REVIEW ARTICLE

ISSN-2277-6907 doi : 10.56011/mind-mri-142-20259

Spirituality as a Healing and Resilient Tool for Post-Traumatic Growth

Dr. Pavitra Bajpai

Assistant Professor, Department of Humanities and Social Sciences, Shri Ramswaroop Memorial University, Lucknow, Deva Road, Barabanki, (U.P) India

Abstract

Traumatic events may undermine people's faith or spiritual beliefs since they can involve moral quandaries, loss, or threats to one's life. When one has a healthy relationship with their own beliefs and practices, spirituality can help mitigate the consequences of trauma and offer consolation during difficult times. It has been discovered that this advantageous relationshipalso known as faith-based assistance or positive religious copingis typically linked to improved functioning following trauma, including posttraumatic growth.Post-traumatic Growth (PTG) represents a constructive shift in mental health that arises as people acquire understanding of traumatic occurrences and start to feel hopeful about existence. Investigations into PTG encompass personal resilience, pursuing new possibilities, forming connections with others, valuing life, and spiritual evolution. Spirituality holds the greatest importance in promoting post-traumatic growth, as individuals might revaluate their spiritual convictions in light of loss. Spirituality not only influences how individuals view and understand traumatic occurrences, but also affects their coping mechanisms and results. Traumatized people impair their cognitive functioning by frequently ruminating about the traumatic event, and unpleasant emotions act as a driving force to overcome the event, resulting in a more optimistic outlook on selfperception, relationships with others, and life in general. Positive religious and spiritual coping strategies include strong connections with God, self and others, finding meaning, gaining control and authority, developing and strengthening intimacy with God, encouraging intimacy with others and with God, life transformation, discovering new existential significance and reflecting on one's own life promoted development in areas such as personal resilience, interpersonal relationships, gratitude for life and spiritual awareness. Therefore, the significance of spirituality as a resilient and healing tool in promoting post-traumatic growth will be examined in this paper. In the end, it contends that spirituality may help people navigate the fallout from traumatic experiences and assist their path to resilience and recovery by offering them purpose, encouragement, and hope. Additionally, the following paper also highlights how spirituality can be a potent tool for those going through trauma, providing them with a framework for comprehending what happened, dealing with the fallout, and discovering purpose in their experiences.

ARTICLE INFO

*Correspondence:
 Dr. Pavitra Bajpai
:pavitradikshit@gmail.com
 Assistant Professor,
Department of Humanities
 and Social Sciences, Shri
 Ramswaroop Memorial
 University,

Dates: Received: 06-06-2025 Accepted: 14-06-2025 Published: 30-06-2025

Keywords:

Disaster, Trauma, posttraumatic growth, spirituality, coping strategies

How to cite:

Dr. Pavitra Bajpai (2025)
Spirituality as a Healing and
Resilient Tool for PostTraumatic Growth
Mind and Society, 14(2):67-74.
doi:10.56011/mindmri-142-20259

INTRODUCTION

Experiencing a catastrophe, whether caused by nature or humans, can greatly impact an individual's mental well-being, both shortly after the event and for an extended period of time. Wildfires, floods, earthquakes, tornados, terrorist attacks, warfare, and other dangerous events have the potential to cause trauma and lead to persistent mental health issues such as hyper reactivity, anxiety, or depression. Additionally, survivors may have to deal

Open Access This article is licensed under a Creative Commons Attribution 4.0 International Licence, which permits use, sharing, adaptation in any medium or format, as long as you give appropriate credit to original author(s) and the source, Provided a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons Licence. Unless indicated otherwise in a credit line to the material. If material is not included in the article creative Commons article and your intended use is not permitted by the statutory regulation or exeeds the permitted use you will need to obtain permission directly from the copyright holder. To view a copy of this licence. Visit https://creative commons.org/licenses/by-nc-sa/4.0.

with the emotional burden of grief and survivor guilt while facing the difficult task of rebuilding their lives and communities due to the significant loss of life and property in disasters. Survivors of natural catastrophes might undergo mental effects. Individuals who endure disasters could struggle with sorrow, worry, and PTSD. But somewhere the vast majority of us are resilient. We can begin a new, restart our social interactions, and return to normalcy. All that is required to overcome the trauma is the appropriate environment. It was appeared thatone defensive figure that helped in posttraumatic development was most profound sense of being known as spirituality. Spirituality is a feeling that transcends situations and the individual's search for meaningful answers to the most important issues concerning life, meaning, and one's connection to the sacred or transcendent. Spiritual convictions impact how individuals get it the world. Their beliefs can provide survivors with comfort and help them grow constructively. PTG can lead to greater self-awareness and confidence, a more accepting attitude toward others, a greater life. and the pursuit of appreciation for new opportunities. result can also improvements in one's self-perception, interpersonal interactions, and outlook on life. Therefore, the present paper reveals the relationship between the surviving disaster, spirituality and posttraumatic growth.

What is Trauma?

"Trauma" is to describe events that result in severe bodily as well as mental distress reactions. "An occasion, grouping of occasions, or collection of circumstances that an person sees as physically or sincerely hurtful or debilitating which has longlasting negative impacts on the individual's wellbeing (Substance Abuse and Mental Health Services Administration [SAMHSA]. Trauma and Justice Strategic Initiative, 2012 while many people only say they have experienced one particular traumatic event, some people have experienced several or ongoing traumatic occurrences, particularly those who decide to seek mental health or drug abuse treatment. Trauma is described by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as an individual's exposure "to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association [APA],

2013, p. 271). Trauma was once thought to be a strange feeling (Kessler, Sonnega, Bromet, Hughes, and Nelson, 1995). Additionally, the first National Comorbidity (NCS), a comprehensive Study nationwide survey for the purpose of examining the prevalence and consequences of mental disorders in the United States, dispelled this myth. 60.7 percentages of men and 51.2 percent of all of women said they had experienced at least one trauma in their lives, when given a list of 11 different categories of traumatic experiences along with a 12th category labeled "other" (Kessler, 2000; Kessler et al. 1995; 1999). Many others have defined trauma more broadly, such as Horowitz (1989), who defined it as an abrupt and vicious thing that overwhelms a person's respond it. capacity to (1989) acknowledged that a trauma does not necessarily entail actual bodily harm to the individual; rather, an event can be considered traumatic if it deviates from one's worldview and overwhelms one's capacity for coping. However, diagnostic standards are not the only way to define psychological trauma. Indeed, some clinicians no longer see symptoms of trauma as signs of a mental illness, but rather as an instinctive human instinct for survival or as "adaptive cognitive mechanisms engaged in the integration and assimilation of novel knowledge about fierce longevity focus that being exposed to the trauma has provided" (Turnbull, 1998, p. 88). Only when these healthy adaptive processes are somehow suppressed (Turnbull, 1998) or if they are not recognized and, hence, not addressed (Scott, 1990) do they turn pathological.

The likelihood of going through a severe stressful life event, such as an unprecedented sickness, loss, or disaster, is considerable throughout one's lifetime. Of a sample of people in the southeast United States, (Tedeschi, Park, & Calhoun (1998) discovered that 69% had experienced one single devastating incident in their lifetimes, and 21% had experienced a traumatic event in the past year (Norris, 1992). When faced with severe or distressing life experiences, most people claim that they have returned to their previous usual state of thriving and even progress despite the hardship (Bonnano, 2004; Park, 1999). They also do not experience long-term distress.Caplan (1964) made the first reference to the possibility of "thriving" or progress in spite of hardship. In their 1993 assessment of emotional reactions after burns, Patterson and colleagues (1993) first highlighted the possibility of positive

change within the facial region of a burn injury. Other medical groups, such as cancer (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Luszczynska, Mohamed, & Schwarzer, 2005), HIV (Milam, 2004), heart disease (Sheikh, 2004), and multiple sclerosis (Pakenham, 2005), have also been the subject of studies on growth following trauma. However, the majority of trauma and sickness researchers and clinicians still concentrate upon the deficit framework's concept of misfortune as a reaction to agony. According to Linley and Joseph (2004) emphasize that concentrating solely on the negative effects of a trauma might create a skewed perception of post-traumatic reactions unintentionally "cheat" patients out of the possibility of a meaningful recovery. Researching suffering and negative affect after a trauma is vital, but so is researching growth and pleasant emotions. It is necessary to incorporate both positive and negative emotion questions into standardized assessments. In the majority of treatments for depression and PTSD, the possibility of post-traumatic growth (PTG) is not considered. Adversity-induced positive change has been the subject of two recent empirical reviews (Linley & Joseph, 2004; Zoellner & Maercker, 2006). As discussed in those reviews, PTG and its correlates will be discussed here, along with findings from a study growth that examined following traumatic population. Measurement concerns will also be covered in this conversation, along with suggestions for further research on the use of PTG and other associated dimensions. Another source of helpful information on trauma exposure is a longitudinal survey conducted in New Zealand, which interviewed a sample of participants from a single town at the ages of 26 and 32 to assess the worst trauma those people had ever experienced was (Koenen, Moffitt et al., 2008).

What is post traumatic growth?

Posttraumatic growth (PTG) is a term used in psychology to describe positive psychological change brought on by overcoming extremely difficult and stressful life conditions. Tedeshi, and Calhoun,2004; *Tedeschi and Shakespeare,2018* These conditions seriously test an individual's capacity for adaptation and their perspective on the universe and their function in it. A profoundly significant personal transformation process is facilitated by "lifechanging" psychological changes in how one thinks

and interacts with the world and oneself, which are a component of posttraumatic growth. Posttraumatic growth is frequently associated with changes in some of the following five disciplines: spiritual, existential, or philosophical change; personal strength; relating to others; appreciation of life; and new possibilities. Many of us are aware of these. But less well known is the idea that overcoming extremely challenging circumstances may also present an opportunity for and psychological growth.

One basic question about the PTG phenomena is how important life events are for promoting change. A major mechanism behind what Tedeschi (2004) referred to as "positive Calhoun psychological change" (p.1) is thought to be adverse or traumatic life events. Traumatic experiences, which are characterized specifically by having encountered actual or imminent death, serious harm, or physical abuse via first-hand contact, experiencing, acquiring that the something traumatic occurred to someone you love, or enduring extreme exposure to aversive details, have been the subject of some PTG research (American Psychiatric Association, 2013). But there is one important point that to be consider is that certain life events are not equally likely to occur in everyone, therefore individual differences may affect how events are experienced as well as how they turn out Hammen, 1991, 2006. Individual variations in factors like contentment with life (Luhmann, Lucas, Eid, & Diener, 2013) or personality qualities (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007) also influence the probability of specific life occurrences. According to Tedeschi & Calhoun (Calhoun & Tedeschi, 1999; Tedeschi & Calhoun, 1995), PTG is a positive psychological shift brought on by overcoming extremely difficult life scenarios. Any positive psychological change brought on by a riot or war is referred to as posttraumatic growth (Calhoun & Tedeschi, 1999, 2001). The experience of positive and hopeful development that follows a struggle with extremely difficult life crises and other obstacles is known as posttraumatic growth. It can show up in a variety of ways, such as a renewed sense of gratitude for life in general, a more fulfilling spiritual life, more meaningful interpersonal relationships, or a stronger sense of inner strength. Similar positive psychology concepts have been referred to by other names, such as benefits finding, optimism, toughness, resiliency, and adversarial growth. In 1996, Tedeschi and Calhoun identified five types of PTG, which include:

- Developing a deeper understanding of life
- Redefining priorities
- Having closer, more intimate relationships with people
- Feeling stronger
- Realizing new opportunities

People who have experienced trauma can benefit from both spirituality and post-traumatic growth (PTG), and academics concur that spirituality is essential to PTG. Through these transformations, these people are able to better understand themselves and all facets of their lives by giving value to their horrific experiences; they are able to develop empathy through more robust interactions and relationships; their personal strength becomes resilience; and they are able to integrate new core beliefs through spiritual experiences or philosophy. Individuals can develop and discover meaning from various but related sources in these five areas. People have known for thousands of years that hardship and adversity can lead to beneficial change. As an example, aspects of the potentially transforming power of suffering can be found in some of the early writings and thoughts of the ancient Hebrews, Greeks, and the earliest Christians, as well as in parts of the teachings of Buddhism, Islam, Hinduism, and the Bahá'í Faith Tedeschi and Calhoun,1995:Abdu'l-Bahá ,2013.A major topic of philosophical study and a common theme in the writings of poets, dramatists, and novelists are attempts to comprehend and find the deeper purpose of suffering experienced by people. The likelihood that someone will develop trauma depends critically on how they handle pressures. It appears from a couple medical condition and neurological results that people with posttraumatic stress disorder have trouble putting the horrific experience into a coherent story. The foundation of spirituality and religion is a human search for answers to life's meaning and purpose-related concerns. Reducing post-traumatic symptoms may be achieved by integrating traumatic sensory fragments into a fresh reasoning production through the creation of narratives grounded in healthy viewpoints. Studying how spirituality helps trauma survivors become more resilient could help us better understand human nature, as faith and spiritual practices may have an impact on how people cope with traumatic experiences.

What is Spirituality?

Spirituality, which includes multiple dimensions, plays a crucial role in enhancing well-being by instilling a sense of purpose, meaning, and connection. It has the potential to nurture positive mental and emotional health, resilience, and a more satisfying life. This is achieved through various mechanisms such as encouraging hope, alleviating stress, enhancing social connections, and nurturing a sense of inner tranquility.

Spirituality's Dimensions:

Cognitive: Describes one's spiritual perspectives, comprising devotion, ethical standards, and ethics, as well as their knowledge and comprehension of them.

Emotional: Consists of sentiments, emotions, and attitudes associated with one's spiritual ties and beliefs, including love, hope, and faith.

Behavioral: Consists of acts, routines, and conduct that are consistent with one's spiritual convictions, like meditation, prayer, and community service.

Relational: Emphasizes ties to oneself, other people, the natural world, and the transcendent; these include ties to a divine source, closest companions, and the environment.

Connection between Spirituality and Posttraumatic development (PTG)

An emotional reaction brought on by extremely upsetting situations that go outside of the typical spectrum of human experiences is known as psychological trauma. (Tedeschi and Shakespear 2018) Although it may seem counterintuitive, the notion that positive transformation can happen after trauma is widespread and well-researched. Not everyone who goes through a terrible situation, nevertheless, will inevitably experience posttraumatic growth. Researchers have studied PTG in a very wide range of traumatic experiences, including divorcees, victims of rape, survivors of terrorist attacks, and death (Hiraki, 2006). Findings from research, including work with UNC Charlotte colleague Arnie Cann, have highlighted the essential components of growth that come from overcoming adversity. We've heard from folks about the subsequent five facets of posttraumatic growth:

1. A shift in their interpersonal relationships

- Understanding of new life paths, priorities, or chances
- 3. A greater understanding of the worth of one's own life and life in general
- 4. Personal strength recognition
- 5. Development of the soul or existence

A further crucial tool for posttraumatic growth is spirituality Czyzowska, Raszka, Kalus and Czyzowska, 2021. The word "spiritus," which meaning "spirit" or "breath" and translates to "to give life," is derived from the Latin word "spirit." As a result, spirituality is an endeavour and outcome of discovering life's purpose. When people connect with themselves, others, a greater power, or nature, they gain the courage and the optimism to recognize their own worth and purpose in life. Hsiao, Chiang and Lee,2013. Lin, Lee, andHsiao,2015. Traumatic experiences can jeopardize a person's perception of the world and themselves, making meaning reconstruction necessary Cadell, Regehr, and Hemsworth,2003. Spirituality is one way that people deal with trauma and look for meaning. According to earlier research, spiritual well-being plays a significant part in traumatic situations, and there is a good correlation between cancer patients' spiritual well-being and post-traumatic growth Nooripour,2021; Gesselman, 2017, Sinclair,2016. Studies have shown that spiritual well-being and post-traumatic growth are culturally shaped ideas, with cultural background having a substantial impact on how people experience trauma and determine their coping strategies and figuring out Feng,2021; Fekih-Romdhane, Achouri, Jahrami, and Cheour, 2022; Nooripour, 2022. Belief systems can offer structures that integrate one's current basic beliefs with difficult life situations Overcash, Calhoun, Cann, Tedeschi,1996. The necessity to distinguish across spirituality and faith is argued by Bryan, Graham, and Roberge Bryan , Graham, Roberge, 2015 who point out that many of this research looked at religious Pargament,1999 suggests using an approximate description of referred to as " seeking to discover the highly sacred" (p.12) for research purposes, despite the fact that spirituality is a hard term to define. This concept is elaborated by MacDonald, Friedman, Brewczynski, 2015"Spirituality is a natural part of human functioning that pertains to a unique category of non-ordinary phenomena and the thoughts, opinions, and actions which trigger, overlap, as well as emerge from such experiences."

The post-traumatic growth theory

Researchers have studied PTG in a very wide range of traumatic experiences, including divorcees, victims of rape, survivors of terrorist attacks, and death (Hiraki, 2006). According to a study by Mohan (2010), it is essential to have an interconnected and cohesive analyze that incorporates concern the various factors for a deeper comprehension of emotional distress due to its huge effect on mental health. In addition, since females experience higher levels of distress than males do. It is conceivable that higher levels of risk and trouble act an actuation for higher PTG by modifying structures and assumptive the universe (Tedeschi & Calhoun, 2004). Numerous ideas, like the post-traumatic growth (PTG) theory (Tedeschi and Calhoun, 1995), are used by researchers to explain trauma and resilience. It is suggested that a PTG's incorporation of spirituality and religion A framework for comprehending trauma and the assistance required for recovery is offered by perspective. These include the possibility for constructive psychological adjustment following trauma, as well as social supports such emotional ties that unite people and promote the development of self-esteem and selfworth learned through social influence (Tedeschi and Calhoun, 1995). Tedeschi and Calhoun (1996) created the PTG theory, which views emotional discomfort as a necessary component of cognitive processes that result in post-trauma growth. This theory discusses how trauma can lead to beneficial change in people. Increased self-confidence and spiritual growth, as well as fresh perspectives on the globe, oneself as well as and others in general, are all possible PTG(Park,2010; outcomes of Linley,2004; Joseph and Linley, 2005) PTG is the experience of a person going through a big life crisis and experiencing a large positive change (Calhoun et al., 2000). PTG and resilience are somewhat similar in that they both focus on a healthy recovery from trauma, but they are significantly different from one another. In contrast to resilience, which some define as the capacity to "bounce back" (Smith et al., 2008), PTG describes what can occur when a person who struggles to recover from a traumatic event and experiences psychological difficulties or mental illnesses like PTSD eventually locates an outlet of growth in oneself (Calhoun et al., 2000).

PTG has been studied in a variety of populations, including survivors of sexual assault (Frazier, Conlon, & Glaser, 2001), political prisoners and torture (Fontana & Rosenheck, 1998), and health populations, including those with HIV (Milam, 2004), multiple sclerosis (Pakenham, 2005), cancer (Cordova et al., 2001; Luszczynska et al., 2005), and heart disease (Sheikh, 2004). The data for the sample in a study by Amy, Terrence, Donna, Tony, and Chim (2007) was based on the war refugees from Kosovo and was based on PTG theories and the dialectical nature of conflict (Tedeschi & Calhoun, 2004; Joseph & Linley, 2005).

One of the deadliest episodes of violence amongst Hindus and Muslims in modern Indian history was the Gujarat riots of 2002, which were the subject of a research by Patel & Nath (2013). Only a small number of studies have examined and emphasized the experiences of riot victims and how they cope with the trauma that follows the riots. Interviews were done with seven Gujarati Muslims and ten Gujarati Hindus who participated in the 2002 aggression in Gujarat. The findings indicated that prejudices may have varying effects on the PTSD process and, in turn, coping mechanisms (PTG).

McFarlane and Yehuda's (1996) study examined the trajectory of post-traumatic emotions, resilience, and vulnerability. Thus, the study found that the most typical reaction was a significant initial increase in symptoms related to traumatic events, which then began after a slow recovery and resolution. Nonetheless, resilience has steadily begun to emerge as a typical outcome in order to lessen the total effect of traumatic and post-traumatic reactions in the victims, even while the levels of symptoms initially vary from possibly trauma-based experiences....

CONCLUSION

Given the dearth of knowledge on the subject, we think the current study makes a significant approach to our perspective of how trauma and spirituality interact. The purpose of this article is to show that, with the right kind of assistance, it is possible to live happier lives after adversity. For this reason, recovery-focused trauma-informed strategies like post-traumatic growth are strongly advised for those who have faced hardship. Positive coping changes that arise from processing a

traumatic experience are referred to as posttraumatic growth. Three distinct reactions to trauma-related stress are described. After a negative occurrence, for example, some people recover quickly, others have inadequate functioning as a whole and yet another approach leads to posttraumatic growth. A person's specific reaction depends in part on the context. Positive psychotherapy is an effective way to treat trauma because it focuses on a person's strengths and weaknesses while also using their authorization abilities to assist individuals proceed ahead. A total of five categories of post-traumatic growth are spiritual change, personal strength, relation to others, appreciation for life, and new possibilities. Other life-enhancing responses to adversity include meaning making, instilling hope, and self-compassion. Neuroplasticity allows positive changes in brain function after trauma occurs. With these suggestions, we hope to achieve a more precise understanding of the prevalence, resilience, and causative mechanisms of post-traumatic arowth.

REFERENCE

Abdu'l-Bahá on Suffering and Tests, Bahá'í
International Community, accessed Jul 14 2013.
American Psychiatric Association. Diagnostic
and statistical manual of mental disorders. 5th
ed. Arlington, VA: American Psychiatric
Association; 2013.

Amy, Terrence, Donna, Tony, and Chim (2007), The Journal of Positive Psychology Volume 2, 2007 - Issue 1 Volume2(Issue1) Pages, p.55To – 65

Bonnano GA. Loss, trauma and human resilience: Conceptual and empirical connections and separateness. American Psychologist. 2004;59(1):20–28. doi: 10.1037/0003-066X.59.1.20.

Bryan CJ, Graham E, Roberge E. Living a life worth living: spirituality and suicide risk in military personnel. Spiritual Clin Pract. 2015;2:74–8. doi: 10.1037/scp0000056 [DOI] [Google Scholar]

Cadell, S., Regehr, C. & Hemsworth, D. (2003).
Factors contributing to posttraumatic growth:
A proposed structural equation model. *Am. J. Orthopsychiatry* **73**(3), 281–289

Calhoun LG, Tedeschi RG. (1999) Facilitating posttraumatic growth: A clinician's guide. New Jersey: Lawrence Erlbaum Associates

- Calhoun, L. G., Cann, A., Tedeschi, R. G., and McMillian, J. (2000). A correlational test of the relationship between post-traumatic growth, religion, and cognitive processing. J. 10.1023/a:1007745627077 Trauma. Stress13, 521–527.
- Caplan G. (1964.) Principles of preventative psychiatry. New York: Basic Books
- Cordova MJ, Cunningham LL, Carlson CR, Andrykowski MA. (2001) Posttraumatic growth following breast cancer: A controlled comparison study. Health Psychology.;20(3):176–185.
- Czyzowska, N., Raszka, M., Kalus, A. &Czyzowska, D. 6 (2021) Posttraumatic growth and spirituality in mothers of children with pediatric cancer. *Int. J. Environ. Res. Public Health* **18**,.
- Feng, Y. et al. (2021) Exploring the relationship between spiritual well-being and death anxiety in patients with gynecological cancer: A crosssection study. *BMC Palliat. Care* **20**(1), 78
- Fekih-Romdhane, F., Riahi, N., Achouri, L., Jahrami, H. &Cheour, M. (2022). Social support is linked to post-traumatic growth among Tunisian postoperative breast cancer women. *Healthcare* 10, 9
- Fontana A, Rosenheck R. Psychological benefits and liabilities of traumatic exposure in the war zone. Journal of Trauma Stress. (1998);11(3):485–503. doi: 10.1023/A:1024452612412.
- Frazier P, Conlon A, Glaser T.(2001). Positive and negative life changes following sexual assault. Journal of Consulting Clinical Psychology.;69(6):1048–1055. doi: 10.1037//0022-006x.69.6.1048.
- Gesselman, A. N. *et al.* (2017). Spirituality, emotional distress, and post-traumatic growth in breast cancer survivors and their partners: An actorpartner interdependence modeling approach. *Psychooncology* 26(10), 1691–1699
- Hammen C (1991). Generation of stress in the course of unipolar depression. Journal of Abnormal Psychology, 100(4), 555–561
- Hammen C (2006). Stress generation in depression: Reflections on origins, research, and future directions. Journal of Clinical Psychology, 62(9), 1065–1082.
- Hiraki, K. (2006). What contributes to Posttraumatic Growth: Focus on theGrowth Process (in Japanese). Bulletin of Faculty of Contemporary

- SocialStudies Nagasaki Wesleyan University, 75-84.
- Horowitz MJ. American Psychiatric Association Task Force on Treatments of Psychiatric Disorders, editor. Treatments of psychiatric disorders: A task force report of the American Psychiatric Association. Washington, DC: American Psychiatric Association; 1989. Posttraumatic Stress Disorder; pp. 2065–2082.
- Joseph S, Linley PA (2005). "Positive Adjustment to Threatening Events: An Organismic Valuing Theory of Growth Through Adversity". Review of General Psychology. **9** (3): 262–280.
- Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB.(1995). Posttraumatic stress disorder in the National Comorbidity Survey. Archives of General Psychiatry.;52:1048–1060. [PubMed]
- Kessler RC. (2000) Posttraumatic stress disorder: The burden to the individual and to society. Journal of Clinical Psychiatry, 61 Supplement. ;5:4–12. [PubMed]
- Kessler RC, Sonnega A, Bromet E, Hughes M, Nelson CB, Breslau NN.(1999). Epidemiological risk factors for trauma and PTSD. In: Yehuda R, editor. Risk factors for PTSD. Washington, DC: American Psychiatric Press;. pp. 23–59.
- Linley PA, Joseph S (2004). "Positive change following trauma and adversity: a review". Journal of Traumatic Stress. 17 (1): 11–21.
- Luhmann M, Lucas RE, Eid M, & Diener E (2013). The prospective effect of life satisfaction on life events. Social Psychological and Personality Science, 4(1), 39–45. 10.1177/1948550612440105
- Luszczynska A, Mohamed NE, (2005). Schwarzer R. Self-efficacy and social support predict benefit finding 12 months after cancer surgery: The mediating role of coping strategies.

 Psychological Health Medicine.;10:365–375. Journal of Adolescent Research.
 2004;19(2):192–204.
- MacDonald DA, Friedman HL, Brewczynski J, et al. (2015). Spirituality as a scientific construct: testing its universality across cultures and languages. Plos one.;10(3):e0117701. doi: 10.1371/journal.pone.0117701 [DOI] [PMC free article] [PubMed] [Google Scholar]
- Nooripour, R. et al(2021). How resiliency and hope can predict stress of covid-19 by mediating role of spiritual well-being based on machine learning. *J. Relig. Health* 60(4), 2306–2321

- Nooripour, R. et al. (2022). Validation of the spiritual well-being scale (SWBS) and its role in predicting hope among Iranian elderly. *Ageing Int.* 48(2), 593–611
- Norris FH.(1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. Journal of Consulting Clinical Psychology.;60(3):409–418. doi: 10.1037//0022-006x.60.3.409
- Overcash WS, Calhoun LG, Cann A. (1996). Tedeschi RG. Coping with Crises: An Examination of the Impact of Traumatic Events on Religious Beliefs. J Gen Psychol..157:4, 455–464. doi: 10.1080/00221325.1996.9914878 [DOI] [PubMed] [Google Scholar
- Pakenham KI. (2005). Benefit finding in multiple sclerosis and associations with positive and negative outcomes. Health Psychology.;24(2):123–132. doi: 10.1037/0278-6133.24.2.123.
- Park CL. The roles of meaning and growth in the recovery from posttraumatic stress disorder. In: Maercker A, Schutzwohl M, Solomon Z, editors. Posttraumatic stress disorder: A lifespan developmental perspective. Seattle, WA: Hogrege and Huber; 1999. pp. 349–364.
- Park CL (March 2010). "Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events". Psychological Bulletin. 136 (2): 257–301.
- Pargament KI .(1998). Smith BW, Koenig HG, Perez L. Patterns of positive and negative religious coping with major life stressors. J Sci Study Relig.; 37, 710–724 doi: 10.2307/1388152 [DOI] [Google Scholar]
- Pargament K. I.(1999). The psychology of religion and spirituality? Yes and no. Int J Psychol Relig.; 9(1): 3–16. doi: 10.1207/s15327582ijpr0901_2 [DOI] [Google Scholar]
- Patterson DR, Everett JJ, Bombardier CH, Questad KA, Lee VK, Marvin JA. (1993) Psychological effects of severe burn injuries. Psychological Bulletin.;113(2):362–378. doi: 10.1037/0033-.113.2.362.
- Roberts BW, Kuncel NR, Shiner R, Caspi A, & Goldberg LR (2007). The power of personality: The comparative validity of personality traits, socioeconomic status, and cognitive ability for predicting important life outcomes.

- Perspectives on Psychological Science, 2(4), 313–345. 10.1111/j.1745-6916.2007.00047
- Scott JC.(1990). Domination and the arts of resistance: Hidden transcripts. New Haven: Yale University Press;
- Sheikh Al. Posttraumatic growth in the context of heart disease. Journal of Clinical Psychology in Medicine Settings. 2004
- Sinclair, S. et al. (2016). Factors associated with posttraumatic growth, quality of life, and spiritual well-being in outpatients undergoing bone marrow transplantation: A pilot study. *Oncol. Nurs. Forum* 43(6), 772–780
- Smith, F. 2008. "Buddhism [Review of the book, J. Marston and E.Guthrie, Eds. *History, Buddhism, and new religious movements inCambodia.]." Religious Studies Review* 34(2): 128.
 10.1111/j.1748–0922.2008.00283_2.x
- Substance Abuse and Mental Health Services Administration, (2012). Trauma and Justice Strategic Initiative. SAMHSA's working definition of trauma and guidance for traumainformed approach. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- S.Y. Lin, H.C. Lee, Y.C. Hsiao Integrating spiritual care concepts into obstetric nursing clinical practicum J Midwifery, 57 (2015), pp. 7-19
- Tedeschi RG, Park CL, Calhoun LG.(1998) editors.

 Posttraumatic growth: Positive changes in the aftermath of crisis. Mahwah, NJ: Erlbaum;.]
- Tedeschi RG, Calhoun LG. (1995). Trauma and transformation: Growing in the aftermath of suffering. Thousand Oaks, CA: Sage Publications;
- Tedeshi, R.G., & Calhoun, L.G. (2004). Posttraumatic Growth: Conceptual Foundation and Empirical Evidence. Philadelphia, PA: Lawrence Erlbaum Associates.
- Tedeschi R, Shakespeare-Finch J, Taku K, Calhoun L (2018). Posttraumatic growth: Theory, research and applications. Taylor & Francis.
- Tedeschi, R.G., & Calhoun, L.G. (1995). Trauma and Transformation: Growing in the Aftermath of Suffering. Thousand Oaks, CA: Sage.
- Turnbull GJ. (1998). A review of post-traumatic stress disorder; part I: Historical development and classification. Injury. ;29:87–91. [PubMed] Y.C. Hsiao, Y.C. Chiang, H.C. Lee, C.Y.(2013). Han Psychometric testing of the properties of the spiritual health scale short form J Clin

Nurs, 22 (21/22), pp. 2981-2990, 10.1111/jocn.12410