

# Predictive Relationships between Self-Recovery Power at Birth, Psychological Resilience and Religious Coping

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## Abstract

This study is a field study that aims to examine the relationship between recovery strength, psychological resilience and religious coping among women in labor. The study is based on data collected in November-January 2020-2021. The sample consists of 921 women residing in different cities of Türkiye as a result of the announcement made using social media. In the study, demographic information form and self-recovery power, psychological resilience and religious coping scales were used. AMOS Structural Equation modeling was used to analyze the data. According to the study, it was seen that religious coping positively affected the power of self-recovery in women. In addition, it was found that the power of self-recovery also positively affected psychological resilience.

## Key Words

Self-recovery power • Psychological resilience • Religious coping

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## Introduction

One of the things that adds meaning to a person's life is embracing a religion and beginning to live it according to their values. This decision effectively contributes to gaining a positive outlook, increasing optimism, and fostering hope (Frankl, 2017; Göcen, 2014). In studies conducted in other fields, it has been noted that due to the multidimensional nature of religion, it is difficult to examine its impact on mental health. Instead, the effect of one's morality while practicing religion, rather than the practice of religion itself, has been observed (Payne et al., 1991).

"Religions have been observed to have positive effects on mental health through their worldview or approaches to problems (Payne et al., 1991). The protective aspect of religion on psychological well-being has also been observed in studies. Among African American girls with low income, religious activities have been found to help tolerate conditions such as intense anxiety and depression (Grant et al., 2000). Additionally, religion can help in coping with the psychological crises brought on by severe illnesses during childhood, as well as in maintaining family and social support (Spilka et al., 1991).

When a person feels that Allah is by their side during difficult times, it provides them with strength, hope, and the ability to realize their potential. This, in turn, helps them find the resilience to cope with their problems and maintain psychological well-being (Türker, 2018). When a person seeks refuge in Allah, they can better make sense of events, understand their emotions and thoughts, and feel at peace when expressing them. Seeing God as the first source to turn to during times of distress helps them endure challenges more patiently and find the strength needed to fight, even contributing to their personal growth. It is evident that using religion as a coping mechanism strengthens inner peace and empowers the individual (Ayten et al., 2012). Many have expressed that when individuals seek a refuge that can provide strength during difficult times, they often find it in religion (Ayten, 2012). Religion plays a significant role in making sense of life by offering guidance, hope, and support in the face of life's events (Pargament & Brant, 1988). For each person, spiritual life is a story of understanding and accepting themselves, their place in society, and life itself (Çetinkaya et al., 2007).

In ancient times, psychological disorders were believed to be caused by the influence of malevolent spirits. Civilizations such as the Sumerians, Egyptians, and Akkadians integrated medicine with religious beliefs. While Christianity associates illness with sin, Islam examines the human being as a whole, considering both the spirit and the body in medical practice. However, after the 17th century, the focus shifted to studying humans solely through the lens of science, moving away from religion. Yet, after the 19th century, the field of psychology began to emerge as a crucial factor in explaining the relationship between religion, health, and psychology (Düzgüner, 2013). When individuals face processes such as death and birth, where they may struggle to find adequate explanations, religion can provide convincing answers, playing a significant role in their recovery process (Kula, 2005). Religion serves as a foundation for individuals to make sense of their problems during coping (Ekşi, 2001). The belief that Allah is with them and the confidence derived from that thought help individuals experience less stress and maintain anxiety at a normal level in the face of events (Kula, 2002).

Throughout their lives, individuals may go through difficult processes, and what is essential during these times is the desire to maintain important aspects at a high level. These aspects vary for each person; for some, they may be material, while for others, they could be spiritual, physical, or psychological. What matters is that when faced with a problem, there is a desire for these aspects to continue, which can only be achieved through

coping behaviors. Studies have observed the positive effects of religion among coping behaviors (Pargament & Brant, 1988).

In a stressful situation, a person can use different methods, which may be mental, emotional, or even spiritual in nature (Topuz, 2003). Human beings have needs in terms of physical health, social roles, and psychological well-being, along with the fears and anxieties they experience in relation to these needs. To make sense of these situations and alleviate their concerns, individuals may need to seek support from various sources, with religion often serving as a primary source (Turhan, 1959).

It has been observed that in order to be more resilient in the face of stress, a person's ability to assess the situation realistically and to recognize their own self-structure is effective. Recognizing and respecting one's self, accepting that there are actions that can be taken by acknowledging one's realistic capabilities, and utilizing existing resources or finding new ones are pathways to resilience against stress (Tuğrul, 2000). In the face of difficult life conditions, it is observed that individuals turn to Allah and seek help. Such a turn is expected when sudden difficulties bring feelings of helplessness and powerlessness (Aydm, 2011).

In their 2016 study on religious coping and life satisfaction, Ayten and Yıldız found a positive relationship between positive religious coping, religiosity, and life satisfaction, while no significant relationship was found with negative religious coping. It was observed that religious coping methods such as turning to God, reading the Qur'an, and praying increased life satisfaction. It was understood that behaviors like interpreting events positively, showing patience, and engaging in worship were effective in reducing stress levels in individuals experiencing stress. Another study found that positive beliefs had beneficial effects on mental health. Individuals with a positive perception of God were found to use positive religious coping styles, experience fewer depressive states, have fewer thoughts of death, and exhibit a greater desire to live. Believing in a loving and protective God helps individuals stay attached to life and maintain psychological health during difficulties (Aydm, 2011). On the other hand, it was observed that individuals with a perception of God as punitive and unloving experienced a deterioration in their health (Pargament et al., 2001).

Coping refers to a state in which an individual can enter a process of recovery without experiencing severe psychological distress or, if they are experiencing psychological difficulties, without showing intense symptoms (Perişan, 2018). Throughout their lives, people use religion and their values to cope with the problems they face. It is a path they turn to for resolving these difficulties (Hood et al., 1996). One of the coping strategies people use when faced with challenges is 'religious coping,' a concept proposed by American Clinical Psychologist Kenneth I. Pargament (Pargament et al., 1988).

Before defining religious coping, coping itself can be described as the cognitive and behavioral efforts an individual makes to physically and mentally deal with the difficulties they face (Lazarus & Folkman, 1984). Religious coping is defined as the use of religion-based cognitive and behavioral methods. Studies on stress reduction using religious coping methods have shown more concrete results compared to general measures like religiosity (Pargament et al., 1998). Research has found that religious coping is positively related to variables such as physical health, mental health, and spiritual maturity (Pargament & Park, 1997). It has been found that individuals who interpret the stressful situations in their lives as evil or negative experience more stress compared to those who evaluate these situations as good or positive (Ayten, 2012).

We come to understand the role of religion in coping when we recognize human limitations. Even when a person utilizes their talents and resources to their fullest, they may find they cannot surpass certain boundaries. At this point, religion can offer supplementary spiritual support, providing meaning and a sense of control in situations that are unexplained or beyond human control. Religion plays a role in coping, especially when individuals struggle to confront challenges on their own (Pargament & Brant, 1988). Research has defined the influence of religious coping in three ways: a) providing a new cognitive framework to interpret events through faith, b) offering social support through religious community, and c) fostering a sense of control during stressful situations (Tix & Frazier, 1988).

Haque (2012) stated that in the face of major problems, religious coping strategies are more beneficial than non-religious ones. Prayer is one of the religious coping methods, and it has effects on feelings of loneliness, mental health, and even physical health (Albayrak, 2013; Gashi, 2016). It is not only expected to provide explanations in traumatic situations. Religion stands out as one of the coping methods people use in life (Ayten, 2012). Approaches in different religions also vary in terms of how individuals cope with negative psychological experiences such as depression, anxiety, and stress through religion (Alferi et al., 1999; Chang, Noonan, & Tennstedt, 1998).

When examining the literature on religious coping methods, we observe negative religious coping strategies such as procrastination, denial, and avoidance; however, these do not align well with life adaptation. In contrast, when discussing religious coping, positive religious coping strategies are being referenced (Eryücel, 2013). Negative religious coping has been found to be more related to ineffective coping methods, often seen as involving alcohol or drug use. Positive religious coping, on the other hand, is associated with interpreting events positively, providing emotional support, understanding and accepting emotions (Ekşi, 2001). Another study has shown that positive religious coping has a positive effect on health, while negative religious coping strategies can negatively affect health (Pargament, Koenig, & Perez, 2000; Ross, Handal, Clark, & Wal, 2009; Pargament, Tarakeshwar, Ellison, & Wulff, 2001). Research has demonstrated that religious coping methods yield more successful results compared to non-religious methods, with noticeable effects on well-being and health (Pargament & Brant, 1988). Furthermore, religious coping has been found to be associated not only with physical health but also with psychological well-being and a sense of usefulness (Hunsberger et al., 2001). Effective results have been observed between positive religious coping and managing stress (Topuz, 2003).

Two important practices of positive religious coping, as identified in research findings, are reading the Quran and praying (Kesikbaş, 2022). The concept of patience, as a religious coping method, is seen as the first step in crisis management when it is perceived as accepting the situation (Özdoğan, 2009).

An individual's resilience is an important variable in the process of overcoming psychological challenges and adapting to them (Oshio et al., 2003). Resilience is defined as the ability to survive (Rak & Patterson, 1996); the ability to develop skills to cope with difficulties and risky situations (Mangham, McGrath, Reid & Stewart, cited in Işık, Özünlü, & Atalay, 2019); and the effort to recover despite facing greater risks (Masten, 2001).

Studies on resilience have shown a positive relationship between individuals' well-being and physical health and their resilience (Doherty & Clayton, 2011; Losoi et al., 2013; Park & Slattery, 2014; Zakour, 2012); and a negative relationship between resilience and anxiety and depressive states (Oliveira, Matos, Pinheiro, & Oliveira, 2015; Nishi, Uehara, Kondo, & Matsuoka, 2010; Skrove, Romundstad, & Indredavik, 2013).

Allen and Hurtes (1999) described resilience as the effective methods individuals use to cope with the problems they face (cited in Kaya & Demir, 2017). Walsh (2006) refers to resilience as an active process that enables individuals to stand strong in the face of adversity and show growth during crises (cited in Işık, 2016). It is believed that an individual's ability to cope with stressful situations will enhance their level of happiness and psychological health (Kaya & Demir, 2017).

Psychological resilience has been defined as an individual's capacity to recover and return to well-being after facing difficulties (Garmezy, 1993). Religion serves as a resource that supports psychological resilience by helping individuals cope with risky psychological situations in their social environments (Masten, 2001). Studies indicate a relationship between spirituality and psychological resilience, showing that individuals draw strength from spirituality in challenging times (Greene & Conrad, 2002). In a study conducted with Muslim soldiers, it was observed that the coping behaviors they employed were based on religion/spirituality, providing them strength in difficult circumstances (Wahiba & Shareda, 2015). Additionally, it has been observed that negative religious coping methods decrease the level of psychological resilience in individuals (Uysal et al., 2017). According to the results of 130 studies on this subject, religious coping methods have been found to have a positive effect in alleviating negative psychological conditions such as anxiety, stress, and depression (Argyle, 1999).

It has been found that individuals with high levels of coping and protective behaviors in the face of challenging situations demonstrate psychological resilience (Rutten et al., 2013). Accordingly, pregnant women with high psychological resilience are more likely to cope more easily with difficult situations they encounter (Mautner E, et al., 2013; Cited in: Üzar-Özçetin & Erkan, 2019).

Pregnancy and childbirth, as natural processes for a woman's body and societal norms, offer women an extraordinary experience (Şahin & Erbil, 2019). However, pregnancy is also a risky condition that lies within the boundaries of life and death for both the mother and the baby. Despite this, pregnancy has a spiritual and miraculous aspect for women, akin to the experience of childbirth for the newborn (Trudelle, 2001). Furthermore, a woman who enters a transformative process with pregnancy anticipates the mental adaptation to caregiving, driven by the responsibility that comes with her societal role as a mother (Stern et al., 2013). While the meanings society attaches to motherhood may lead to experiences like depression, it has been observed that Islam's approach to the concept of motherhood provides supportive and positive perceptions (Kesikbaş, 2022).

"We have enjoined upon man [care] for his parents. His mother carried him, [increasing her] in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the [final] destination." (Quran, Luqman 31:14).

Religion serves as a refuge for both ensuring the health of babies and helping mothers cope with stress (Merey, 2019); religious coping involves utilizing sources related to religion as a means of support (Ekşi, 2001). It is thought that women who are able to compare and discuss their childbirth experiences with their religious beliefs may have a more positive birth experience (Schneider, 2012).

Studies examining stress levels during pregnancy have found that women who adopt a spiritual lifestyle experience lower level of pregnancy-related stress. It has been reported that 86% of pregnant women utilize religious coping methods (Yali & Lobel, 1999; Pakzad, Dolatian, Jahangiri, Nasiri, & Dargah, 2018). Another

study examining women's spiritual domain during childbirth, the moment of birth, and postpartum found that religious life positively impacts individuals' sense of reliability, determination, and psychological resilience (Mutmainnah & Afianti, 2019). Consequently, if a woman undergoing pregnancy does not receive support in the spiritual aspect along with physiological, psychological, and biological approaches, this would represent a deficiency in a holistic approach (Gügen, 2019).

During childbirth, women demonstrate performance that exceeds typical coping processes. Studies have identified religious coping as the most beneficial method for managing control during this time (Hood et al., 2009). When individuals face the limits of their control during challenging times, they are expected to turn to an omnipotent force, a source of boundless strength (Buldur & Göcen, 2021).

In religious coping methods during childbirth, it has been observed that women recite prayers to divert attention during contractions (Yıldırım & Şahin, 2014), and use water that has been prayed over to ease childbirth (Coşkun, 2011). Respecting women's desire to draw on spirituality during childbirth and providing a calm and peaceful environment can help the birthing woman feel more at ease and empowered. Engaging in practices like reading or listening to holy scriptures, praying, or using spiritual chants are seen as helpful rituals. Ensuring that these practices align with cultural values is crucial in helping women manage intense contractions. When health professionals respect and support culturally relevant coping methods for contractions, women may feel more encouraged during the birthing process. With comfort in her spirituality and beliefs, a woman's active participation in childbirth can make the experience more meaningful, bringing peace to both mother and baby (Bing, 2002; Morton & Hsu, 2007; Duran & Atan, 2011; Malata & Chirwa, 2011; Unutkan, 2018; Köksal & Duran, 2013).

The relationship between a woman's resilience during childbirth, psychological resilience, and religious coping is illustrated in the Quran through the story of Mary (Maryam) during labor. In her intense pain, she expressed, "I wish I had died before this and had been forgotten, utterly forgotten!" (Quran, Maryam 19:24). This highlights the profound psychological and physiological state women undergo during childbirth. While in this state, Maryam was comforted by God through the provision of fresh dates from a dry tree and a flowing stream.

Spanish midwives, known as *Comadronas*, aim to create a sacred atmosphere during childbirth by using candles, incense, and other religious symbols for women experiencing contractions. They mention using special candles, which they light at each birth, sometimes surrounding revered images with candles while praying fervently to God for a safe delivery and protection from danger. According to *Comadronas*, childbirth is not merely a physical function but a spiritual process (V. Walsh, 2016).

It has been found that mothers who receive spiritual support during childbirth maintain a strong sense of faith in later life, which is highly associated with psychological resilience (Das et al., 2017). According to attachment theory, the child's primary caregiver—often the mother—is the closest person to whom they turn in dangerous situations. In this sense, Islam reflects a similar relationship in a person's closeness and attachment to Allah. Allah created the first human with His own hands, breathed into them from His spirit, and befriended humanity. He encompasses them with love and mercy; His mercy precedes His wrath, His patience precedes His punishment, and His forgiveness precedes His harshness. His mercy encompasses everything (Cevziyye, 1990). In this relationship, the only duty of humans is to attach to and seek refuge in Him (Gazali, 1973). Accordingly,

in Islamic tradition, the Qur'an, as the holy book, plays a role in reducing human anxieties and finding peace. Like the warmth, security, and comfort one finds in a mother's presence, reading, understanding, and loving the Qur'an enables direct connection with Allah, as if He is speaking to the person (al-Muhasibi, 2003).

The Qur'an states:

"To those who believe in Allah and hold fast to Him, He will admit them to His mercy and grace and guide them to Himself on a straight path." (Qur'an, An-Nisa 4:175)

"And whoever holds firmly to Allah has certainly been guided to a straight path." (Qur'an, Al-Imran 3:101)

"Unquestionably, for the allies of Allah there will be no fear concerning them, nor will they grieve. Those who believed and were conscious of Allah, for them are good tidings in this worldly life and in the Hereafter. There is no change in the words of Allah. That is the great attainment." (Qur'an, Yunus 10:62–64)

## Method

### Research Design

In this study, the quantitative research method was chosen to examine the predictive relationship between mothers' psychological resilience and recovery capacities during childbirth and their religious coping processes. The AMOS structural equation model was used for analysis. Structural equation modeling (SEM) is a multivariate statistical method that allows us to measure latent structures using observed variables. One notable aspect of this method is that it enables the inclusion of unobserved variables in the model, as well as the incorporation of measurement errors in all observed variables. SEM software, such as AMOS, EQS, LISREL, SEPATH, RAMONA, SAS, and CALIS, which have become increasingly popular for their efficiency and broad application, has enhanced the practical applicability of this complex method in research fields. In this study, commonly preferred SEM software, including AMOS, EQS, and LISREL, were compared within the framework of model assumptions (Yılmaz & Varol, 2015).

### Study Group of the Research

The sample of the study consists of women residing in various regions of Türkiye who have given birth within the past five years. The research was conducted with a total of 921 participants. The age range of the sample is between 20 and 48 years, with an average age of 30. Among the women in the sample, 45% have one child, while 1.6% have five or more children. Additionally, 55.4% of the participants gave birth through normal delivery, while 44.7% delivered via cesarean section.

### Measurement Tools

In this study, scales were used to measure the levels of religious coping, psychological resilience, and recovery ability among the participants. Additionally, the first part of the questionnaire included a personal information form with questions to collect demographic details (such as age, number of children, and type of birth).

### *The Religious Coping Scale*

Developed by Abu-Raiya, Pargament, Mahoney, and Stein (2008), was adapted into Turkish by Ekşi and Sayın (Cited in: Ekşi & Sayın, 2016). Psychometric analyses of the Turkish version showed that it retained a

structure similar to the original scale. Confirmatory variable analysis was conducted to validate the scale's desired structural results. The confirmatory factor analysis yielded acceptable fit index values for the 10-item, 2-factor model ( $\chi^2/df = 2.58$ ; RMSEA = .049; SRMR = .20; GFI = .94; CFI = .95; NFI = .98; NNFI = .93), as reported by [Hu and Bentler \(1999\)](#), [Kline \(2015\)](#), and [Schermelleh-Engel, Moosbrugger, and Müller \(2003\)](#). Cronbach's alpha internal consistency coefficients for the scale were calculated as 0.91 for positive religious coping and 0.86 for negative religious coping.

#### ***The Psychological Resilience Scale***

Developed by [Friborg et al. \(2003\)](#) for adults, includes dimensions of 'personal competence,' 'structured style,' 'social competence,' 'family cohesion,' and 'social resources.' A later study by [Friborg et al. \(2005\)](#) showed that the six-dimensional form better defined the model of psychological resilience. In this study, Friborg and colleagues' 'personal competence' dimension was divided into 'self-perception' and 'future perception,' resulting in a six-dimensional structure. The items are structured as follows: 'structured style' (items 3, 9, 15, 21) and 'future perception' (items 2, 8, 14, 20) with four items each; 'family cohesion' (items 5, 11, 17, 23, 26, 32), 'self-perception' (items 1, 7, 13, 19, 28, 31), and 'social competence' (items 4, 10, 16, 22, 25, 29) with six items each; and 'social resources' (items 6, 12, 18, 24, 27, 30, 33) with seven items. A format was used in the scale to avoid biased evaluations, with positive and negative features on different sides and responses organized in five separate columns. The scoring system allows flexibility in evaluating whether psychological resilience is high or low ([Basım & Çetin, 2011](#)).

#### ***The Recovery Ability Scale***

Originally created by [Wagnild and Young \(1993\)](#) and adapted to the Turkish cultural context by [Terzi \(2006\)](#), was administered to a sample of 155 university students (84 females and 71 males)(Cited in: [Terzi, 2006](#)). Principal Component Analysis was used to obtain data on construct validity. Factor analysis revealed a 24-item final version, where each factor explained shared variance between 0.469 and 0.740 with seven factors having eigenvalues greater than one. As a result, the Recovery Ability Scale was found to be a valid and reliable tool for determining university students' recovery ability levels ([Işık et al., 2019](#)).

### **Findings**

The final model ( $X^2 = 189.35$ ,  $df = 50$ ,  $p < .001$ ) includes one exogenous variable (religious coping) and two endogenous variables (recovery and resilience). Each path in the model was found to be statistically significant. Upon examining the goodness-of-fit values in Table 1, it was observed that the model's SRMR, NFI, CFI, GFI, AGFI, and TLI values indicated a good fit, while the other values showed an acceptable fit. All relationships in the model are statistically significant and exhibit high values.



Table 1

Goodness-of-Fit Statistics for the Structural Equation Model

Measure	Good Fit	Acceptable Fit	Model Fit Values
(X <sup>2</sup> /sd)	≤ 3	≤ 4-5	3.79
RMSEA	≤ 0.05	0.06-0.08	0.06
SRMR	≤ 0.05	0.06-0.08	0.05
NFI	≥ 0.95	0.94-0.90	0.96
CFI	≥ 0.97	≥ 0.95	0.97
GFI	≥ 0.90	0.89-0.85	0.97
AGFI	≥ 0.90	0.89-0.85	0.95
TLI	≥ 0.95	0.94-0.90	0.96

(p < .001).

Upon reviewing the goodness-of-fit values in Table 1, the results show X<sup>2</sup>/df = 3.79, RMSEA = 0.06, SRMR = 0.05, NFI = 0.96, CFI = 0.97, GFI = 0.97, AGFI = 0.95, and TLI = 0.96. Based on these values, the model is considered to have acceptable levels of goodness-of-fit (Bollen, 1989; Browne & Cudeck, 1993; Byrne, 2010; Hu & Bentler, 1999; Kline, 2011; Tanaka & Huba, 1985). The tested single-factor model is shown in Figure 1. All paths indicated in the model are statistically significant at the p < .001 level.

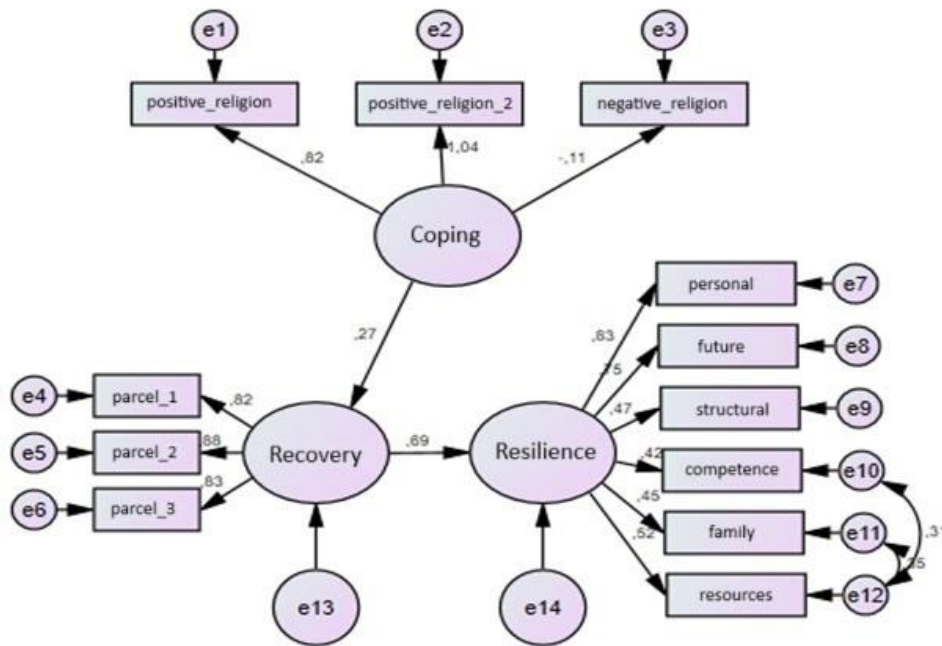


Figure 1. Path analysis for the model

Table 2

Model for Predictive Relationships Among Religious Coping, Recovery, and Resilience

Predictor Variable	Dependent Variable	Total Effect	Direct Effect	Indirect Effect	Standard Error	Critical Value
Religious Coping	Recovery	0.46	.27	.19	0.45	7.99*
Recovery	Resilience	0.69	.69	0	0.41	18.25*

\*a Total Effect = Direct Effect + Indirect Effect, p < 0.001

Upon examining the model in Figure 1, it is observed that individuals' level of religious coping is a significant factor affecting their recovery ability ( $t = 7.99$ ,  $p < .001$ ). The path coefficient for this factor was found to be  $\beta = 0.27$ . When the predictive relationships between religious coping and recovery are examined, a positive and significant relationship emerges. In other words, as individuals' level of religious coping increases, so does their recovery ability.

In the model, individuals' recovery ability is observed to be a variable that impacts their psychological resilience ( $t = 18.25$ ,  $p < 0.001$ ). The path coefficient for this variable is  $\beta = 0.69$ . Upon examining the predictive relationships between individuals' recovery ability and psychological resilience, a positive linear relationship is evident. Accordingly, it is understood that individuals' recovery ability positively affects their psychological resilience.

### Discussion and Conclusion

Childbirth is the process by which a living being transitions from the mother's womb to the world. Women demonstrate a high level of performance during childbirth. In past times in our country, women in villages often gave birth alone in fields or at home. With high birth rates and practical experience, these women sometimes served as midwives, assisting many others.

A woman giving birth needs to cope with the intense physical and psychological symptoms she experiences. During childbirth, she may wish for a hand on her shoulder, or the support of someone who understands her, reassuring her that everything is going well. It is known that such social support facilitates the childbirth process. Beyond this support, spiritual support also plays a crucial role for women. In recent times, the importance of religious coping methods in the face of inadequate conventional coping methods has been emphasized (Anderson et al., 2005). Women who use religious coping strategies during childbirth are often psychologically stronger and find it easier to recover from stressful situations they encounter.

Our study shows a strong relationship between the religious coping methods used by pregnant women during childbirth, their psychological resilience, and their ability to recover. The research variables demonstrate good compatibility with each other. This suggests that our study yielded positive results. According to the findings, women who use religious coping methods have higher levels of recovery. Additionally, as recovery ability increases, psychological resilience also rises. An important aspect of this study is that although coping has been a longstanding research topic, studies on religious coping methods have only emerged internationally over the past 20 years and in our country over the past 10 years. Despite its recent introduction, religious coping has become one of the leading methods of coping. For this reason, this research is especially significant for pregnant women (Eryücel, 2013).

Recently, studies on religion and psychology have garnered attention in our country as a new area of research. When examining the human being as a whole, ignoring religion and focusing solely on science creates an incomplete understanding. During the miraculous process of childbirth, we observed that the source of strength and support for a woman often lies in spiritual processes that alleviate her sense of helplessness. Embracing spirituality, allowing her to practice what is significant for her, such as reading prayers, is essential for pregnant women (Adams & Bianchi, 2008). A woman's spirituality or faith during childbirth provides an inner strength and sense of relief (Breen, Price, & Lake, 2006; qtd. in Adams & Bianchi, 2008). Additionally, a

woman in labor requires the hormone oxytocin, which is a natural preference for both the baby and the mother. Oxytocin is released in calm and private environments. Considering that spirituality may create such an atmosphere, it could influence oxytocin levels and make childbirth easier for the mother.

The spiritual aspect has undeniable effects on human beings. The recent focus on this area is noteworthy. According to the research results, it is hoped that by developing religious coping strategies, women can show greater patience, recover more easily from each difficulty they face during childbirth, and maintain their psychological resilience even in later stages, particularly during the postpartum period. In future studies, experimental research on religious coping methods may be conducted, with this study serving as a foundation.

## References

- Adams, E. D., & Bianchi, A. L. (2008). A practical approach to labor support. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 37(1), 106-115. doi:10.1111/j.1552-6909.2007.00213.x.
- Albayrak, A. (2013). *Gençlerde dua psikolojisi; üniversite gençlerinin dua tutum ve davranışlar.*[The Psychology of Prayer in Youth: Prayer Attitudes and Behaviors of University Youth.]Istanbul: Düşünce Kitapevi Publications.
- Alferi, S. M., Culver, J. L., Carver, C. S., Arena, P. L., & Antoni, M. H. (1999). Religiosity, religious coping, and distress: A prospective study of Catholic and Evangelical Hispanic women in treatment for early-stage breast cancer. *Journal of Health Psychology*, 343-356. doi:10.1177/135910539900400304
- Anderson, M. J., Marwit, S. J., Vandenberg, B., & Chibnall, J. T. (2005). Psychological and religious coping strategies of mothers bereaved by the sudden death of a child. *Death Studies*,29:9, 811-826. doi:10.1080/07481180500236602
- Argyle, M. (1999). *Psychology and religion: an introduction*. New york: Routledge.
- Aydın, Ö. (2011). *Yaşamı sürdürmede dini inancın rolü.*[The role of religious belief in sustaining life.] Ankara: Ankara University.
- Ayten, A. (2012). *Tanrıya sığınmak.*[Seeking refuge in god.] Istanbul: Iz Publishing.
- Ayten, A., & Yıldız, R. (2016). Dindarlık, hayat memnuniyeti ilişkisinde dinî başa çıkmanın rolü nedir? emekliler üzerine bir araştırma. [What is the role of religious coping in the relationship between religiosity and life satisfaction? a study on retirees.] *Journal of Academic Research in Religious Sciences*, 281-308.
- Ayten, A., Göcen, G., Sevinç, K., & Öztürk, E. E. (2012). Dini başa çıkma, şükür ve hayat memnuniyeti ilişkisi: hastalar, hasta yakınları ve hastane çalışanları üzerine bir araştırma. [The relationship between religious coping, gratitude, and life satisfaction: a study on patients, patients' relatives, and hospital employees.] *Journal of Academic Research in Religious Sciences*, 12(2), 45-79.
- Basım, H., & Çetin, F. (2011). Yetişkinler için psikolojik dayanıklılık ölçeği'nin güvenilirlik ve geçerlilik çalışması. [Reliability and validity study of the psychological resilience scale for adults.] *Turkish Journal of Psychiatry*, 104-114.
- Bing, E. (2002). Lamaze childbirth among the amish people. *The Journal of Perinatal Education*, 13-22. doi:10.1624/105812402X88678
- Bollen, K. A. (1989). A new incremental fit index for general structural equation models. *Sociological Methods & Research*, 303-316. doi:10.1177/0049124189017003004
- Browne, M. W., & Cudeck, R. (1993). Alternative ways of assessing model fit. *Sage Focus Editions*, 136-162.
- Buldur, A. H., & Göcen, G. (2021). Plansız gebelik sürecindeki kadınların dini, manevi ve psikolojik durumlarının incelenmesi. [Investigation of the Religious, Spiritual, and Psychological Conditions of Women in Unplanned Pregnancy Processes.] *Values Education Journal*, 337-374. doi:10.34234/ded.1009333
- Byrne, B. M. (2010). *Structural equation modeling with AMOS: Basic concepts, applications, and programming* . New York: Routledge.

- Cevziyye, İ. K. (1990). *Medaricu's sâlikîn: Kur'anî tasavvufun esasları*. İstanbul: İnsan Yayınları.
- Chang, B. H., Noonan, A. E., & Tennstedt, S. L. (1998). The role of religion/spirituality in coping with caregiving for disabled elders. *The Gerontologist*, 38(4), 463-470. doi:10.1093/geront/38.4.463
- Coşkun, N. Ç. (2011). Mersin'de doğumla ilgili âdetlerin halk hekimliği yönünden incelenmesi.[Examination of Birth-Related Customs from the Perspective of Folk Medicine in Mersin.] *Mersin University Faculty of Medicine Lokman Hekim Journal of Medical History and Folkloric Medicine*, 1(3), 1-12.
- Çetinkaya, B., Altundağ, S., & Azak, A. (2007). Spiritüel bakım ve hemşirelik. [Spiritual care and nursing.] *Journal of Adnan Menderes University Faculty of Medicine*, 47-50.
- Das, S., Das, B., Nath, K., Dutta, A., Bora, P., & Hazarika, M. (2017). Impact of stress, coping, social support, and resilience of families having children with autism: A North East India-based study. *Asian Journal of Psychiatry*, 133-139. doi:10.1016/j.ajp.2017.03.040
- Doherty, T. J., & Clayton, S. (2011). The psychological impacts of global climate change. *American Psychologist*, 265-276. doi:10.1037/a0023141
- Duran, E. T., & Atan, Ş. Ü. (2011). Kadınların sezaryen/vajinal doğuma ilişkin bakış açılarının kalitatif analizi. [Qualitative Analysis of Women's Perspectives on Cesarean/Vaginal Birth.] *General Medicine Journal*, 83-88.
- Düzgüner, S. (2013). Ruh-beden ve insan-aşkın varlık ilişkisine yönelik psikolojik yaklaşımın tarihi serüveni. [the historical journey of the psychological approach to the relationship between soul-body and human-love.] *Journal of Marmara University Faculty of Theology.*, 45(45), 253-284. doi:10.15371/MUIFD.2013455968
- Ekşi, H. (2001). *Başaçıkma, dini başaçıkma ve ruh sağlığı arasındaki ilişki üzerine bir araştırma: Eğitim, ilahiyat ve mühendislik fakültesi öğrencilerinin karşılaştırılması*. [A study on the relationship between coping, religious coping, and mental health: a comparison of students from the faculty of education, theology, and engineering] Bursa: Uludağ University.
- Ekşi, H., & Sayın, M. (2016). *The adaptation of religious coping scale into turkish language: a study of bilingual equivalence, validity and reliability*. [Paper presented at the AGP Humanities and Social Sciences Conference] Germany: BAU International Berlin University.
- el-Muhasibi, H. (2003). *El-akl ve fehmü'l Kur'an: Akıl ve Kur'an'ın anlaşılması*. (V. Akdoğan, Çev.) [Al-Aql wa Fahm al-Qur'an: Understanding Reason and the Qur'an. (V. Akdoğan, Trans.)] İstanbul: İşaret Publications.
- Eryücel, S. (2013). *Yaşam olayları ve dini başa çıkma*. [Life Events and Religious Coping.] Ankara: Ankara University.
- Frankl, V. E. (2017). *İnsanın anlam arayışı*. (S. Budak, Çev.) [The search for meaning in humanity. (S. Budak, Trans.)] İstanbul: Okyanus Publications..
- Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J. H., & Hjemdal, O. (2005). Resilience in relation to personality and intelligence. *Int J Methods Psychiatr Res*, 29-42. doi:10.1002/mpr.15

- Friborg, O., Hjemdal, O., Rosenvinge, J. H., & Martinussen, M. (2003). A new rating scale for adult resilience: what are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research*, 12(2), 65-76. doi:10.1002/mpr.143
- Garmezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry: Interpersonal and Biological Processes*, 56(1), 127-136. doi:10.1080/00332747.1993.11024627
- Gashi, F. (2016). Dua ve hayat memnuniyeti üzerine karşılaştırmalı bir araştırma. [A comparative study on prayer and life satisfaction.] *Journal of Uludağ University Faculty of Theology*, 1-29.
- Gazali, İ. (1973). *İhyau 'ulûmu'd-din*. (A. Serdaroğlu, Çev.) [Ihyau 'Ulumu'd-Din. (A. Serdaroğlu, Trans.)] Istanbul: Bedir Publications.
- Göcen, G. (2014). *Şükür, Pozitif Psikolojiden din psikolojisine köprü*. [Gratitude: A Bridge from Positive Psychology to the Psychology of Religion.] Istanbul: Dem Publications.
- Grant, K. E., O'koon, J. H., Davis, T. H., Roache, N. A., Poindexter, L. M., Armstrong, M. L., . . . McIntosh, J. M. (2000). Protective factors affecting low-income urban african american youth exposed to stress. *The Journal of Early Adolescence*, 409.
- Greene, R., & Conrad, A. (2002). Basic Assumptions and Terms. R. R. Greene içinde, *Resiliency: An intergrated approach to practice, policy, and research* (s. 29-62). Washington: National Association of Social Workers Press.
- Gügen, B. (2019). *Gebelik sürecindeki kadınlarda manevi iyi oluş ile hayat memnuniyeti*. [Spiritual Well-Being and Life Satisfaction in Women During Pregnancy.] Istanbul: Istanbul University.
- Haque, A. (2012). Psikoloji ve dinin etkileşimi: Trendler ve gelişmeler. (N. E. Korkmaz, Dü.) [The interaction of psychology and religion: trends and developments. (N. E. Korkmaz, Ed.)] *Journal of Ankara University Faculty of Theology* 53(1), 149-166. doi:10.1501/Ilhfak\_0000001100
- Hood, J. R., Hill, P. C., & Spilka, B. (2009). *The psychology of religion, fourth edition: An empirical approach* (4 b.). Guilford Press.
- Hood, J. R., Spilka, B., Hunsberger, B., & Gorsuch, R. (1996). *The Psychology of religion: An empirical approach (2nd Edition)*. New York: The Guilford Press.
- Hu, L.-t., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling*, 1-55.
- Hunsberger, B., Pratt, M., & Pancer, S. (2001). Religious versus nonreligious socialization: Does religious background have implications for adjustment? *International Journal for The Psychology of Religion*, 11, 105-128.
- Işık, Ş. (2016). Türkiye'de Kendini toparlama gücü konusunda yapılmış araştırmaların incelenmesi. [Examination of studies on resilience in Türkiye.] *Journal of Turkish Psychological Counseling and Guidance*, 65-76.

- Işık, Ş., Özünlü, M. B., & Atalay, N. Ü. (2019). Kendini Toparlama Gücü Ölçeği–Kısa Formu (KTGÖ-KF): geçerlik ve güvenirlik çalışması. [Resilience Scale - Short Form (RSSF): Validity and reliability study.] *Turkish Studies - Educational Sciences*, 103-119.
- Kaya, Ö. S., & Demir, E. (2017). Kendini Toparlama gücü ve stresle başa çıkma stratejilerinin mutluluk düzeyini yordama gücü. [The predictive power of resilience and coping strategies on happiness levels.] *Journal of Sakarya University Faculty of Education*, 18-33.
- Kesikbaş, R. (2022). *Doğum sonrası süreçte depresyon ve dini başa çıkma ilişkisinin incelenmesi*. [Investigation of the relationship between postpartum depression and religious coping.] Istanbul: Istanbul University.
- Kline, R. B. (2011). *Principles and practice of structural equation modeling*. New York: The Guilford Press.
- Köksal, Ö., & Duran, E. T. (2013). Doğum ağrısına kültürel yaklaşım. [Cultural Approach to labor pain.] *Journal of Dokuz Eylul University Nursing School (Electronic Journal)*, 144-148.
- Kula, N. (2002). Deprem ve dini başa çıkma. [Earthquake and Religious Coping.] *Journal of Gazi University Çorum Faculty of Theology*, 234-255.
- Kula, N. (2005). *Bedensel engellilik ve dini başa çıkma*. [Physical disability and religious coping.] Istanbul: Dem Publications..
- Kur'an-ı Kerim*. (tarih yok).
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. new york: Springer publishing company.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing.
- Losoi, H., Turunen, S., Wäljas, M., Helminen, M., Öhman, J., Julkunen, J., & Rosti-Otajärvi, E. (2013). Psychometric properties of the finnish version of resilience scale and its short version. *Psychology, Community, & Health*, 1-10. doi:10.23668/psycharchives.2244
- Malata, A., & Chirwa, E. (2011). Childbirth information feeds for first time malawian mothers who attended antenatal clinics. *Malawi Medical Journal*, 43-47.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238.
- Merey, Z. (2019). *Yenidoğan yoğun bakım ünitesinde bebeği yatan annelerin yaşadıkları problemler ile başa çıkmasında dinin rolü*. [The role of religion in coping with problems faced by mothers of infants in the neonatal intensive care unit.] Sakarya: Sakarya University.
- Morton, C. H., & Hsu, C. (2007). Contemporary dilemmas in american childbirth education: findings from a comparative ethnographic study. *Journal of Perinatal Education*, 25-37.
- Mutmainnah, M., & Afiyanti, Y. (2019). The experiences of spirituality during pregnancy and child birth in Indonesian muslim women. *Enfermería Clínica*, 495-499.
- Nishi, D., Uehara, R., Kondo, M., & Matsuoka, Y. (2010). Reliability and validity of the japanese version of the resilience scale and its short version. *BioMedCentre Research Notes*, 310-317.

- Oliveira, A., Matos, A. P., Pinheiro, M. d., & Oliveira, S. (2015). Confirmatory factor analysis of the resilience scale short form in a portuguese adolescent sample. *Procedia - Social and Behavioral Sciences*, 260-266.
- Oshio, A., Kaneko, H., Nagamine, S., & Nakaya, M. (2003). Construct validity of the Adolescent Resilience Scale. *Psychological Reports*, 1217-1222.
- Özdoğan, Ö. (2009). *Aşkın yanımız maneviyat.*[Love is Our Spirituality.] Ankara: Özdenöze.
- Pakzad, M., Dolatian, M., Jahangiri, Y., Nasiri, M., & Dargah, F. A. (2018). The correlation between Islamic lifestyle and pregnancy-specific stress: A cross-sectional, correlational study. *Open Access Macedonian Journal of Medical Sciences*, 1163-1167.
- Pargament, K. I., & Brant, C. R. (1988). Handbook of religion and mental health. H. G. (Ed.) içinde, *Religion and Coping* (s. 111-128). Academic Press.
- Pargament, K. I., & Park, C. L. (1997). In times of stress: The religion–coping connection. I. B. Spilka, D. N. McIntosh, I. B. Spilka, & D. N. McIntosh (Dü) içinde, *The psychology of religion: Theoretical approaches* (s. 43-53). Westview Press.
- Pargament, K. I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W. (1988). Religion and the problem-solving process: Three styles of coping. *Journal for the Scientific Study of Religion*, 27(1), 90-104. doi:10.2307/1387404
- Pargament, K. I., Koenig, H. G., & Perez, L. M. (2000). The many methods of religious coping: development and initial validation of the RCOPE. *Journal of Clinical Psychology*, 519-543. doi:10.1002/(sici)1097-4679(200004)56:4<519::aid-jclp6>3.0.co;2-1
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion*, 4(37), 710-724. doi:10.2307/1388152
- Pargament, K. I., Tarakeshwar, N., Ellison, C. G., & Wulff, K. M. (2001). Religious coping among the religious: the relationships between religious coping and well-being in a national sample of presbyterian clergy, elders, and members. *Journal for the Scientific Study of Religion*, 40(3), 497-513. doi:10.1111/0021-8294.00073
- Park, C. L., & Slattery, J. M. (2014). The resilience handbook: Approaches to stress and trauma . M. Kent, M. C. David, & J. W. Reich (Dü) içinde, *Resilience Interventions With A Focus On Meaning And Values* (s. 270-282).
- Payne, I. R., Bergin, A. E., Bielema, K. A., & Jenkins, P. H. (1991). Review of religion and mental health: prevention and the enhancement of psychosocial functioning. *Prevention in Human Services*, 9(2), 11-40. doi:10.1300/J293v09n02\_02
- Perişan, N. (2018). *Kaygı, psikolojik dayanıklılık ve başa çıkma yolları arasındaki ilişki: üst bilişin aracı rolü.*[The relationship between anxiety, psychological resilience, and coping strategies: The mediating role of metacognition] Istanbul: Maltepe University.
- Rak, C. F., & Patterson, L. E. (1996). Promoting resilience in at-risk children. *Journal of Counseling & Development*, 368-373. doi:10.1002/j.1556-6676.1996.tb01881.x



- Ross, K., Handal, P. J., Clark, E. M., & Wal, J. S. (2009). The relationship between religion and religious coping: religious coping as a moderator between religion and adjustment. *Journal of Religion and Health*, 454-467. doi:10.1007/s10943-008-9199-5
- Rutten, B. P., Hammels, C., Geschwind, N., Menne-Lothmann, C., Pishva, E., Schruers, K., . . . Wichers, M. (2013). Resilience in mental health: linking psychological and neurobiological perspectives. *Acta Psychiatrica Scand*, 3-20. doi: 10.1111/acps.12095
- Schermelleh-Engel, K., & Moosbrugger, H. (2003). Evaluating the fit of structural equation models: Tests of significance and descriptive goodness-of-fit measures. *Methods of Psychological Research*, 8(2), 23-74.
- Schneider, D. A. (2012). The miracle bearers: narratives of birthing women and implications for spiritually informed social work practice. *Journal of Social Service Research*, 38(2), 212-230. doi:10.1080/01488376.2011.647983
- Skrove, M., Romundstad, P., & Indredavik, M. S. (2013). Resilience, lifestyle and symptoms of anxiety and depression in adolescence: The Young HUNT study. *Social and Psychiatry and Psychiatric Epidemiology*, 407-416. doi:10.1007/s00127-012-0561-2
- Spilka, B., Zwartjes, W. J., & Zwartjes, G. M. (1991). The role of religion in coping with childhood cancer. *Pastoral Psychology*, 295-304.
- Stern, D. N., Bruschiweiler-Stern, N., & Freeland, A. (2013). *Bir annenin doğuşu, (M. Aydoğdu, Çeviri)*. [The Birth of a Mother. (M. Aydoğdu, Trans.)], Istanbul: Istanbul Bilgi University Press.
- Şahin, M., & Erbil, N. (2019). Doğum ve medikalizasyon. [Birth and medicalization.] *Journal of Nursing Studies, Ordu University*, 120-130.
- Tanaka, J. S., & Huba, G. J. (1985). A fit index for covariance structure models under arbitrary GLS estimation. *British Journal of Mathematical and Statistical Psychology*, 197-201. doi:10.1111/j.2044-8317.1985.tb00834.x
- Terzi, Ş. (2006). Kendini toparlama gücü ölçeği'nin uyarlanması: Geçerlik ve güvenirlik çalışmaları. [Adaptation of the Resilience Scale: Validity and reliability studies.] *Journal of Turkish Psychological Counseling and Guidance.*, 3(26), 77-86.
- Tix, A. P., & Frazier, P. A. (1998). The use of religious coping during stressful life events: Main effects, moderation, and mediation. *Journal of Consulting and Clinical Psychology*, 66(2), 411-422. doi:10.1037/0022-006X.66.2.411
- Topuz, İ. (2003). *Dini Gelişim Seviyeleri İle Dini Başaıkma Tutumları Arasındaki İlişki Üzerine Bir Araştırma*. [A Study on the Relationship Between Levels of Religious Development and Religious Coping Attitudes.] Bursa: Uludağ University.
- Trudelle, T. (2001). Becoming a mother: Matrescence as spiritual formation. *The official journal of the Religious Education Association*, 96(1), 88-105. doi:10.1080/00344080117878
- Tuğrul, C. D. (2000). Stres ve depresyon. [Stress and depression.] *Psychiatry world*, 4(1), 12-17.

- Turhan, M. (1959). *Kültür değişimleri sosyal psikoloji bakımından bir tetkik*. [A study of cultural changes from the perspective of social psychology.] Istanbul: Publications of Istanbul University Faculty of Literature.
- Türker, N. Y. (2018). *Yetişkinlerde dindarlık ve psikolojik sağlamlık ilişkisi üzerine bir araştırma*. [A study on the relationship between religiosity and psychological resilience in adults.] Bursa: Uludağ University.
- Unutkan, A. (2018). *Doğum korkusu yaşayan gebelere verilen doğuma hazırlık eğitimi ve Kolcaba'nın Konfor Kuramına göre yapılandırılmış hemşirelik bakımının doğum korkusu, deneyimi, sonuçları ve konforuna etkisi*. [The impact of childbirth preparation education and nursing care structured according to Kolcaba's Comfort Theory on fear of childbirth, experience, outcomes, and comfort in pregnant women experiencing fear of childbirth], Antalya: Akdeniz University.
- Uysal, V., Göktepe, A. K., Karagöz, S., & İlerisoy, M. (2017). Dinî başa çıkma ile umut, hayat memnuniyeti ve psikolojik sağlamlık arasındaki etkileşim üzerine bir araştırma. [A Study on the interaction between religious coping, hope, life satisfaction, and psychological resilience] *Journal of Marmara University Faculty of Theology*, 139-160. doi:10.15370/maruifd.333535
- Üzar-Özçetin, Y. S., & Erkan, M. (2019). Yüksek riskli gebelerde psikolojik sağlamlık, algılanan stres ve psikososyal sağlık. [Psychological resilience, perceived stress, and psychosocial health in high-risk pregnancies], *Cukurova Medical Journal*, 1017-1026. doi:10.17826/cumj.502989
- V.Walsh, L. (2016). Guatemala'da geleneksel ebelik uygulamalarındaki inançlar ve ritüeller. [Beliefs and rituals in traditional midwifery practices in guatemala], *FACNM*.
- Wahiba, A.-R., & Shareda, H. (2015). Understanding resiliency through vulnerability: Cultural meaning and religious practice among Muslim military personnel. *Psychology of Religion and Spirituality*, 7(3), 179-191.
- Yali, A. M., & Lobel, M. (1999). Coping and distress in pregnancy: an investigation of medically high risk women. *Journal of Psychosomatic Obstetrics and Gynecology*, 39-52.
- Yıldırım, G., & Şahin, S. A. (2014). Halk ebelerinin doğum hazırlığı ve eylemi sırasındaki uygulamalarının modern tıp ve tarihi tıp kaynaklarındaki uygulamalarla karşılaştırılması. [A comparison of traditional midwives' practices during labor preparation and delivery with those in modern medicine and historical medical sources.] *Journal of Sivas Cumhuriyet University National Folklore*.
- Yılmaz, V., & Varol, S. (2015). Hazır yazılımlar ile yapısal eşitlik modellemesi: Amos, Eqs, Lisrel. [Structural equation modeling with ready-made software: Amos, EQS, LISREL.] *Journal of Dumlupınar University Social Sciences*, 28-44.
- Zakour, M. J. (2012). Coping with loss and overcoming trauma. *Behavioral Health Response to Disasters*, 91-113.