JQRHS

Open Access
Publish Free

Understanding and the Role of Religious Spiritual Interventions on Healing of Psychological Traumas: A Qualitative Overview

Zahra Asgari¹ iD **, Ali Aghajani²*** iD

¹Department of Counseling, Faculty of Education and Psychology, University of Isfahan, Isfahan, Iran
²Department of Jurisprudence and Fundamentals of Islamic Law, Najafabad Branch, Islamic Azad University, Najafabad, Iran

***Corresponding Author:** Ali Aghajani, Email: aliaghajani1345@gmail.com

Abstract
Background: Recent research has suggested that religious and spiritual interventions may aid in the healing process from trauma. However, the nuances of these interventions, including their potential negative impacts, require further exploration. The main purpose of this study was to synthesize the findings of existing literature regarding the roles of religion and spirituality in psychological traumas.
Methods: This qualitative review employed a narrative synthesis approach guided by the PRISMA framework. A comprehensive search of electronic databases (PubMed, PsycINFO, Google Scholar, and Scopus) was conducted, utilizing a combination of keywords related to trauma, religion, spirituality, and resilience factors. Articles published in English from January 2014 to September 2024 were examined, with the final selection process yielding a total of six relevant articles.
Results: The analysis identified four main themes. The positive effects highlighted included meaning-making, social support, coping mechanisms, post-traumatic growth, reduced PTSD symptoms, and adapting therapeutic interventions. Conversely, negative effects encompassed feelings of guilt and shame, delayed help-seeking, and cognitive dissonance. Additionally, the findings emphasized the necessity of indicating variability based on demographics and cross-cultural comparisons between Western, Eastern, and Indigenous healing practices.
Conclusion: The review underscores the dual nature of religious and spiritual interventions in trauma recovery, presenting both beneficial and detrimental outcomes. Mental health professionals must remain sensitive to the interplay of religious beliefs and individual experiences when designing therapeutic interventions. Future research should further explore the complexities of faith within diverse populations to enhance the efficacy of trauma recovery practices.
Keywords: Psychological trauma, Religious, Spiritual, Interventions, Healing

Introduction

Humans face painful experiences that may arise from various events, including natural disasters, accidents, interpersonal violence, and sudden losses that can lead to a significant psychological damage known as trauma (1). Psychological trauma can cause long-lasting consequences on mental health, interpersonal relationships, and overall quality of life (2,3). Therefore, identifying key interventions that can mitigate the effects of psychological trauma and expedite healing is essential (4).

Recent research has indicated that components such as religion and spirituality may be a potential resource in the healing process of psychological traumas (5-10). Religion usually refers to organized social-cultural systems of beliefs, practices, and moral guidelines connected to the sacred or divine, often involving practical commandments such as communal worship, rituals, and adherence to teachings (11). On the other hand, spirituality is more individualistic and relates to personal beliefs and experiences regarding existential questions and interconnectedness. It encompasses the awareness of a feeling, sense, or belief that there is something greater than oneself (12).

Findings from various studies suggest that religious and spiritual interventions can serve as powerful resilience mechanisms in the face of trauma and stressful psychological events (13). For instance, religious practices such as prayer and meditation can enhance emotional regulation and instill a sense of calm within individuals (2,13); concurrently, spiritual beliefs may provide frameworks for understanding suffering, fostering forgiveness, and nurturing hope for the future (14,15).

Individuals often use religious narratives to recount and reinterpret their traumas and suffering, reconstructing

their experiences within a larger and more meaningful context (16). Trauma victims may approach the wisdom of their experience by envisioning divine will or interpreting suffering as a path toward deeper spiritual insight (13). These narrative shifts can significantly transform their maladaptive responses to trauma into more adaptable and wise psychological responses, facilitating recovery and personal growth (17,18).

Through spirituality, individuals may turn to a higher power, allowing them to establish a secure source in search of life's meaning (19). This, however, requires a scientific understanding that enables individuals to identify sources of meaning and spirituality. For example, the Quran book states in the Islam (Surah Al-Tin, verse 4): "We created man in the best and most perfect structure." Further, in Surah Al-Insan (verse 2), it says: "We created man from a drop of fluid varying in composition and made him hearing and seeing," indicating that humans possess the capacity for comprehension and awareness. Despite numerous studies emphasizing the effectiveness of religious and spiritual strategies in alleviating psychological distress after traumatic experiences, some studies have concluded that these strategies can lead to heightened psychological distress for some survivors in specific contexts (5,20-22).

One of the most significant negative effects is that individuals may struggle with intense feelings of guilt, shame, or fear regarding their suffering, especially if they see themselves in conflict with their faith or believe they are being subjected to divine punishment (23). For instance, some religious narratives may stigmatize mental health issues, causing individuals to hide their emotions instead of seeking help, fueled by beliefs about punishment for sin, which can exacerbate feelings of self-blame, hatred, and trauma-related anxiety (24).

Consequently, mental health professionals should remain sensitive to the dynamics of religion and spirituality in all aspects of their clients' healing processes, ensuring that interventions do not inadvertently reinforce harmful beliefs (22,23). Therefore, this integrated review aimed to qualitatively synthesize and consolidate the findings from existing literature regarding the roles of religion and spirituality in psychological traumas. Our main research questions are: "How do religious and spiritual practices contribute to trauma healing?" and "What are the differences in effectiveness between Western, Eastern, and indigenous healing methods?"

Methods

To achieve the aim of this study, we employed a narrative synthesis approach, which allows for the integration and description of findings from multiple studies without relying on statistical aggregation. This method systematically examines the data, highlighting key themes that emerge across the literature (25).

Data collection

The present review was guided by the Preferred Reporting Items for Review and Meta-Analyses (PRISMA) (26). The narrative synthesis (25) was employed to synthesize the data qualitatively. To obtain relevant literature for this integrated review, we searched electronic databases, including PubMed, PsycINFO, Google Scholar, and Scopus. The search strategy combined keywords related to trauma, religion, spirituality, coping mechanisms, and recovery, formulated as follows: "(psychological trauma OR trauma recovery) AND (religion OR spirituality OR spiritual practices) AND (coping OR resilience)." The search was limited to articles published in English between January 2014 and September 2024, encompassing both qualitative and quantitative research studies, with the final update of reviews completed in October 2024.

Reviews were included if they (a) were reviews (i.e., provided details of a search such as a database list, keywords, inclusion, and exclusion criteria); (b) involved participants from diverse cultural backgrounds, including but not limited to Western, Eastern, and Indigenous populations; (c) discussed the role of religion and spirituality in trauma healing (d) were English.

Reviews were excluded if they did not provide details of a systematic search such as a database list, search keywords, inclusion, and exclusion criteria, dissertation or thesis, did not have exact topics and interventions, and did not meet enough scores in the quality assessment phase using the AMSTAR measurement tool (27). Each study was appraised based on criteria such as clarity of research objectives, appropriateness of the methodology, richness of the data, and the validity of the findings. All studies reviewed adhered to ethical standards for research involving human participants, and no primary data was collected for this review. We recognized the importance of presenting the findings within a respectful framework, acknowledging the diverse beliefs and values that shape individuals' experiences with trauma and recovery.

Data analysis

The inductive thematic analysis approach of Braun and Clarke (28) was used. The information collected was analyzed using the most recent version of MAXQDA qualitative software, which the first author employed to organize and develop the key themes (step 1). Subsequently, all authors reviewed the selected articles (step 2) and generated initial codes (step 3). Related codes were then consolidated into potential sub-themes (step 4). Sub-themes that had similar content were categorized into main themes (step 5). Ultimately, a thematic network was established with the consensus of all authors (step 6). Throughout this process, the authors continuously reviewed and refined the list of codes, sub-themes, and themes.

Results

In the initial phase of the review process, a total of 44 references were identified. After the removal of duplicate studies, 24 references remained for further consideration. Subsequent evaluation led to the exclusion of 14 papers that did not meet the established inclusion criteria. As a result, 10 articles were further assessed for eligibility. Ultimately, 6 articles were included in this overview (Figure 1).

Table 1 provides descriptive characteristics of the included reviews. The number of studies included in each review varied from 23 to 79 (5,31). These 6 reviews analyzed the results of a total of 290 unique studies. All reviews met relatively high-quality criteria according to the AMSTAR assessment tool.

Upon reviewing the literature, four primary themes emerged (Table 2).

Theme 1: Positive effects

The analysis reveals a spectrum of positive influences that religion and spirituality can exert on the trauma recovery process, including:

Sub-theme 1 - Meaning-making: Many trauma survivors find that their faith provides a framework for understanding and integrating their experiences (5). As one quote shared, *"My belief that God has a plan helped me see my trauma as part of a larger journey, not just senseless suffering."*

Sub-theme 2 - Social support: Religious communities often serve as crucial support networks. The meta-analysis shows a significant correlation between religious involvement and perceived social support (31).

Table 1. Characteristics of the included studies

| Reference	Year	Method/	Included articles	Results	AMSTAR
(7)	2021	Narrative review	60	Although solid evidence is now available for depression, suicidality, and substance use, other diagnoses, such as post-traumatic stress disorder, psychosis, and anxiety, have also shown promising results. The effects of S/R on mental health are likely bidirectional, and how religious beliefs are used to cope with distress (i.e. negative and positive), may affect mental health outcomes.	10/11
(29)	2020	Systematic review	51	The majority focused on military trauma or various types of traumatic exposure in the general population. Most of the studies employed a cross-sectional design.	11/11
(5)	2019	Systematic review	79	Five main categories: (a) general religiousness, (b) God representations, (c) religious appraisals, (d) R/S meaning making, and (e) religious coping.	11/11
(30)	2016	Systematic review	42	Religion could play an important role in many situations, as religious convictions and rules influence the believer's life and health care.	11/11
(31)	2015	Systematic review	23	Studies have shown that religious and spiritual interventions decreased stress, alcoholism, and depression.	11/11
(32)	2014	Literature review	35	There is a critical need to identify cost-effective community resources that optimize stress resilience. Faith-based communities may promote forgiveness rather than retaliation, opportunities for cathartic emotional release, and social support, all of which have been related to neurobiology, behavior, and health outcomes. While spirituality and religion can be related to guilt, neurotic, and psychotic disorders, they also can be powerful sources of hope, meaning, peace, comfort, and forgiveness for the self and others.	9/11
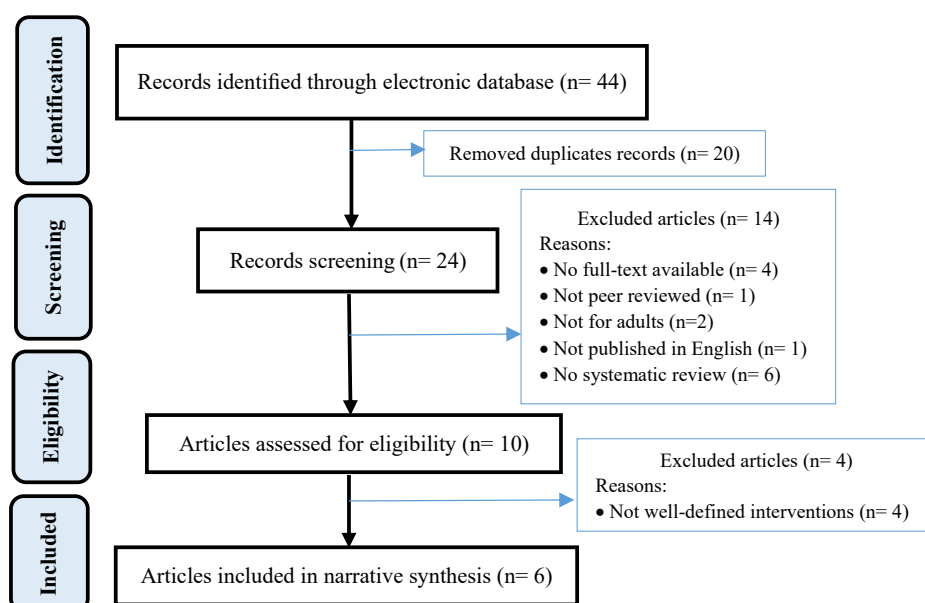
Figure 1. PRISMA flow diagram

Table 2. Main themes and sub-themes

Theme	Sub-theme
Positive effects	Meaning-making
	Social support
	Coping mechanisms
	Post-traumatic growth
	Reduced trauma symptoms
	Adapting therapeutic interventions
Negative effects	Guilt and shame
	Delayed help-seeking
	Cognitive dissonance
Variability based on demographics	Culture, socio-economic status, and personal beliefs
Cross-cultural comparisons	Western practices
	Eastern practices
	Indigenous healing methods

Sub-theme 3 - Coping mechanisms: Prayer, meditation, and ritual practices offer tangible ways to manage stress and anxiety. Studies indicate that these practices can lead to measurable reductions in cortisol levels and improved sleep quality (7).

Sub-theme 4 - Post-traumatic growth: Interestingly, some individuals report that their trauma, when processed through a spiritual lens, led to personal growth and deeper faith. This phenomenon of post-traumatic growth was observed in 68% of religious trauma survivors compared to 52% of non-religious survivors (29).

Sub-theme 5: Reduced trauma symptoms: Studies indicated that participation in religious or spiritual practices correlates with lower PTSD symptoms, depression, and anxiety levels (30).

Sub-theme 6: Adapting therapeutic interventions: Therapeutic approaches should include assessments that encompass clients' spiritual histories, aiding practitioners in understanding belief systems and values better. Integrating spiritual practices with therapeutic modalities can enhance recovery. For instance, cognitive-behavioral therapy could include spiritual reframing techniques to strengthen coping resources (31).

Theme 2: Negative effects
However, the picture is not uniformly positive. Our review also uncovered potential negative impacts:

Sub-theme 1: Guilt and Shame Some religious interpretations of trauma can exacerbate feelings of guilt or divine punishment. One study found that 30% of religious trauma survivors experienced increased shame compared to 15% of non-religious survivors (32).

Sub-theme 2: Delayed help-seeking: In some cases, reliance on religious coping alone may delay seeking professional psychological help. This was particularly evident in communities where mental health stigma

intersects with religious beliefs (30).

Sub-theme 3: Cognitive dissonance: For some, traumatic experiences can challenge core religious beliefs, leading to a crisis of faith or cognitive dissonance. Individuals may struggle to reconcile their suffering with their belief in a benevolent deity, leading to spiritual distress and further complicating their healing journey (29).

Theme 3: Variability based on demographics
The impacts of religion and spirituality on trauma recovery exhibit variability based on demographic factors, including culture, socio-economic status, and personal beliefs. Collectivist cultures may benefit more from community-oriented practices, whereas individuals in individualistic cultures may rely more on personal belief systems (7).

Theme 4: Cross-cultural comparisons
The review identified intriguing differences in various cultural healing practices:

Sub-theme 1 - Western Practices: Focus on cognitive restructuring through religious teachings, stress-reduction techniques like prayer and meditation, and community support from congregations especially in the Islam religion (7).

Sub-theme 2 - Eastern practices: Mindfulness interventions based on Buddhist traditions, utilization of yoga and breathwork for body-mind connection, and acceptance philosophies (32).

Sub-theme 3 - Indigenous healing methods: Holistic approaches encompassing mind, body, and spirit dimensions, ritual cleansing ceremonies, and connections with nature and ancestral wisdom (29).

Discussion
The qualitative overview provided in this review illuminates the intricate role that religious and spiritual interventions play in the healing of psychological traumas. The findings underscore the positive effects associated with these practices, particularly the themes of meaning-making (33), social support (34), and personal growth (35), which are strongly aligned with existing literature on resilience. Traumatic experiences can lead to existential questions and crises related to faith in the divine nature (19). Many trauma survivors articulate that their faith offers a critical framework for interpreting and integrating their experiences, suggesting that a sense of purpose can mitigate feelings of helplessness (14-15,19). This aligns with theoretical frameworks (36,37) in trauma recovery that emphasize the importance of meaning-making as a protective factor. Practitioners should harness the potential of faith-based frameworks to facilitate healing and incorporate meaning-making strategies into therapeutic interventions (38).

The significant role of community in providing

emotional support further exemplifies how participation in religious groups can foster resilience by creating networks of caring and empathy (17,18). Aligned with this finding, some studies (39,40) concluded that mental health professionals should encourage engagement with such communities when appropriate, as these networks may be crucial in alleviating the isolation often experienced by trauma survivors. For example, the communal aspects of religion can provide valuable social support for survivors of various psychological traumas. Most religious groups centered around religious practices help create networks of care aimed at support, assistance, and feelings of social belonging (17). Such memberships can encourage survivors to express their emotions openly within a community of shared experiences, reinforcing their sense of identity and belonging.

Rituals and practices embedded in the traditions of various religions, including Islam, can foster and strengthen social relationships, transforming individual hardships into collective experiences and enhancing communal healing (18). In contrast with this finding, Raines and colleagues (41) claimed that collective religious and spiritual interventions can have a negative effect on post-traumatic healing and even lead to suicide. Perceived burdensomeness, or the perception that one's condition is a burden on family members and significant others, partially accounts for the emerging links between spiritual struggles and risk for suicide.

Conversely, the review highlights the potential adverse impacts of religious and spiritual interventions. Aligned with this finding, research (42,43) claimed that feelings of guilt and shame, as evidenced by some survivors' experiences, suggest that religious narratives can be a double-edged sword. It means that clinicians should be aware of these dynamics, as they may unintentionally reinforce harmful beliefs in their work. Interventions should begin with a thorough understanding of the individual's spiritual beliefs, identifying elements that may obstruct progress in therapy. Clinicians should be equipped to address and mitigate the negative emotional consequences of spiritual struggles, promoting healing that avoids self-blame or fear of divine retribution (44). This necessitates an integration of existing literature on spiritual struggles within the framework of trauma recovery, reinforcing the need for practitioners to adopt a balanced approach that recognizes both the potential benefits and pitfalls of spiritual engagement.

The finding that therapeutic approaches must adapt to include assessments of clients' spiritual histories underscores the necessity for personalized treatment. Tailoring interventions to encompass spiritual beliefs and practices can enhance therapeutic outcomes, especially in populations where traditional mental health interventions may be met with skepticism or resistance. This adaptive approach not only respects clients' belief systems but also empowers them to utilize their spiritual resources as coping mechanisms. For example, integrating cognitive-behavioral therapy with spiritual reframing techniques could help survivors reconcile their traumatic experiences with their religious beliefs, thereby providing a more holistic pathway to recovery (29,45,46).

Moreover, the review's emphasis on cross-cultural comparisons reflects a crucial understanding that efficacy varies significantly across different demographic groups. Recognizing the distinct healing practices within Western, Eastern, and Indigenous contexts reinforces the importance of culturally competent care that acknowledges the significance of religious and spiritual dimensions in diverse populations. For instance, while Western interventions may focus on cognitive restructuring, Eastern approaches might emphasize mindfulness and acceptance (47). Thus, practitioners must be adept at navigating these cultural nuances, incorporating relevant spiritual practices into their therapeutic modalities to foster a sense of connection and authenticity.

Future Directions for Research and Practice
Future research should specifically explore the cultural, demographic, and individual factors that modulate the effectiveness of religious and spiritual interventions. For example, studies could investigate how different cultural contexts influence the perceived efficacy of faith-based coping strategies. Additionally, longitudinal studies are essential to capture changes in the effectiveness of these interventions over time, providing insights into how evolving beliefs intersect with recovery trajectories. Concrete scenarios, such as examining the impact of community-based religious programs on long-term trauma recovery, could offer valuable data for the development of tailored interventions that embrace the diversity of spiritual experiences among trauma survivors.

Conclusion
In conclusion, understanding the dual nature of religious and spiritual interventions in trauma recovery offers valuable insights for mental health professionals. By adopting a nuanced perspective that considers both the positive and negative implications of faith, practitioners can foster healing that honors individual experiences while promoting resilience and growth. Through collaborative and culturally sensitive approaches, the integration of religious and spiritual practices could significantly enhance the efficacy of psychological interventions for trauma survivors.

Authors' Contribution
Conceptualization: Zahra Asgari, Ali Aghajani.
Data curation: Zahra Asgari, Ali Aghajani.
Formal analysis: Zahra Asgari, Ali Aghajani.
Funding acquisition: Zahra Asgari.
Investigation: Zahra Asgari, Ali Aghajani.

References

1. Matheson K, Asokumar A, Anisman H. Resilience: safety in the aftermath of traumatic stressor experiences. Front Behav Neurosci. 2020;14:596919. doi: 10.3389/fnbeh.2020.596919.
2. Raghavan S, Sandanapitchai P. The relationship between cultural variables and resilience to psychological trauma: a systematic review of the literature. Traumatology. 2024;30(1):37-51.
3. Tahan M, Taheri H, Saleem T. Review of psychological trauma: theory, practice, policy and research. Riv Psichiatr. 2021;56(2):64-73. doi: 10.1708/3594.35764.
4. Kohrt BA, Ottman K, Panter-Brick C, Konner M, Patel V. Why we heal: the evolution of psychological healing and implications for global mental health. Clin Psychol Rev. 2020;82:101920. doi: 10.1016/j.cpr.2020.101920.
5. Aten JD, Smith WR, Davis EB, Van Tongeren DR, Hook JN, Davis DE, et al. The psychological study of religion and spirituality in a disaster context: a systematic review. Psychol Trauma. 2019;11(6):597-613. doi: 10.1037/tra0000431.
6. Kao LE, Peteet JR, Cook CC. Spirituality and mental health. J Study Spiritual. 2020;10(1):42-54. doi: 10.1080/20440243.2020.1726048.
7. Lucchetti G, Koenig HG, Lucchetti ALG. Spirituality, religiousness, and mental health: a review of the current scientific evidence. World J Clin Cases. 2021;9(26):7620-31. doi: 10.12998/wjcc.v9.i26.7620.
8. Milstein G. Disasters, psychological traumas, and religions: resiliencies examined. Psychol Trauma. 2019;11(6):559-62. doi: 10.1037/tra0000510.
9. Sinnott SM, Park CL, George JR, Gnall KE, David AB. Use of religious and spiritual responses after trauma to prevent posttraumatic stress symptoms and suicidality: the role of meaning in life. Clin Psychol Psychother. 2023. doi: 10.1002/cpp.2902 .
10. Satchell J, Dalrymple N, Leavey G, Serfaty M. "If we don't forgive, it's like holding on to them": a qualitative study of religious and spiritual coping on psychological recovery in older crime victims. Psychol Trauma. 2024;16(4):643-52. doi: 10.1037/tra0001420.
11. Jensen JS. What is Religion? London: Routledge; 2019.
12. Frunză M, Frunză S, Grad NO. The role of spirituality in therapeutic practices. J Study Relig Ideol. 2019;18(53):60-74.
13. Kira IA, Arıcı Özcan N, Shuwiekh H, Kucharska J, Al-Huwailah AH, Kanaan A. The compelling dynamics of "will to exist, live, and survive" on effecting posttraumatic growth upon exposure
14. to adversities: is it mediated, in part, by emotional regulation, resilience, and spirituality? Traumatology. 2020;26(4):405-19. doi: 10.1037/trm0000263.
14. Baysal M. Positive psychology and spirituality: a review study. Spiritual Psychology and Counseling. 2022;7(3):359-88. doi: 10.37898/spc.2022.7.3.179.
15. Allen S, Fry LW. A framework for leader, spiritual, and moral development. J Bus Ethics. 2023;184(3):649-63. doi: 10.1007/s10551-022-05116-y.
16. Sremac S. Trauma, substance dependence and religious coping: a narrative spiritual appraisal in faith-based recovery programs. J Empir Theol. 2018;31(1):112-35. doi: 10.1163/15709256-12341369.
17. Revens KE, Gutierrez D, Paul R, Reynolds AD, Price R, DeHaven MJ. Social support and religiosity as contributing factors to resilience and mental wellbeing in Latino immigrants: a community-based participatory research study. J Immigr Minor Health. 2021;23(5):904-16. doi: 10.1007/s10903-021-01179-7.
18. Bentley JA, Feeny NC, Dolezal ML, Klein A, Marks LH, Graham B, et al. Islamic trauma healing: integrating faith and empirically supported principles in a community-based program. Cogn Behav Pract. 2021;28(2):167-92. doi: 10.1016/j.cbpra.2020.10.005.
19. Park CL. Religiousness and meaning making following stressful life events. In: Vail KE, Routledge C, eds. The Science of Religion, Spirituality, and Existentialism. Academic Press; 2020. p. 273-85. doi: 10.1016/b978-0-12-817204-9.00020-2.
20. Lloyd CE, Hutchinson J. "It's easy to dismiss it as simply a spiritual problem." Experiences of mental distress within evangelical Christian communities: a qualitative survey. Transcult Psychiatry. 2022:13634615211065869. doi: 10.1177/13634615211065869.
21. Lloyd CE. Contending with spiritual reductionism: demons, shame, and dividualising experiences among evangelical Christians with mental distress. J Relig Health. 2021;60(4):2702-27. doi: 10.1007/s10943-021-01268-9.
22. Smith SJ, Read J. Work with people in mental distress who access spirituality/religion. Br J Soc Work. 2025;55(1):401-18. doi: 10.1093/bjsw/bcae147.
23. Downie A. Christian shame and religious trauma. Religions. 2022;13(10):925. doi: 10.3390/rel13100925.
24. Johnson-Kwochka AV, Stull LG, Salyers MP. The impact of diagnosis and religious orientation on mental illness stigma. Psycholog Relig Spiritual. 2022;14(4):462-72.
25. Ferrari R. Writing narrative style literature reviews. Med Writ. 2015;24(4):230-5. doi:10.1179/2047480615Z.000000000329.
26. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Rev Esp Nutr Hum Diet. 2014;18(3):172-81. doi: 10.14306/renhyd.18.3.114.
27. Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017;358:j4008. doi: 10.1136/bmj.j4008.
28. Braun V, Clarke V. Is thematic analysis used well in health psychology? A critical review of published research, with recommendations for quality practice and reporting. Health Psychol Rev. 2023;17(4):695-718. doi: 10.1080/17437199.2022.2161594.
29. Kucharska J. Religiosity and the psychological outcomes of trauma: a systematic review of quantitative studies. J Clin Psychol. 2020;76(1):40-58. doi: 10.1002/jclp.22867.
30. AbdAleati NS, Mohd Zaharim N, Mydin YO. Religiousness and mental health: systematic review study. J Relig Health.

2016;55(6):1929-37. doi: 10.1007/s10943-014-9896-1.

31. Gonçalves JP, Lucchetti G, Menezes PR, Vallada H. Religious and spiritual interventions in mental health care: a systematic review and meta-analysis of randomized controlled clinical trials. Psychol Med. 2015;45(14):2937-49. doi: 10.1017/s0033291715001166.

32. Brewer-Smyth K, Koenig HG. Could spirituality and religion promote stress resilience in survivors of childhood trauma? Issues Ment Health Nurs. 2014;35(4):251-6. doi: 10.3109/01612840.2013.873101.

33. Kau F, Lusher J, Pipkin A. Meaning making in the aftermath of trauma: A narrative review. World Journal of Advanced Research and Reviews. 2024; 21(1):1202-1208. doi:10.30574/wjarr.2024.21.1.0114.

34. Barak A, Safyon M, Ben-Ezra L. Ideological meaning-making in the aftermath of traumatic loss: radicalization as meaning. Death Stud. 2025;49(1):77-86. doi: 10.1080/07481187.2024.2339910.

35. Eames C, O'Connor D. The role of repetitive thinking and spirituality in the development of posttraumatic growth and symptoms of posttraumatic stress disorder. PLoS One. 2022;17(8):e0272036. doi: 10.1371/journal.pone.0272036.

36. Wood ZB, Wang DC, Lee C, Barnes H, Abouezzeddine T, Aten J. Social support, religious coping, and traumatic stress among Hurricane Katrina survivors of southern Mississippi: a sequential mediational model. Traumatology. 2021;27(4):336-45. doi: 10.1037/trm0000328.

37. Clark-Taylor A. Recovering Through Service: Meaning Making and Resiliency to Trauma. Journal of College and Character. 2022;23(2):144-59. doi: 10.1080/2194587X.2022.2053289.

38. Campbell M. Counseling and the Resolution of Religious and Spiritual Struggles: A Common Factors Approach. Taylor & Francis; 2024.

39. Diab JL, Al-Azzeh D. Inclusive inquiry: a compassionate journey in trauma-informed qualitative research with GBV survivors from displaced communities. Front Psychol. 2024;15:1399115. doi: 10.3389/fpsyg.2024.1399115.

40. Warwick-Booth L, Coan S. Trauma informed mental health support; qualitative evaluation findings from one voluntary and community sector programme for women experiencing DVA. Journal of Gender-Based Violence. 2024:1-17. doi: 10.1332/23986808y2024d000000023.

41. Raines AM, Macia KS, Currier J, Compton SE, Ennis CR, Constans JI, et al. Spiritual struggles and suicidal ideation in veterans seeking outpatient treatment: the mediating role of perceived burdensomeness. Psycholog Relig Spiritual. 2022;14(2):229-36. doi: 10.1037/rel0000311.

42. Vass A, Krane J. Religious, practical and future-oriented coping strategies to end intimate partner violence: an in-depth examination of ultraorthodox Israeli women's narratives. J Fam Viol. 2024:1-12. doi: 10.1007/s10896-024-00737-5.

43. Chaudhry T. Understanding Religious Help-Provision: Identifying Pathways, Messages, and Impact of Religious Help Providers on Survivors of Intimate Partner Violence [dissertation]. George Mason University; 2024.

44. Doll BR. Therapeutic Considerations in the Treatment Religious Trauma. California Southern University; 2022.

45. Fortuna LR, Martinez W, Porche MV. Integrating spirituality and religious beliefs in a mindfulness based cognitive behavioral therapy for PTSD with Latinx unaccompanied immigrant children. J Child Adolesc Trauma. 2023;16(3):481-94. doi: 10.1007/s40653-023-00541-1.

46. Çınaroğlu M. Islamic coping, post-traumatic stress disorder (PTSD) and Islam oriented trauma focused cognitive behavioral therapy (IO-TF-CBT) in post-Kahramanmaraş earthquake period. Eskiyeni. 2024(52):351-76. doi: 10.37697/eskiyeni.1410050.

47. Koenig HG. Person-centered mindfulness: a culturally and spiritually sensitive approach to clinical practice. J Relig Health. 2023;62(3):1884-96. doi: 10.1007/s10943-023-01768-w.