/10.1007/s11126-018-9613-4
- Fazeli Mehrabadi, A., Bahrami Ehsan, H., Adeli, S. H., & Bayat, A. (2022). Religious coping strategies in patients with posttraumatic growth due to COVID-19: A qualitative study. *Health, Spirituality and Medical Ethics*, 9(1), 39–48. https://doi.org/10.32598/hsmej.9.1.7
- Grygorenko, Z., & Naydonova, G. (2023). The concept of "resilience": history of formation and approaches to definition. Public administration and law review, (2), 76–88. https://doi.org/10.36690/2674-5216-2023-2-76-88
- Hanifatunisa, I., & Syahid, A. (2020). A Post-Traumatic Growth Of The Jemaat Ahmadiyah In Indonesia : The Effect Of Positive Religious Coping, Resiliency And Social Support. https://doi.org/10.4108/eai.18-9-2019.2293472
- Hofgaard, L. S., Nes, R. B., & Røysamb, E. (2021). Introducing two types of psychological resilience with partly unique genetic and environmental sources. *Scientific Reports*, 0123456789, 1–13. https://doi.org/10.1038/s41598-021-87581-5
- Hossein, G. (2013). Religious Beliefs and Resilience in Academic Students. Procedia Social and Behavioral Sciences, 84, 744– 748. https://doi.org/10.1016/j.sbspro.2013.06.638
- I, R. G. T., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory : Measuring the Positive Legacy of Trauma. 9(3), 455– 471. https://doi.org/10.1007/BF02103658
- Jo, D., Pyo, S., Hwang, Y., Seung, Y., & Yang, E. (2024). What makes us strong: Conceptual and functional comparisons of psychological flexibility and resilience. *Journal of Contextual Behavioral Science*, 33(January), 100798. https://doi.org/10.1016/j.jcbs.2024.100798
- Jr, H. J. B., & Helm, H. (2013). Relationship Between Posttraumatic Stress Disorder , Resilience , and Religious Orientation and Practices Among University Student Earthquake Survivors in Haiti.
- Kotera, Y., Kotera, H., Taylor, E., Wilkes, J., Colman, R., & Riswani, R. (2024). Mental health of Indonesian university students: UK comparison and relationship between mental health shame and self-compassion. *Stigma and Health*, 9(3), 239.https://doi.org/10.1037/sah0000420
- Kotronoulas, G., & Papadopoulou, C. (2023, April). A primer to experimental and nonexperimental quantitative research: the example case of tobacco-related mouth cancer. In *Seminars in Oncology Nursing* (Vol. 39, No. 2, p. 151396). WB Saunders. https://doi.org/10.1016/j.soncn.2023.151396
- Leo, D., Izadikhah, Z., & Fein, E. C. (2021). The Effect of Trauma on Religious Beliefs : A Structured Literature Review and Meta-Analysis. 22(1), 161–175. https://doi.org/10.1177/1524838019834076
- Li, S., Cui, G., Yin, Y., Tang, K., Chen, L., & Liu, X. (2022). Prospective association between problematic mobile phone use and eating disorder symptoms and the mediating effect of resilience in Chinese college students: a 1-year longitudinal study. *Frontiers in Public Health*, *10*, 857246. https://doi.org/10.3389/fpubh.2022.857246
- Mesidor, J. K., & Sly, K. F. (2019). Religious coping, general coping strategies, perceived social support, PTSD symptoms, resilience, and posttraumatic growth among survivors of the 2010 earthquake in Haiti. *Mental Health, Religion & Culture*, 22(2), 130–143. https://doi.org/10.1080/13674676.2019.1580254
- Min, J. A., Lee, C. U., Hwang, S. I., Shin, J. I., Lee, B. S., Han, S. H., ... & Chae, J. H. (2014). The moderation of resilience on the negative effect of pain on depression and post-traumatic growth in individuals with spinal cord injury. *Disability and rehabilitation*, 36(14), 1196-1202. https://doi.org/10.3109/09638288.2013.834985
- Morris, J. N., Turnbull, D., Martini, A., Preen, D., & Zajac, I. (2020). Coping and its relationship to post-traumatic growth, emotion, and resilience among adolescents and young adults impacted by parental cancer. *Journal of psychosocial* oncology, 38(1), 73–88. https://doi.org/10.1080/07347332.2019.1637384
- Nurunisa, F. A., & Shodiq, S. F. (2024). Developing Quality Social Relationships: Technology-Based Learning Model to Enhance Social Skills in Boarding Schools. *Journal of Innovation in Educational and Cultural Research*, 5(3), 364–372. https://doi.org/10.46843/jiecr.v5i3.1537
- Ozcetin, Y. S. U., & Hicdurmaz, D. (2017). Clinical-qualitative study on emotional aspects of practices and learning, interviewing Brazilian nurses from a hemato-oncological unit who work with patients in risk or death process caregivers of

terminally ill patients supported by a palliative nursin. *European Psychiatry*, *41*, S672. https://doi.org/10.1016/j.eurpsy.2017.01.1152

- Peng, L., Hu, X., Lan, L., Xu, C., & Li, M. (2022). Acta Psychologica The moderating role of resilience in the relationship between state and trait anxiety and post-traumatic growth of medical freshmen. *Acta Psychologica*, 230(30), 103741. https://doi.org/10.1016/j.actpsy.2022.103741
- Renati, R., Bonfiglio, N. S., & Rollo, D. (2023). Italian University Students' Resilience during the COVID-19 Lockdown A Structural Equation Model about the Relationship between Resilience, Emotion Regulation and Well-Being. 259–270. https://doi.org/10.3390/ejihpe13020020
- Rosli, M. S., Awalludin, M. F. N., Han, C. T., Saleh, N. S., & Noor, H. M. (2024). Unlocking insights: A comprehensive dataset analysis on the acceptance of computational thinking skills among undergraduate university students through the lens of extended technology acceptance model, HTMT, covariance-based SEM, and SmartPLS. *Data in Brief*, 54, 110463. https://doi.org/10.1016/j.dib.2024.110463
- Sarstedt, M., Ringle, C. M., & Hair, J. F. (2021). Partial Least Squares Structural Equation Modeling (Issue July). https://doi.org/10.1007/978-3-319-05542-8
- Tawakkul, M., & Abdullah, A. (2021). Research in Developmental Disabilities Resilience and social support as predictors of post-traumatic growth in mothers of children with autism spectrum disorder in Saudi Arabia. *Research in Developmental Disabilities*, 113(January), 103943. https://doi.org/10.1016/j.ridd.2021.103943
- Troy, A. S., Willroth, E. C., Shallcross, A. J., Giuliani, N. R., Gross, J. J., & Mauss, I. B. (2023). Psychological Resilience: An Affect-Regulation Framework. Annual Review of Psychology, 74, 547–576. https://doi.org/10.1146/annurev-psych-020122-041854
- Valencia, N. P., & Shodiq, S. F. (2024). Educational Transformation : Implementation of Technology-Based Learning Models in Improving Critical Thinking Skills in Boarding School Environments. 5(2), 329–336. https://doi.org/10.46843/jiecr.v5i2.1538
- Welton, K. M. (2022). Can Faith and Spirituality Promote Healing and Post-Traumatic Growth in the Aftermath of Trauma ? What We Can Learn from Cambodian Trauma Survivors and Those Who Support Them. 10(2), 1–30. https://doi.org/10.22890/ajrs.10.2.202207.1
- Williams, N. R., & Lindsey, E. W. (2010). Finding Their Way Home : Utilizing Spiritual Practices to Bolster Resiliency in Youth at Risk. 9(1), 1–16.

Wilson, S. E. (2023). Correlations between Religious Practices and Stress Management of Superintendents. 40.

- You, S., Yoo, J. E., & Koh, Y. (2019). Personality and Individual Di ff erences Religious practices and mental health outcomes among Korean adults. *Personality and Individual Differences*, 142(January), 7–12. https://doi.org/10.1016/j.paid.2019.01.026
- Zacchaeus, E. (2021). Examining The Role Of Religious Commitment And Resilience As Predictors Of Posttraumatic Growth In A Nigerian Sample Of Examining The Role Of Religious Commitment And Resilience As Predictors Of Posttraumatic Growth In A Nigerian Sample. December.
- Zeidner, M., & Kampler, S. (2019). Personality and Individual Di ff erences Memory traces of childhood exposure to terror attack and resilience and post-traumatic growth in adulthood. *Personality and Individual Differences, November*, 109719. https://doi.org/10.1016/j.paid.2019.109719