

# Exploring the Relationship Between Trauma-Related Guilt and Religious Coping Strategies among Young Adults

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## Abstract

The present study aimed to understand the ‘relationship between trauma-related guilt and religious coping’. This research included both quantitative and qualitative research methods, and the sample for this study was 251 participants for the quantitative research method and 15 participants for the qualitative research method among the young adults who fall under the age of 18 to 35 years old in the Indian context. Both method was conducted with the ethical guidelines. This study met the hypotheses that were made for this research. The correlational finding revealed a significant positive relationship between the trauma-related guilt and religious coping among young adults ( $p < .001$ ). The empirical study shows there is a strong positive relationship between trauma-related guilt and religious coping methods. This study concluded with two additional findings. The First finding was that regression analysis shows the individual who experienced a higher level of trauma-related guilt tends to be involved in more negative religious practices (wrongdoing, misunderstanding, feeling punished by God, left alone by God, cursed by God) rather than involved in positive religious coping (seeking God, prayer). The second additional finding was that, empirical study revealed the individual who experiences a higher level of trauma-related guilt, emotional breakdown, or emotional distress never allows their relationship with others to be affected; they don’t share all of that with even their close people.

**Keywords:** Trauma-related guilt, RC, Stress, NRC, PRC, emotional distress, emotional breakdown

## 1. Introduction

### Overview

The present study examines the correlation between trauma-related guilt and religious coping strategies among young adults. This study focuses on how individual life and thoughts are moulded by religious coping strategies. The religious coping strategies are either positive or negative to reduce the related guilt feeling of an individual. This study is also focused on how individuals choose positive and negative religious coping strategies to heal from the guilt feelings of the trauma. The present research was conducted on a mixed-method study among young adults.

## Background of the Study

Trauma is an event or loss that leaves the individual with lasting emotional, psychological, and physical consequences in their daily life. Trauma is not about a big loss to people; it can also be how the person sees themselves in difficult times, also developing lots of negative feelings, which directly lead to trauma-related guilt. Trauma basically can't be expressed or spoken about by a person; they have trauma, it happens in rare cases, but most people express their trauma through their behaviour. Trauma is difficult to identify in people. Most of the people wanted to keep it inside their trauma. Trauma-related guilt arises from the burden of responsibility, self-blame for the traumatic event and feelings of being in the trauma for a long time (Kubany & Watson, 2003). Guilt influences the individual by giving some thoughts like I should prevent my trauma, act differently to avoid guilt or fail with others. Such guilt can be manifest as a distortion in cognition. These kinds of feelings not only affect their psychological distress and guilt but also contribute to conditions such as 'depression, post-traumatic stress disorder (PTSD)', and impaired social functioning (Lee et al., 2001).

People under this condition are highly attracted by the religious practices because some cultures follow some sort of practices in their daily life to protect themselves from negative feelings. Religious practices are the beliefs and communities that help people understand and respond to stressors (Pargament, 1997). Religious practices have two dimensions, such as positive and negative religious coping. So basically, positive religious coping is seeking god in sorrow, having fellowship with religious people, praying to god, meditating on God's words, offerings, staying in the church/temple, having a ritual routine in daily life, are positive coping strategies for negative feelings. Negative coping strategies are people who are under trauma-related guilt, may have the belief of being punished by god, beliefs that there is no god, god is rejecting me, god will not answer their prayers, and are negative coping strategies to either increase their trauma guilt or decrease their trauma by accepting everything.

Research suggests that religious coping(RC) protects people from trauma. Positive religious coping helps the individual avoid the harmful impact. So, Religious coping negatively impacts trauma to protect the individual from the impact of the trauma (Ano & Vasconcelles, 2005). Young adults often turn to religion during times of crisis. The interaction of the Trauma-related guilt(TRG) and RC strategies can either promote healing or emotional burden. Positive strategies lead to healing, but negative ones may promote healing, but not all the time; sometimes they may increase the intensity of the trauma-related guilt.

## Theoretical framework

This study is linked with many theories. For trauma-related guilt, two theories hold the information for this study. The cognitive theory of trauma is basically the first step that an individual can develop before guilt feelings. This psychological framework of the theory explains how the traumatic events affect the individual's psychological well-being and their belief. The trauma can be anything, like loss of a loved one, an accident, bullying, or judgment from others or the way they see themselves also could be the reason for the trauma. This theory says the trauma is about how the individual interprets and perceives the events. After every trauma, each individual will develop certain negative beliefs, such as I'm good for nothing, I'm bad at everything, " and " I'm worthless. After the trauma, the individual develops maladaptive behaviour to cope with the traumatic events. The individual often tends to increase their guilt feelings, low self-esteem, and some may isolate themselves. The reason most guilt feelings are caused is due to responsibility. The guilt feelings arise after the trauma

(Ronnie Jenoff-Bulman 1992).

Religious coping theory was established by Kenneth Pargament in 1997. This theory explains PRC and NRC for life challenges, stressors in day-to-day life. This theoretical framework clearly explains how the individual uses different religious practices to cope with loss, trauma, and stress. This theory also focuses on how individuals respond to the various traumas, losses, and illnesses through RCS, both positive and negative.

This study is a combination of both theories to understand the individual beliefs and thoughts. By using these two theories, this study is focused on how Individuals shape their beliefs and recover from trauma, and it is effective for the individual's well-being.

## **Statement of the problem**

Basically, trauma-related guilt causes more emotional consequences in an individual's life. It holds more memory and more hidden interpretations about itself. Most individual are not aware of their own trauma, which is triggering them. Religious coping helps the individual to deal with life's challenges, such as trauma, loss, physical health issues, and stress. Religious coping is introduced in two ways: positive religious coping (PRC) and negative religious coping strategies (NRC).

Many researchers have researched these two variables, but separately. Some studies show that the research is conducted with a combination of other variables. There is a gap that needs to be understood to understand the individuals through this study, with the combination of TRG and RC strategies, especially in young adults. This study provides a broader understanding of both TRG and how RC is used. This study can help the individuals who work as mental health professionals to understand the individual's thoughts and their coping strategies through religious practices.

## **Aim and objective of the study**

The present study about to understand the TRG feelings and the RC strategies. The present research combined both methods to understand the depth of the study. This study provides insight into how individuals utilise religious practices for their trauma-related guilt feelings. This explains how the religious coping strategies are effective for the individual who is experiencing trauma-guilt feelings.

- Assessing the trauma-guilt level in young adults
- Assessing types of religious coping strategies used for trauma-related guilt
- Exploring the relationship between the two variables

## **Research Question and Hypothesis**

1. How does trauma-related guilt affect the religious coping strategies in young adults?
2. How does religious coping influence the trauma-related guilt feelings?
3. How do traumatised people react to the different styles of religious coping strategies?

## **Hypothesis**

1. H1 The present research study shows a significant relationship between the two variables
2. H2 Higher trauma is positively associated with NRC.
3. H3 Higher trauma is negatively associated with PRC.

**Significance of the study**

This present study focuses on the individual and how they react to the religious practices after trauma-related guilt. Not all the time, religious practices make the people strong and help them recover from the trauma; some may worsen the trauma and guilt feelings due to religious practices. This study is mainly conducted to understand and fill the gaps. This study also explains how both negative and positive religious coping style plays a role in the life of someone who has experienced trauma-related guilt.

**Definitions Key Terms**

Trauma-related guilt not only comes from the loss, accident, or sudden death of a loved one, but trauma-related guilt also comes from how the person sees themselves, how the person understands the events, so basically it also comes from the misunderstanding, negative thoughts. (Kubany et al., 1996).

Religious coping is used as a coping mechanism by the individual, but it is not only the good or positive religious coping that comes to the religious coping; people also choose negative religious coping to heal their trauma-related guilt, emotional distress. (Pargament et al., 1998).

**2. Review of Literature****Overview**

The research study explains the bond between the two variables, TRG and RC, among young adults. This chapter reviews the recent research and its findings of their research to understand the present study in more.

**Empirical Research**

Multiple empirical studies have been done before, and the results also show there was a meaningful positive connection among any traumatic events, PTSD symptoms and RC. The other various empirical studies revealed that the population who use PRC tend to have better psychological adjustment, and individuals with negative religious coping tend to have poor psychological adjustment.

Recent research on 'patterns of positive and negative religious coping with major life stressors'. The study is conducted through 'exploratory and confirmatory factor analyses'. The data is received from college students coping with major life stressors from the Oklahoma City Bombing and elderly hospitalised patients dealing with serious medical illnesses, using 14 items to measure the PRC, NRC. This scale of 14 items has 'positive and negative coping'. Positive patterns have 'religious forgiveness, seeking religious support, collaborative religious support, spiritual connection, religious purification, and benevolent religious reappraisal'. The negative patterns have 'spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's powers'. As a prediction, people take PRC more than NRC to adjust to a healthy life. Moreover, the two patterns have different impacts on health and adjustment. The result of the study is that people from major stressful life events and elderly hospitalised patients seek PRC, such as 'seeking religious support, believing in the lord, fellowship with religious people, and following religious practices such as daily prayer and reading the Bible or religious books'. Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez,

L. (1998).

This paper explores TR and post-traumatic stress in journalists (Tess Browne, Michael Evangeli, and Neil Greenberg, 2012)'. This research is focused on the psychological disturbance of exposure to 'work-related trauma among journalists'. The sample for this study was collected from 50 journalists who recently went through to 'work-related trauma'. The samples were primarily taken from males aged 40 years. The main entry condition for the subject is that they must have at least 15 years of experience in journalism. This paper hypothesised that a positive link exists between (a) 'exposure and PTSD symptoms,' (b) 'exposure and guilt cognition', and

(c) 'guilt cognition and PTSD symptoms', and that guilt cognitions would mediate the bond between 'exposure and PTSD symptoms'. The finding of this research shows that an expanded level of exposure to 'work-related trauma' was considerably associated with an elevated level of 'PTSD symptoms' ( $r = .36$ ) and 'trauma-related guilt cognitions' ( $r = .29$ ). Guilt cognitions were noticeably associated with 'PTSD symptoms' ( $r = .12$ )

The research done on the topic of 'differential associations between guilt and shame proneness and religious coping styles in a diverse sample of young adults by Illana Ladis, Dylan Abrams, and Cynthia (2023).' This study is to compare the co- variance with respect to 'guilt' and 'shame proneness', and 'religious coping styles', and to test whether abuse history mediates these bonds. The sample taken for this research is 425 college students, of whom 145 have a 'physical/ sexual abuse history' and 280 have 'no such abuse history'. Study was performed through a 'cross- sectional'. A questionnaire was circulated among the participants, 'positive and negative religious coping', 'two dimensions of guilt proneness' and 'shame proneness'. The interrelation of PRC is positively associated with guilt repair and negative guilt behaviour evaluation. NRC was positively associated with 'shame withdrawal' and, for subjects with no abuse history, 'shame' and 'negative self- evaluation'. Findings suggest that PRC is more closely related to 'guilt proneness', and NRC to 'shame proneness'.

The paper was completed on the topic of the 'couple relationship following sexual trauma: Intimacy and religious coping (Smith, Amy Philips, 2010)'. This research was applied using 'Miller Social Intimacy (MSIS)', 'Self Scale (IOS)', 'Golombok-Rusk Inventory of Sexual Satisfaction (GRISS)', and the 'Brief RCOPE'. The hypothesis was not met. The research was applied on 62 females who had experienced 'sexual trauma' and 52 females who had 'never experienced sexual trauma'. The conclusion was that women who had a 'history of negative sexual experiences' tended to enhance benevolent RC strategies to decrease their intimacy. It was also recommended that the women who had experienced 'sexual trauma increase their use of negative religious coping techniques' because it tends to reduce the sexual problem. 'Women with no negative sexual experiences also tend to use negative religious coping techniques more than women survivors of sexual trauma. (Smith, A. P., 2010)'.

The research conducted on the topic of the 'connection of shame, guilt, and positive self-esteem words and mentions of god within trauma, essays on depression, PTSD, and the health outcomes in people with HIV (Rachel M Verhagen, University of Miami, 2021)'. The research explains whether the expression of specific words related to shame, guilt, and self-esteem, god within the series of four traumas. The essays written by people with HIV (PWH) are related to changes in signs of 'depression, post-traumatic stress, and HIV'. The sample for this study is one hundred PWH who completed all four. This session was taken for 30 minutes, writing on four expressive writing sessions on trauma. The findings of this research, essays were coded by hand to assess the number of 'shame, guilt, self-esteem words and mentions of god'. The result was based on these four. 'PTSD scores as measured by

Davidson’, and ‘depression as measured by the HAM-D, CD4+Counts’, ‘Viral load’, and ‘number of HIV symptoms were assessed at baseline and one-month, six-month, and twelve-month follow-up. The results of the study are concluded by the greater number of ‘positive self-esteem’ words related to reducing depression at 6 months. The hypothesis which have already been made was proved. The hypothesis suggests that certain words are outcomes of mental health. Words can be both negative and positive to mental health, so accordingly, ‘what words are highly used by people will impact the psychological well-being of mental health, and physiological actions also react to the words people use’.

The research is conducted on the topic of ‘traumatic loss, severity of grief, and religious coping: towards a mediation model by De Jesus-Perez, Marisol, in 2014.’ It is applied to the El Salvador elementary and high school teachers. The goal of the study is to determine whether religious coping mediates the bond between a ‘traumatic loss’ and ‘level of grief severity in EL Salvador’. The sample taken for this study is 149 from Salvador elementary and high school teachers. The hypothesis made for this study was not met. On the contrary, the NRC method was linked with more severe grief than the PRC. A noticeable correlation was also found between the gender and level of community violence in both direct and indirect ways, with males experiencing than females.

The research is conducted on the topic of ‘Religiosity and hazardous substance use: the moderating role is trauma-related shame by Isabella Channel BS, Emmanuel D, Thomas MA in 2022.’ The study is applied to hazardous substance users with a ‘history of sexual victimisation’. The sample for this paper was 614 participants. Increased religiosity has been a ‘protective factor against hazardous substance use’, and also, religious people with a ‘history of sexual victimisation’ have a higher risk of ‘hazardous substance use’. The finding of the study was that ‘people who have trauma-related shame engage in hazardous substances to cope with their trauma-related shame instead of going to religious services. Also, the people in religion who have trauma-related shame with the history of sexual victimisation highly engage in hazardous substance taking to cope with their difficulties.’

The research study done on the topic of ‘The Effects of Religious Rituals and Religious Coping Methods on the Grief Process and Post-traumatic Growth by Haziran 2024.’ The study aims to find the attitudes of people who lost their relatives, close friends, and family members due to the earthquake and ritual practices to reduce their stress of losing their relatives due to this earthquake. This study was conducted based on the qualitative method. The sample for the study is taken from the 12 respondents who lost their relatives due to the earthquake. In this study, respondents stated that the loss was more severe than a normal loss. The result ‘says the individual who used positive religious coping, experienced more PTSD growth and developed social relationship skills. Also, individuals who used negative religious coping experienced more feelings of helplessness and meaninglessness. The individual with negative religious coping experienced the feeling of accepting the death of their relatives, withdrawal from social relationships and showed more intense symptoms of post-traumatic stress disorder (PTSD).’

The study is conducted on the topic of ‘Religious Coping in female undergraduate assault survivors by Megan Lee Higgin Botham, 2022.’ The goal of this study is to know how the undergraduate female students' religious beliefs and practices can affect how they process and cope with ‘traumatic events’ like ‘sexual assault.’ The research is done based on the ‘qualitative research method’ to understand how Christian college campus ministers and religious leaders support female undergraduate students who have experienced a sexual assault. And then find what kind and to what degree RC strategies are being

used by Christian female undergraduate students who experienced 'sexual assault.' The data is collected from A total of 38 individuals who started the survey tools. At the same time, only 10 indicated they were a Christian, female-identifying sexual assault survivor who was currently in their undergraduate career and had been assaulted while in college. Nine participants answered most of the survey questions. Many faced difficulties in sharing their sexual assault with their religious leader and case managers. The results showed that 'religious leaders and university administrators work with female undergraduate students who have experienced sexual assault.'

The research study in conducted on the topic of 'Transcending negative: Spiritual struggles and resilience in older female trauma survivors by Sharon Bowland, 2011.' The study is done based on the 'qualitative method.' The sample for this study was taken from 36 older women who had undergone some combination of 'childhood sexual or physical abuse, emotional abuse, domestic violence, or sexual assault over their life span'. The subject reported that they were able to reduce the spiritual struggles with god, the clergy and with church communities through persistence in their faith journey. The study results showed the 'implications for mental health practitioners and clergy who work with older women.'

The paper aims to examine the 'role of religiosity as a moderator in the relationships between trauma, post-traumatic conditions and mental health.' The sample for this study is taken from 337 females from Poland. It is done based on a 'cross-sectional study.' It was predicted that the connection in respect to sexual and mental health would be stronger in religious individuals. The hypothesis made for this study is supported, but for nonsexual trauma was not met. The result of this study is that\_ participants with religious side showed the life satisfaction who had recently experienced trauma than non-religious trauma. Participants also reported that religiosity is a very important factor for coping with the trauma in their lives, and this concept is not only applied to religious people, but also women from non- religious backgrounds had the concept of a significant concept of god in their lives.

" Religious beliefs, coping skills and responsibility to family as factors protecting against deliberate self-harm K. Kannan, S. K. Pillai, J. S. Gill, K. O. Hui and V. Swami in Dec 2010.' The goal of the study is to know whether the 'religious beliefs, coping skills and responsibility to family serve as protective factors against the deliberate self-harm in Kinbelu, Sabah and Malaysia'. The total number of samples for this study is 42 patients. The study used cross cross-sectional method. The result of this study is that 'there is a significant difference in patients who use religious beliefs, coping skills and responsibility to family, who do not attempt suicidal ideation, deliberate self-harm harm than those who do?'

The research is done on the topic of " Stress and religious coping among flood victims" by Sapura, in 2014, Aug 14th. The goal of the research is to study the connection between stress and coping skills. The sample is taken from '150 survivors of the flood'. Disaster stress and coping skills inventory was used. The research was done in both quantitative and qualitative methods, both interview and inventories was used. The results showed that 'there was a significant relationship between stress and coping, but no significant differences in gender and religion were found to be the most apparent coping skills among victims.'

Research done on the topic of "help-seeking behaviour and practices among Fijian women who experienced domestic violence and an explanation of the role of religion as a coping strategy" By Jenny

Dancing in 2020. The research used a qualitative method to collect data from the participants data was collected Laurel interview. The purpose of the study is to understand the ‘help-seeking behaviour’ and practices among women in Fiji. The interviews were conducted in the form of ‘in-depth one- on-one interviews’ with 18 abused women to understand their nature of help-seeking and religious practices.’ The findings in the studies showed ‘women who experienced abuse use various strategies to heal and turn to their faith for support and strength. Women in the study reported that God only strengthens them and heals. Women use religious practices as coping strategies to enhance their social and cultural environment, which can help them from social isolation and also enhance their support networks.’

The recent studies were conducted on the topic of “the relationships between religious coping and mental and physical health among female survivors of intimate partner violence in Israel” by Abu Raiya, Hisham, in 2017. The study aims to know the relation with respect to RC and mental Health and physical health among female survivors of intimate partner violence (IPV). This study took 140 samples from Israeli ‘female survivors of intimate partner violence.’ Subject completes a self-report of ‘depression, religious coping, general anxiety, loneliness and perceived poor physical health.’ Expected hypothesis for this study positive correlation observed between negative religious copy and all outcomes. Contrary to expectations, PR copying was not related to the none of the outcomes of the results shown. ‘Overall, religious ways of coping constitute more burden than helpful resources in the coping process of female survivors who experienced intimate partner violence.’

The research is done on the topic of “Predictors of changes in religiosity after trauma: Trauma, religiosity and post-traumatic stress”, by Hagar, Thomas in 2014. The purpose of the study increase or decrease in ‘religious beliefs and activities after trauma.’ The sample taken for this study is ‘293 trauma survivors.’ The questionnaire for this study is filled with information about ‘trauma experiences and religiosity.’ The hypotheses made for this study are met. As a result, ‘half of the sample reported changes in religiosity after the trauma. Religiosity increased when the religious person uses the religious activity to heal their trauma. It also had a lot of chances when the individual lived in a religious environment. The finding showed that people who had a higher level of post-traumatic stress disorder decreased their religious activities, such as belief and seeking god.’

The research was conducted on the topic of ‘relationships between childhood interpersonal trauma, religious coping, post-traumatic stress symptoms and resilience” by Hanna, Rachel in 2021.’ The goal of the study is know the context of ‘negative and positive religious associations between the childhood interpersonal trauma and mental health outcomes such as post-traumatic stress symptoms and resilience.’ The respondents were 525 undergraduates from two universities. In this study, both positive and negative religious methods, childhood interpersonal trauma were related to Post-traumatic stress ( $b= 6.10$ , respectively. Whereas negative religious coping related to post-traumatic stress disorder ( $b= .75$ ) and not resilience ( $b= -.20$ ). Religious coping directly related to both positive and negative mental health outcomes. It may not be associated with the relationship between childhood interpersonal trauma exposure and clinical outcomes.’

The research is done on “post-traumatic stress and World Assumptions: The effect of religious coping” by Gil Zukerman in 2013. The goal of the study is to understand the bond with respect to ‘world assumptions and post-traumatic stress, and religious beliefs.’ The study took 777 Israeli undergraduate students who completed several questionnaires that sampled individual ‘world assumptions’ and ‘religious coping’ in addition to measuring post-traumatic stress, as manifested by the post-traumatic stress disorder checklist. The results indicate that ‘positive religious coping and beliefs are significantly

associated with more positive world assumptions. Negative religious coping is significantly associated with more negative world assumptions. Also, negative religious beliefs individuals associated with a higher rate of traumatic event exposure and are significantly associated with more hyperactivity. The finding showed that religion-related cognitive schemes directly affect world assumptions by creating the kind of protective shields that may prevent the negative effects of extreme negative experiences.'

The research is done on the topic of "direct and indirect link between religious coping and post-traumatic growth among Muslims who lost their children due to traffic accidents by Abu Raiya, Hisham, in 2021." The study aims to identify the role of direct and indirect links between religious coping and trauma growth (PTG) among Muslim parents. The sample for this study is taken from the 204 Muslim parent who lost their children in the traffic accident. 'Cross-cultural design' is used for analysis. Analysis showed, this study has a 'direct positive link between positive religious coping and Post-traumatic growth. While the link between negative religious coping and post-traumatic growth was indirect. A higher level of negative religious coping is significantly associated with a lower level of both meaning in life and self-control.' The result showed that 'positive religious coping is linked to post-traumatic growth, while there is nothing linking negative religious coping to post-traumatic growth.'

The recent research was done on the topic of "Coping and PTSD symptoms in Pakistani earthquake survivors: Purpose in life, religious coping and social support" by Adriana Samoon in 2013. This study examines the effect of earthquakes on Pakistan's people and their coping. This study was applied in Pakistan three years after the 2005 earthquake in Pakistan. The study aims to study potential protective psychological factors associated with lower post-traumatic stress disorder and depressive symptoms. The participants for this study is 200 adult earthquake survivors, and this was completed by self-report questionnaires measuring post-traumatic stress disorder and depressive symptoms, religious coping and four psychological variables. In the results, '65% of participants met criteria for probable post-traumatic stress disorder. Life was significantly associated with lower symptom levels and higher positive emotions. A form of negative religious coping was significantly associated with higher symptoms and higher emotional levels. Higher perceived social support was significantly associated with positive emotions. Negative religious coping is also significantly associated with poor mental health.'

The recent research done on the topic of "Post-traumatic growth among Syrian refugees in Turkey. The role of coping strategies and religiosity" by Zehra Ersahin in 2022. The study aims to determine the coping style in this community that displays an increase in post-traumatic growth. The 805 participants from Syrian refugees completed self self-report survey which measured 'trauma exposure, PTSD, PTG, coping styles, religiosity and other demographics.' Results show that 'the copying styles predict 'post-traumatic growth.' Participants reported turning to religious beliefs and practices as a coping mechanism for many participants. Active coping enhances the understanding of post-traumatic growth and its importance of post-traumatic growth.'

The research was done on the topic of 'assessing guilt after traumatic events by Noeni, Mila in 2011.' This study aims to understand the relationship between guilt and traumatic events. The sample taken from the Spanish population was 650 university students aged between 18 - 30 years (  $M = 21.71$  &  $SD = 263$ ). The details collected using the 'trauma-related guilt inventory, brief symptom inventory and distress event questionnaire (Kubany, 2001).' The result of this study shows that 'the trauma-related guilt inventory (Kubany & Haynes, 2001) is a very effective tool for assessing'.

The research was conducted on the topic of " The role of guilt cognition in trauma-related sleep disturbance in military veterans with post-traumatic stress disorder" by Eric A. Paul in 2018.' The goal

of the study is to investigate ‘how guilt cognition, related to traumatic events, influenced the relationship between combat exposure and trauma-related sleep disturbance of veterans in the military with PTSD.’ The sample for this study is taken from 50 veterans with PTSD in the military. Participants completed self-report measures of potentially traumatic situations or events. ‘Trauma-related guilt (like wrongdoing or lack of justification) and trauma-related sleep disturbance are measured by self-report.’ The result of this study's bivariate regression analysis showed a ‘relationship of combat exposure to wrongdoing ( $B = .31, P = .034$ ), a relationship of wrongdoing with self-reported trauma-related sleep disturbance ( $B = .27, P = .04$ ). The results showed that the significant association of combat exposure in the military with trauma-related sleep disturbance is significantly influenced by perceived wrongdoing related to the traumatic event guilt after traumatic life events in the Spanish-speaking context.’

### **Synthesis of Research**

Many research studies show that TRG is linked with mental health problems such as stress, depression, and post-traumatic stress disorder. At the same time, religious coping plays an important role in how people deal with these feelings of emotional disturbance. Positive religious coping, like trusting God, seeking God, prayer, meditation, increases recovery and better and negative religious coping, including feeling punished by God, abandoned by God, increases distress and guilt. Research also shows a connection between TRG and RC, where religious beliefs either reduce guilt through forgiveness and acceptance or increase guilt through self-blame and spiritual struggles. Most of the studies are cross-sectional and focus on Western samples, so more research is needed among young adults in Indian cultural settings. Upcoming studies should show how different types of religious coping influence guilt and emotional adjustment over time.

### **Research gap**

Multiple researchers conducted research on ‘trauma and religious coping’ in the Western context and on the Western population. Very few studies were conducted in the context of disaster, terrorist attack, war, using the variable on different populations and different age groups. This study aims to understand the current updated generation of people who use religious practices to heal their trauma-related guilt among young adults. Especially in the Indian context.

## **3. Method**

### **Overview**

This study is conducted based on both qualitative and quantitative methods of research. This study took a 251-sample quantitative and a 15-sample qualitative method.

### **Research Design**

This research gives details about TRG and RC strategies among young adults. Two variables are used in this study such as TRG and religious coping variables. This study is conducted based on two approaches, including both quantitative and qualitative methods. This research type is understanding the correlation between the two variables. The first questionnaire was circulated, and then interview-based data collection was conducted. The population chosen for this study is young adults whose age falls between 18 and 35. Statistics is used to analyse the data and the correlation between the two variables.

## Participants

Participants are young adults aged 18-35. This age group is chosen because people from this age range are highly experienced with the challenges. This is the age where individuals realise the real impact of the trauma, and some follow religious practices to avoid the memory of the traumatic events. The sample includes both males and females from diverse educational and socio-economic backgrounds. Participants were selected using a convenient and purposive sampling method. Ensuring that participants meet the criteria of being within the specified age range and having experienced at least one traumatic or stressful life situation. Demographic details of the participants included their names, ages, genders, and religious backgrounds.

## Sample

The sample for the study is 251, and a 'quantitative method' and 15 a 'qualitative method' have been used. The population for this study is young adults aged 18-35.

### *Inclusion Criteria*

1. Both males and females can participate under the age range of 18- 35.
2. Who can read and understand the language
3. Who has no past psychological health history can participate
4. Those who have no memory issues can participate in this research

### *Exclusion Criteria*

- Those who can't read, write, or understand the language.
- Those whose age range is above 35 are not eligible
- Those who are below 18 are not eligible for this study

## Measures/Instrumentation

This study examines the valid and related scales. The TRG scale and the Religious coping scales were established.

### *1. 'Trauma-related guilt' scale (TRGI)*

The 'trauma-related guilt inventory' was developed by 'Kubany et al. (1996)'. This scale has '32' items. It has three components of guilt, such as Global guilt (Overall sense of guilt related to the trauma), Distress (Emotional intensity of guilt), and Cognition guilt (Beliefs about wrong doing, responsibility, and preventability). Responses for this scale are rated on the Likert-type scale, so a higher score indicates a higher score and a lower score indicates a lower score, and also some items have reverse scores, which are completely reversed. The TRGI showed strong 'internal consistency with Cronbach's alpha values ranging from .80 to .90' across each different subscale. Reliability has also been reported as stable (Kubany et al., 1996). Validity supported by significant correlation with the measure of Post-traumatic stress disorder, depression and usefulness to trauma research.

### *2. The Brief RCOPE*

The 'Brief RCOPE (Pargament et al., 1998)' proposed a 'religious coping strategies' questionnaire scale to assess the religious coping strategies in their life. It has '14' items. The 14 items are divided into two dimensions: positive and negative coping strategies. Each dimension has 7 items. Positive religious coping focuses on positive practices such as praying, seeking god, and

rituals. Negative focus on the negative practices, such as feeling abandoned by god, punishment by god, and self-doubt. Responses for this scale are rated on the Likert-type scale from not at all to a greater degree, so a higher score indicates a higher score and a lower score indicates a lower score. This scale has good 'internal consistency, with Cronbach's alpha being .80' for both positive and negative religious coping dimensions. It has good validity and is used across many clinical and research settings.

### Procedure

This research employs a combined both method approach, combining both qualitative and quantitative research. For quantitative research, 251 participants actively participated by completing the questionnaire that was circulated among young adults, and 15 samples were collected using the qualitative research method. In the data collection, strict ethical considerations were followed. The interview method was based on a semi-structured interview. The researcher ensures that the participants were not forced in the study.

### Analysis tool for the data

Quantitative method - Descriptive analysis, Correlation and Regression analysis done to find the relationship between the two variables, trauma-related guilt scores and religious coping scores.

Qualitative method – 'Thematic analysis', given by 'Braun and Clarke', is used to analyse the data.

### Research Ethical Considerations

Participants have the authority to withdraw from the study any time. Voluntary presence was encouraged. Before establishing the survey, the researcher received proper consent from the participants. The questions are structured in terms of avoiding harm or hurt to participants.

## 4. Result and Discussion

### Overview

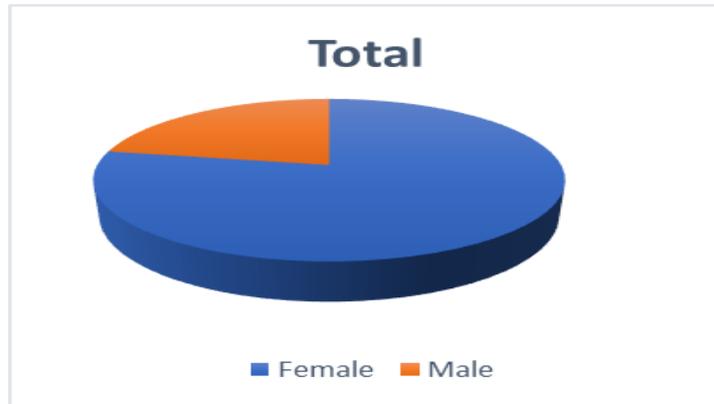
This chapter shows the quantitative findings of the study. The study includes statistical analysis conducted to examine the relationship between 'trauma-related guilt and religious coping strategies among young adults.'

#### Presentation Results for quantitative Table 1

*Distribution of the sample based on gender*

Gender	Total	N
Female	197	251
Male	56	

*Fig. 1 Percentage of gender differences*



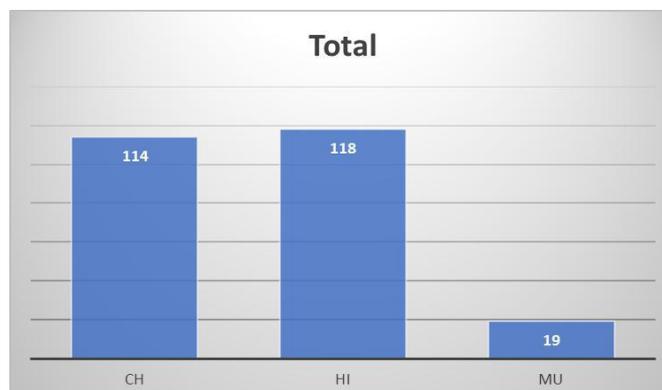
The gender differences revealed that the majority of the participants were female rather than male. In this study, female participants were 78% percentage and male participants were 21% percentages. The were more female volunteers than males.

**Table 2**

*Distribution of the sample based on the religion*

Religion	Total	N
Christian	114	
Hindu	118	251
Muslim	19	

*Fig. 2 Percentage analysis of the religion*



The study included all the religions. This study was conducted on the people who come from the religions of Christianity, Hinduism and Muslim. Among these three religions, the result indicates that the majority of participants are Hindu background. The results show 47% are Hindu, 45% are Christian,

and 8% are Muslim. So 118 participants were Hindu, 114 participants were Christian and 19 participants were Muslim.

**Table 3**  
*Descriptive Statistics and Correlations for Study Variables*

Variables	n	M	SD	1	2
Trauma-Related Guilt	251	105.0	20.3	-	.345**
Religious Coping Strategies	251	26.4	18.07	.345**	-

The descriptive statistics analysis indicates a moderate level of guilt and moderate engagement in the religious practices among participants. The mean value for the TRG was (M=105) and the standard deviation for the trauma-related guilt was (SD= 20.3), indicating a moderate level of guilt was experienced by the participants. The mean score of RC was (M= 26.4), and the standard deviation for religious coping was (SD= 8.07), indicating a moderate level of RC was used as a coping mechanism.

The results indicate that there was a significant positive relationship between TRG and RC strategies. The table showed, the Pearson correlation coefficient was (r= 0.345\*\*, p <.001), indicating a significant positive relationship between the two variables. The table reflects that as levels of TRG increase, the use of RC also increases. The results showed that adults who experienced a higher level of TRG or guilt-related distress are more likely turn towards RC.

**Table 4**

Effect	Estimate	SE	95% of CI		p
			LL	UL	
<b>Fixed Effect</b>					
Intercept	89.096	4.184	80.856	97.336	<.001
Positive religious Coping	0.118	0.225	-0.324	0.561	0.599
Negative religious Coping	1.329	0.197	0.194	1.717	<.001
<b>Random effect</b>					
Hindu-Christian	0.795	1.830	-2.810	4.400	0.664
Muslim-Christian	3.472	3.416	-3.256	10.201	0.310

The regression analysis was used to identify the predictive relationship between TRG and RC strategies among young adults. The result indicated that NRC was significantly predicted by the TRG ( $b = 1.329$ ,  $SE 0.197$ ,  $p < .001$ ), showing that individuals who have TRG or emotional distress experiences tend to have higher levels of negative thoughts, such as feeling punished by god, self-doubt, and also develop behaviour issues. PRC not significantly predicted by the TRG ( $b=0.118$ ,  $SE= 0.225$ ,  $p < 0.599$ ) shows that individuals who have experienced the TRG tend to increase in negative religious practices. Trauma does not enhance positive religious coping. This indicated that the higher level of TRG was associated with higher use of religious coping. In the table, there were no significant predictions on religion. There is also no significant predictor of religion; all the religions use either positive or negative religious practices.

### Statistical finding

The research purpose was to examine the ‘relationship between trauma-related guilt and religious coping strategies among young adults’. Data collection was conducted through the online questionnaire inventories. The results revealed there was a significant positive relationship between the two variables. The results show that where there is a high level of guilt, there will be elevated use of religious coping. The descriptive statistics indicated a moderate level of guilt and a moderate level of religious practices among participants. The mean score for trauma-related guilt was ( $M= 105$ ) and the standard deviation for the TRG was ( $SD= 20.3$ ), indicating a moderate level of guilt was experienced by the participants. The mean score of religious coping was ( $M= 26.4$ ), and the standard deviation for RC was ( $SD= 8.07$ ), indicating a moderate level of RC was used as a coping mechanism. In this study, there were more female participants than male participants.

It shows differences in individual experiences of guilt and coping levels. The Pearson correlation coefficient was ( $r 0.345$ ,  $p < .001$ ), indicating a significant positive relationship between the two variables. The table reflects that as levels of trauma-related guilt increase, the use of religious coping also increases. It reveals that when the guilt increases, it pulls the individual toward religion to cope. As the increase in trauma-related guilt will also increase religious activities in their personal life. In the regression analysis, the result indicates result indicated that negative religious coping was significantly predicted by the trauma-related guilt ( $b = 1.329$ ,  $SE 0.197$ ,  $p < .001$ ). The individuals who have trauma-related guilt or emotional distress experiences tend to have an elevated level of negative thoughts, such as feeling punished by god, self-doubt, and also develop behaviour issues. PRC not significantly predicted by the trauma-related guilt ( $b=0.118$ ,  $SE= 0.225$ ,  $p < 0.599$ ) shows that the individuals who have experienced the trauma-related guilt tend to increase in negative religious practices. Trauma does not enhance positive religious coping. This indicated that the higher level of TRG was associated with high use of RC. In the table, there were no significant predictions on religion. There is also no significant predictor of religion; all the religions use either positive or negative religious practices. There is also no significant predictor of religion; all the religions use either positive or negative religious practices.

### Interpretation

Correlation analysis results reveal that there is a significant positive relationship ( $p < .001$ ) between TRG and RC strategies among the young adults. The regression analysis showed trauma-related guilt was positively associated with NRC and negatively associated with PRC. This study also included

three religions, such as Christianity, Hinduism, and Muslim. The results show that there was no significant relationship in various religions between the two variables. Both males and females use religious coping similarly. The three religions also use RC as others do. Religions have no significant relationship with the two variables.

**Overview**

The study was conducted on 15 people who had experienced trauma in their lives. The study was conducted by semi-structured interviews through Google Meet. The interview was about their challenges or difficulties and their religious practices as coping strategies among young adults. The study included all the religions, such as Hindu, Christian, and Muslim.

**Presentation Result for Qualitative Study Table 1**  
*Themes and sub-themes*

Discourse and dimension	Example quote
Religious coping for emotional regulation	
Prayer and meditation	“I will be like sitting in prayer or ask or ask my mom to pray for me” (Nissi, Age 24)
Religious attendance And rituals	“ Most of Friday, I go to the temple. that gives me a really good belief that something good will happen And make my mind really calm” ( Shiva, Age 24)
Religious Music, reading scriptures.	“Whenever I’m sad. I just listened to worship songs. It just changes my mood from being sad to being happy” (Sherle, Age 21) “..... If Jesus wants to talk to us, he can talk through the bible verses...” (Aasha, Age 28)
Social Relationships and Isolation	
Family support and faith,	“That difficulties improved the relationship with others and with my mom” (Nissi, Age 24)
Isolation and withdrawal	“..... When a problem hurts me a lot, I prefer to sit in silence rather than talk to people... ( Tenzin, Age 25)
Acceptance	
Trust in the plan of the divine	“..... Trust the process and please do have hope. Always have hope, like life

	will get better again...” (Aasha, Age 28)
Searching for meaning in suffering	“.....It is more of me learning a lesson-it is more of me being way more devoted than before...” (Tenzin, Age 25) “....There is a verse in the Bible, God knows that he can only bear so many problems...” (Aasha, Age 28)
Responsibilities through religious practices	
Rituals, routine, and discipline	“Whenever I feel pressured, I go to my Shiva; he is there for me when no one else is there...” (Shiva, Age 24)
Moral guidance and ethics	“Every religion says to live as a good human. I want to live true to my heart and not hurt anyone with my words or thoughts....” (Anna Benny, Age 23)
Trauma-related guilt and questioning	
Guilt and Self-blame	“I was the only one he called I couldn’t do anything... I felt really helpless...” (Dechen, Age 26)
Struggle of existential doubt	“I questioned the devotion I had, but later I accepted that birth and death are part of the soul’s journey...” (Tenzin, Age 25)
Resilience and growth through faith	
Emotional resilience	“.....Even though I was stressed, the next day I was completely fine, smiling and talking to everybody. That is maybe because of that power which I have...” ( Shruti, Age 24)
Transformation in spirit	“.....When I’m with god, I feel the peace that I never had in my life. Tears roll down with all those emotions...” (Pechiyammal, Age 25)
Coping messages and advice to others	
Encouraging faith and hope	“.....Everybody should trust god. Sometimes we think our prayer didn’t work, but maybe that’s not our last. God will make it happen in the right time...” (Aasha, Age 28)
Self Self-compassion	“.....Don’t blame yourself a lot for whatever happened. Be kind to yourself, that is the main point in facing any difficulties...” (Aarya, Age 27)

## Responses

### Using religious coping for emotional regulation

**Prayer and meditation,** Participants are often reported to seek divine helping them to reduce their stress in difficult situations. Some of them are turning to prayer to receive comfort in challenging situations. Participants clearly stated that in their difficulties or challenging situations, they turn to positive religious practices such as prayer, seeking god, and meditating on God’s words helped them to recover from the emotional disturbances and find relaxation and calmness in their minds.

“.....I will be like sitting in prayer or ask my mom to pray for me. Then I also go and write a prayer request in the church, which helped me a lot.....”

“..... When I go through my hard times, I turn to prayer. I usually pray to god to help me...my prayer helps me express my worries and feel comfort...”

“..... I just tell like... if it is a bad choice or something, please take it away from my life....”

**Religious attendance and rituals,** Participants also responded to questions like they attended all the religious festivals, religious gatherings in church, pujas, a weekly plan for going to church and temple, and attending specific days of the week. Participants were also asked about their emotional impact of going to the temple and following rituals in the sequence. By attending the religious practices and rituals, participants gain calm and emotional control in their minds.

“.....Most of the Friday I go to the temple. That gives me a really, really good belief that something good will happen and makes my mind really calm.”

“..... When there is any pujas or festivals, I take part in all those things. It gives me calmness and emotional control.”

**Religious music and Scripture,** some of them were reported to listen to religious music like worship songs, and some of them read scriptures to receive calm and comfort. Participant also stated, whenever she reads religious books, she feels someone is comforting her on that hardest path.

“..... Whenever I’m sad. I just listen to worship songs. It just changes my mood from being sad to being happy....”

“..... If Jesus wants to talk to us, he can talk through the bible verses...”

### Social relationships and isolation

**Family support and faith,** participants said that their family plays a greater to role in the religious and also helps them to overcome difficulties using the religious practices such as prayer, trusting god, which helps them personally to grow in their faith in god and also fosters healthy relationships within the family members. “ That difficulty improved my relationship with others because I was able to build a stronger relationship with my mom ..... ”

“..... You need someone you can go and tell, maybe that person is religious, and they can help you trust in god more...”

**Isolation and withdrawal**, some of the participants turned silent when the difficulties hurt them a lot more. Some of the participants are used to not sharing their pain and hurt with others; they always wish to keep it within themselves self though their loved ones come and ask about the pain and suffering, they wish to keep it within themselves. So most of the participants reported that their relationships with others won't be affected due to the difficulties or challenges in their own lives. Whenever a problem hits them, they choose to isolate themselves or withdraw for a moment. So they respond by preferring silence when they get hurt. Some of them reported they felt helpless when they really needed help from others and were left out when they needed help.

“..... When a problem hurts me a lot, I prefer to sit silent rather than talking to people...”

“..... We helped so many, but nobody turned to us when we needed help. I felt really sad and left out...”

### **Acceptance and finding meaning**

**Trust in the divine plan**, some of the participants were said, where there is a problem, there will be a plan of the divine. Some of them have hope in their life, like their life will get better soon. Some participants stated that most of the sufferings are tested by god and they are under the test of the divine. Participants said suffering gives strength in life to develop ourselves in the divine.

“..... Trust the process and please do have hope. Always have hope like life will get better again...”

“....If you pray for strength, god will give you hard times so that you will gain courage or strength...”

**Searching for meaning in suffering**. Participants said, each suffering gives a life lesson to handle the rest of the life struggles. Sufferings don't come without meaning, and everyone has to find in their life what was the reason behind their suffering. Some of them stated that only through difficulties or sufferings can help me to understand God's power. Suffering also made me strong in faith in religious practices.

“.....It is more of me learning a lesson-it is more of me being way more devoted than before...”

“....There is a verse in the Bible, God knows that he can only bear so many problems...”

### **Responsibility through religious practices**

**Ritual routines and disciplines**, Participants reported that the ritual routines and disciplines made them realize their role and responsibility in their lives. Visiting a temple for resilience and doing devotion as their personal duty in the world. Going to temples and following certain practices gives discipline in their life.

“...I started doing some religious practices more like fasting and going to temples regularly...”

“... Whenever I feel pressured, I go to my Shiva; he is there for me when no one else is there...”

**Moral guidance and ethics**, by reading religious books, help to understand what is good and what is bad, what to do and what not to do, what to follow and what not to follow. Through religious participants understand their responsibility of doing good and not harming anyone else. It helps the participants to follow morals and consider that everyone is human, and everyone plays a different role in their life. “.....Every religion says to live as a good human. I want to live true to my heart and not hurt anyone with my words or thoughts....”

### Trauma-related guilt and questioning

**Guilt and self-blame,** Participants reported feeling responsible for their suffering and doubting one's worth before god. They said they are carrying their guilt till now for what was done to them and where they couldn't help, where they were capable of that. Some of them also blame themselves with negative thoughts, such as it was my mistake and I deserve to suffer in life. The people having guilt also reported some negative religious practices, such as god is punishing me for my sin, I deserve all of that, god never hears my prayers.

".....If we look back a little, we will know that we are the reason for that problem..." I started doubting myself that I'm not a good person according to the religious beliefs..."

".....I was the only one he called... I couldn't do anything... I felt really helpless..."

**Struggle of existential and doubt,** Participants were told that humans are born to struggle and hurt. From birth to death, humans struggle to live their lives. Participants said that they are having doubts, like why, during their periods, women are not allowed in the temple, and women are not allowed to do some ritual activities during their periods. Sometimes, questioning the devotion anyway, I will get hurt, so why should I follow the rituals and practices in religion?

"...I have this doubt that...if god created humans and knows our pain, why are girls not allowed to enter the temple during periods?..." "....I questioned the devotion I had, but later I accepted that birth and death are part of the soul's journey..."

### Resilience and growth through faith

**Emotional recovery,** Participants reported that their hope and strength in god and religious practices increased due to the difficulties and challenges in life.

Participants use PRC methods such as believing in god, acceptance, and devotion to recover from the emotional breakdown and gain strength.

".....Even though I was stressed, the next day I was completely fine, smiling and talking to everybody. That is maybe because of that power which I have..." "....It;s not that challenges break me; they made me more devoted than before...."

**Transformation in spirit,** Participants were also said, whenever they commit their self in prayer and are involved in positive religious practices like prayer, meditation, reading religious books, listening to worship songs, they felt something new power touch them and take all their emotions away from them, like all the negative emotions, thoughts, sorrows.

".....When I'm with god, I feel the peace that I never had in my life. Tears roll down with all those emotions..."

".....Religious belief gives me the courage to keep going. It made me a stronger person...."

### Coping messages and advice to others

**Encouraging faith and hope,** the last question in the interview was like giving advice or a suggestion to people who experience difficulties or challenges in life. For those questions, participants were asked to answer by encouraging others to stand in the storm and keep the hope in god. Some of them gave the suggestion that at the right time god will make all things happen for you.

".....Everybody should trust god. Sometimes we think our prayer didn't work, but maybe that's not our last-God will make it happen at the right time..."

**Self-compassion and positive hope.** Some of them are said to not lose hope in the hardship, and every struggle or every problem in life is just temporary, so have strong faith. Some of them also said Do not blame yourself for whatever happened in your life. Be kind to yourself because you are not the reason for the struggle always, so have the courage to face the problems and difficulties in life.

“...My advice to anyone facing challenges is to stay hopeful and never give up. Hardships are temporary and teach valuable lessons....”

“.....Don’t blame yourself a lot for whatever happened. Be kind to yourself, that is the main point in facing any difficulties...”

## Discussion

The present study was to ‘explore the relationship between trauma-related guilt and religious coping practice among young adults’. The thematic analysis showed the interaction between guilt, emotional regulation, faith and personal growth, resilience. This study was done based on semi-structured interviews with 15 participants who had trauma experiences in their lives. Participants are turned to the positive religious practices like prayer, meditation, fasting, seeking god, reading scriptures, listening to worship songs, fellowship with religious people, and visiting temples. One participant shared, “*Even though I don’t deserve it, God has come in place for me...*” This reflects are use of PRC even in the time of difficulties. However, Trauma also disrupted faith for some participants. Very few of them are stated like, “*I questioned his existence... why are you doing this to me?*” Such a statement aligns with ‘Pargament’s theory’ of negative religious coping, that an individual may feel punished by god or abandoned by the highest power. ‘Pargament in (1997)’.

Most of the participants use positive religious coping to recover from the emotional breakdown. These practices provide calmness to their mind, relaxation to their mind, and control their emotions. They often do faith-based activities to foster comfort and resilience. Pargament (1997).

Some of them stated that their faith fluctuated during the trauma. Many participants, during their difficulties or challenges, feel emotional breakdown and negative thoughts during that time, some of them felt like “God was silent” Or “prayers were unanswered”. They also said that after the difficulties faded or were solved, they understood the power of god, so the longer their faith often rebounded after understanding the meaning of the difficult situation in their life. Their faith was not going to decrease, but it also rebounded when they received the solutions or meaning to the problem. This fluctuation is identified by Pargament and Brant (1998)

Most of the participants reported that their relationship with others was not affected due to the difficulties or challenges they faced. A few of them have strengthened their relationship with others who had strong religious support from their family and peers. But participants who had not received any support when they had a hard time often report social withdrawal, feelings of abandonment, god will not listen to my prayer. One participant stated like “ ..... When a problem hurts me a lot, I prefer to sit silent than talk to people...” It shows that when the participants do not receive support from others often keep everything within themselves instead of showing or sharing with others. Echo Park’s (2010) meaning-making model, which emphasises that community and belonging are essential in reestablishing after the trauma or any difficulties or challenges in life.

Some of the participants accept their challenges or difficulties as part of ‘God’s divine plan’ or ‘a

test from God for goodness in life'. Participants believe that there is always meaning or purpose behind the struggle and difficulties. All the struggles give strength and make one stronger than before. God gives challenges to become stronger in life to face the most hardship in future. So most of the participants accept the struggles by considering that it was given for the purpose in life. Some participants reframe the trauma into spiritual growth. Traumatic growth (Tedeschi & Calhoun, 2004).

One of the participants stated like *"I was the only one he called... I couldn't do anything... I felt really helpless."* It was said that she carried the guilt even till now. Her brother died in the lake and was not found, so her brother called her and explained everything to her first. She tried to save him, but he died. She is not the reason for his death, but she has the guilt within her that she couldn't even do anything after knowing everything. Many of the participants reported that there are often questions about religious practices, and some have self-doubt, like are they deserve to struggle alone.

Some of the participants reported that they acknowledge all the religions and have faith in all gods. It reflected flexibility in religion. They have having common faith and belief in karma. This category of participants states that they don't support only one religion but support all religious practices and pray to all gods. They believe everything happens through the hidden power, which is not called by any specific name. (Hill & Pargament, 2003).

Most of the participants who use PRC are highly able to navigate their responsibilities during times of difficulty or challenges in life. These participants reported that they received motivation by listening to messages, worshipping god and reading scriptures during their hardest times. Some participants are also reported at the beginning of the problem, faith goes decrease, but it doesn't decrease completely. Through reading scriptures, listening to worship songs, and prayer rebound their faith and increase it more than before

Some of the participants' statements showed that they have sufficient awareness about their emotions, and also reflect that they understood the meaning behind the struggles in life. A few of them stated almost the same meaning statements like "don't blame yourself", or "be kind to yourself". These statements reflect the guilt or emotional breakdown to resilience or empowerment.

So, Many of the participants use PRC to bounce back from the emotional breakdown or any most challenging situations in their life. Very few follow all the religious perspectives in life, and looking at all sides of the truth is acceptable; these participants reflect religious flexibility and spiritual maturity in their lives. But some participants also use negative religious practices during their hardest time, but these people mostly come under circumstances where they don't receive any support during their hardest time. But the commonality found in all the participants is, people who have a history of trauma or any emotional breakdown are used to keeping the problems within themselves and also not allowing these problems to affect their relationships with others.

## 5. Summary and Conclusion

### Overview

This research study helps to understand the 'relationship between trauma- related guilt and religious coping'. This study finds that there is a positive relationship between TRG and RC strategies. It also shows the impact of RC on TRG among the participants.

## Summary of findings

This study used a mixed method to collect the data from participants. Both quantitative and qualitative method was used in the questions. However, the qualitative study was done through ‘semi-structured interviews’ on Google Meet, and the quantitative method was done through the RCOPE and TRG inventories.

The qualitative study result revealed that religious coping was highly used by those who had trauma-related guilt, distress, or the most difficult challenging situation. A few of the Participants reported that when they go through hard times, they use the negative side of religious practices as a coping strategy, like god is punishing me for my sin, god always forsakes me, unlucky, like that. However, most of the participants stated that when they had a hard time, they used the positive side of religious practices like praying, meditation, reading scriptures and listening to worship songs. Interestingly, very few of the participants reported that they follow all religions, and few reported that they are in something universal, a secret power that helps them in their difficulties. Some participants reported that they carry the guilt from the traumatized incident, and still they carry it even though they use religious practices. Very few report that their faith in religious practices and religious activities goes down when they have most hardest time. Out of 5 participants, only 2-3 participants overcame and regained their belief after resolving or recovering from the emotional breakdown. Almost all the participants said that their relationship with others was never affected due to these difficulties or challenges, or any other guilt- related distress. Participants reported that they used to keep everything within themselves and not share even with their loved ones. And also participants who keep the problem to themselves have a history of not receiving any help from others when really needed, so they start adapting themselves, where they solve everything solely. So the final result was that participants used positive religious coping strategies to recover from their emotional breakdown or any trauma-related guilt feelings.

Similarly, the quantitative study, Correlational analysis, revealed that ‘there is a significant relationship between the two variables, such as trauma-related guilt and religious coping strategies’. ‘Pearson’s correlation coefficient ( $r = 0.345$ ,  $p < .001$ )’ indicated a moderate level of ‘significant positive relationship between trauma-related guilt and RC strategies among young adults’. However, regression analysis of the result indicated that NRC was ‘significantly predicted’ by the TRG ( $b = 1.329$ ,  $SE = 0.197$ ,  $p < .001$ ), showing that individuals who have TRG or emotional distress experiences tend to have elevate the level of negative thoughts, such as feeling punished by god, self-doubt, and also develop behaviour issues. Positive religious coping not significantly predicted by the TRG ( $b = 0.118$ ,  $SE = 0.225$ ,  $p < 0.599$ ) shows that individuals who have experienced the TRG tend to increase in negative religious practices. Trauma does not enhance PRC. This indicated that the higher level of TRG was associated with greater use of RC. In the table, there were ‘no significant’ predictions on religion. It also reveals that the participants who had a higher level of guilt-related trauma are mostly turned toward the religious coping strategies to overcome the emotional disturbance or emotional breakdown.

This study shows, both quantitative and qualitative methods result in a ‘positive and significant relationship between trauma-related guilt and religious coping strategies in their most challenging times’. This study reveals that when guilt, distress, and trauma increase, the participants turned forcefully toward the religious side to cope with their emotional breakdown.

## Conclusion

The present research explored the relationship between trauma-related guilt and religious coping strategies among young adults. This study aims to understand the differences and relationships between the two variables. This study employed a mixed method. Quantitative method was analysed through the standardised scales, and the qualitative scale was examined through the thematic analysis. The quantitative analysis shows a significant positive relationship ( $r = 0.345$ ,  $p < .001$ ) between the two variables, suggesting individual who experience guilt following trauma tend to depend more on religion to manage their emotional breakdown. Regression analysis revealed guilt, emotional distress, and trauma predictors by religious coping. So, this shows that a higher level of trauma-related guilt or emotional distress uses NRC practices and negative thoughts instead of using PRC.

The qualitative study also shows participants seek RC activities as a coping strategy to recover from the guilt-related trauma and emotional distress among young adults. Thematic analysis participants in their difficulties are not usually seeking help or support from others; they keep the problems within themselves, so most of the participants also reported that these problems never affect their relationship with others. The present study met the hypothesis statement, which is stated for this research. The hypothesis (H) was hence proved in both analyses of this study.

## Implications

The present study sheds light on how religious activities or practices serve as a coping mechanism to trauma-related guilt feelings and distress. This implication of the study is also used for real-life insight and real-life social settings, such as mental health, therapy and hospitals

## Theoretical Implications

This study contributes a fine understanding of 'TRG' or 'emotional distress' and 'religious coping' among young adults. According to 'Pargament's theory' of the Indian context, RC strategies serve as a coping role for guilt feelings and emotional distress or breakdown.

## Practical Implications

The research result was study helps to understand human positive and negative RC of RC strategies and TRG. The research result gives insight into understanding the individual in the broad context. The findings of the research can also be used as coping techniques in the clinical setting, therapy setting and for an individual who suffers from the guilt of the feeling as a forgiveness therapy, meaning-centred counselling or guided reflection on the faith. Guilt feelings also play a motivating factor that forces an individual into religion.

## Limitation

The study was completed using a mixed method. The research collected through inventories and interviews is based. The data holds rich information in both methods; however, the participants were more female than male. The interview size was also small size so it would give the richest information to conduct an interview on more, especially on male participants.

### Recommendation for future research

For future research, focusing on equal gender data collection and interviews would be recommended for future research. A longitudinal study would give clarity on these two variables: trauma-related guilt and religious coping strategies. Researching the older population is also highly recommended for future study, especially in the Indian context. A qualitative research approach on the older population would give more information on the older population in the Indian context was very highly recommended to give richness in

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## Appendices

### Appendix A: Informed Consent RESEARCH SUBJECT INFORMATION SHEET

This informed consent form is for the participants, who have been invited to participate in research on the title ‘**Exploring The Relationship Between Trauma- Related Guilt And Religious Coping Strategies among young adults**’

NAME OF PRINCIPAL INVESTIGATOR & DEPARTMENT: M Swathi, Department of Psychology

RESEARCH SUPERVISOR: Ms. Devika S Krishnan

NAME OF ORGANIZATION: Kristu Jayanti College, Bengaluru, Karnataka- 560077

I am M Swathi, studying as a postgraduate student in the Department of Psychology at Kristu Jayanti

College (Autonomous), Bangalore. I am Exploring The Relationship Between Trauma-Related Guilt And Religious Coping Strategies among young adults. I will give you adequate information and invite you to be a part of this research. You can decide whether or not you will participate in the research. Before you decide, please feel comfortable talking to me about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain. If you have questions later, you can ask them. I will be providing my contact details for the same.

Purpose of the research: The study aims to understand the uses of religious coping strategies who have experienced trauma-related guilt. The current generation is becoming digital and AI in this generation, how individuals who have experience in trauma-related guilt use religious coping as a coping strategy to recover from the trauma-related guilt, emotional breakdown, and emotional distress.

For experimental factors (*if any*): Nil For demographic factors: Nil

- *Age, Gender and socio-economic status.*

You are being invited to take part in this research because we feel that your responses will aid as a very important tool to help us identify the factual details of the concerned experiment.

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. The choice that you make will have no bearing on your role here. You may change your mind later and stop participating even if you agreed earlier.

The information recorded is confidential, your name will not be included in the data collected, and no one else except me and my supervisor will have access to the form. Nothing that you share today or with me will be made public with anybody outside the research, and nothing will be attributed to you by name.

Participation in this study does not pose any risks. There will be no direct benefit to you, but your participation will help us identify the factual details of the concerned experiment.

I am now available to answer any questions.

If you have any questions you would like to ask later, you may contact me at Email ID: [24mpsc55@kristujayanti.com](mailto:24mpsc55@kristujayanti.com)

2<sup>nd</sup> Year of MSc Counselling Psychology, Department of Psychology Email ID: [24mpsc55@kristujayanti.com](mailto:24mpsc55@kristujayanti.com)

This research proposal has been reviewed and approved by the Department of Psychology, which includes the research scholar and the supervisor at Kristu Jayanti College (Autonomous), Bangalore. The rights of the research participants are protected.

### CERTIFICATE OF INFORMED CONSENT

I have been invited to participate in research on the title ‘Exploring the relationship between the trauma-related guilt and religious coping among young adults’.

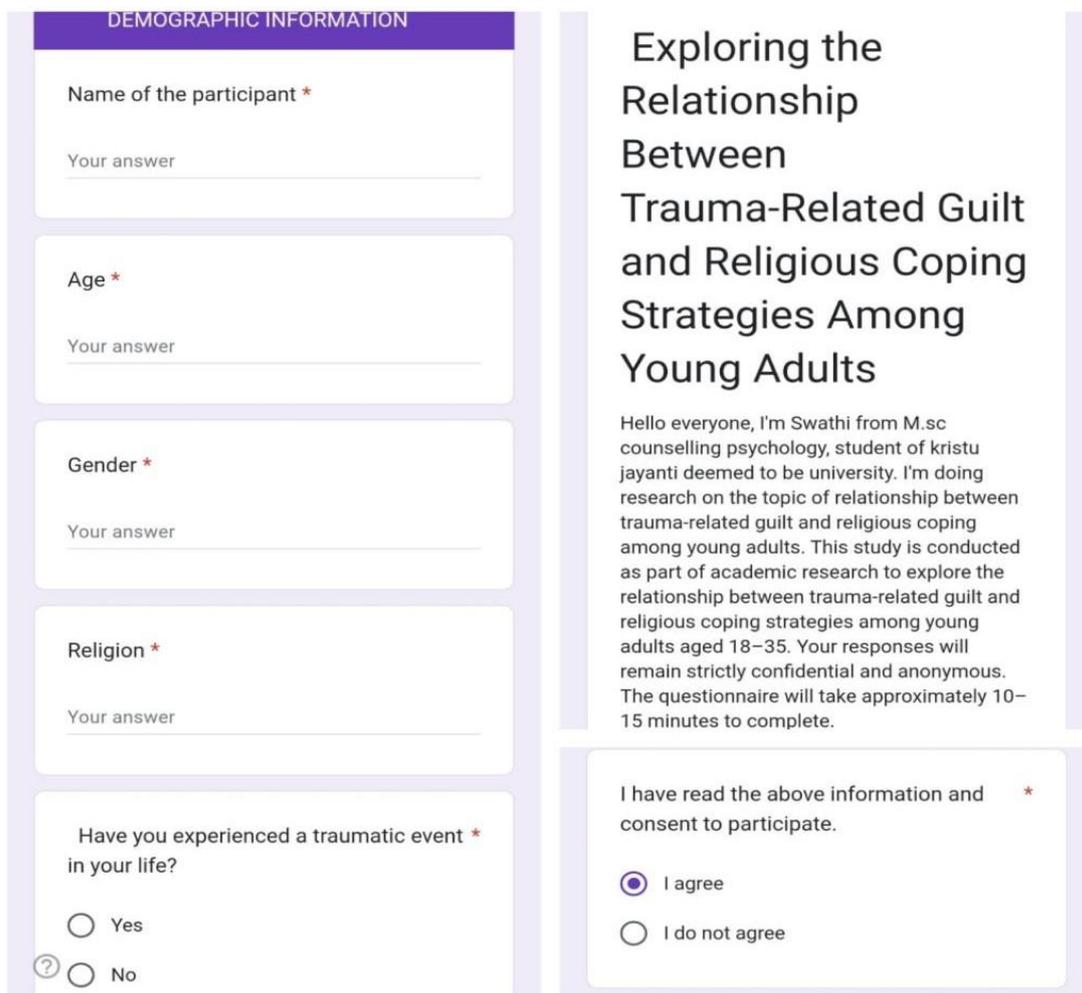
I have read the foregoing information, and it has also been read to me. I have had the opportunity to ask questions about it, and any questions I have had have been answered to my satisfaction. I understand that participation is voluntary, and it has been explained that choosing not to participate will not cause any consequences. I understand that I have the right to withdraw at any point during the data collection.

I consent voluntarily to be a participant in this study.

By proceeding with the survey, you indicate your informed consent to participate in this study. Your responses will remain strictly confidential and anonymous in accordance with research ethics guidelines. Data collected will be used solely for academic purposes, and no personally identifiable information will be shared or published.

### Appendix B

#### Screening process



The screenshot shows a survey interface with two columns. The left column is titled 'DEMOGRAPHIC INFORMATION' and contains five input fields: 'Name of the participant \*', 'Age \*', 'Gender \*', 'Religion \*', and a question 'Have you experienced a traumatic event \* in your life?' with radio buttons for 'Yes' and 'No'. The right column contains the title 'Exploring the Relationship Between Trauma-Related Guilt and Religious Coping Strategies Among Young Adults', a paragraph of introductory text, and a consent section with the text 'I have read the above information and consent to participate.' and two radio buttons: 'I agree' (selected) and 'I do not agree'.

### **Interview Questions Qualitative research method questions**

1. Would you describe the most challenging situation you went through in recent years?
2. Describe the emotions and thoughts during the time of difficulties or challenges in life?
3. When you face difficulties or challenges, how do you express yourself through religious practices?
4. How do the difficulties of challenges in life affect your relationship with others?
5. Can you describe which kind of religious practices and interests in religious practices help you to take responsibility in life?
6. How do religious practices influence your thoughts, emotions, and feelings?
7. Describe what are changes you can notice when you are relying on religious practices during difficulties or challenges?
8. Can you describe how difficulties or challenges in life affect your religious practices?
9. In any situation in life you felt or realised that the difficulties or challenges increase/decrease your faith in religious practices?
10. Any suggestions or advice for people who experience difficulties or challenges in life?

### **TRGI and RCOPE**

#### **TRAUMA-RELATED GUILT INVENTORY (1993 by Edward S. Kubany)**

1. I could have prevented what happened.
2. I am still distressed about what happened.
3. I had some feelings that I should not have had.
4. What I did was completely justified.
5. I was responsible for causing what happened.
6. What happened causes me emotional pain.
7. I did something that went against my values.
8. What I did made sense.
9. I knew better than to do what I did.
10. I feel sorrow or grief about the outcome.
11. What I did was inconsistent with my beliefs.
12. If I knew today only what I knew when the event(s) occurred would do exactly
13. I experience intense guilt that relates to what happened.
14. I should have known better.
15. I experience severe emotional distress when I think about what happened.
16. I had some thoughts or beliefs that I should not have had.
17. I had good reasons for doing what I did.
18. Indicate how frequently you experience guilt that relates to what happened.
19. I blame myself for what happened.
20. What happened causes a lot of pain and suffering.
21. I should have had certain feelings that I did not have.
22. Indicate the intensity or severity of guilt that you typically experience about the event(s).
23. I blame myself for something I did, thought, or felt.
24. When I am reminded of the event(s), I have strong physical reactions such as sweating, tense

muscles,

25. Overall, how guilty do you feel about the event(s)?
26. I hold myself responsible for what happened.
27. What I did was not justified in any way.
28. I violated personal standards of right and wrong.
29. I did something that I should not have done.
30. I should have done something that I did not do.
31. What I did was unforgivable.
32. I didn't do anything wrong.

### **RELIGIOUS COPING STRATEGIES (Pargament )**

#### ***Positive Religious Coping Subscale Items***

1. Looked for a stronger connection with God.
2. Sought God's love and care.
3. Sought help from God in letting go of my anger.
4. Tried to put my plans into action together with God.
5. Tried to see how God might be trying to strengthen me in this situation.
6. Asked forgiveness for my sins.
7. Focused on religion to stop worrying about my problems.

#### ***Negative Religious Coping Subscale Items***

8. Wondered whether God had abandoned me.
9. Felt punished by God for my lack of devotion.
10. I wondered what I did for God to punish me.
11. Questioned God's love for me.
12. Wondered whether my church had abandoned me.
13. Decided the devil made this happen.
14. Questioned the power of God.