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## Religious Coping And Posttraumatic Growth In Women Experiencing Perinatal Loss: A Literature Review

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# Religious Coping And Posttraumatic Growth In Women Experiencing Perinatal Loss: A Literature Review



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**Abstract:** Perinatal loss, defined as the death of a fetus or infant either during pregnancy or shortly after birth, is an event experienced by women globally. Women who experience perinatal loss often undergo significant psychological challenges, including grief, depression, and anxiety. However, amidst this adversity, some women exhibit Posttraumatic Growth, wherein they experience positive psychological changes as a result of their struggle with trauma. Several factors influence posttraumatic growth, including religious coping which refers to the use of religious or spiritual beliefs and practices to manage stress and adversity. In Indonesia, where religion holds significant importance, coping mechanisms based on religion show potential in promoting posttraumatic growth. The research method in this study used the seven-step guideline for carrying a review by De Klerk & Pretorius (2019), that explores mechanisms through which religious coping influences posttraumatic growth in this population. In total, 159 articles were collected and 15 articles met the eligibility criteria and were chosen for thorough analysis. The results indicates that RC serves as an adaptive strategy by reframing it as a positive aspect and transforming its meaning, leading to positive psychological transformations conducive to posttraumatic growth.

**Key Words:** Perinatal loss; Religious coping; Posttraumatic growth

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## INTRODUCTION

According to the World Health Organization (WHO, 2020), perinatal loss is a significant event that impacts millions of people each year. Despite a progressive decrease, the global prevalence of perinatal loss was 2.4 million in 2019 (WHO, 2020). In Indonesia, the neonatal mortality rate is estimated at 9.3%, as per the Long Form Population Census results in 2020 (Badan Pusat Statistik, 2023). Perinatal loss encompasses fetal or neonatal death occurring between fertilization and 28 days after birth. It includes miscarriage (fetal death before 20 weeks' gestation), stillbirth (fetal death after 20 weeks' gestation), and neonatal death (death between birth and 28 days after birth) (Berry, 2022). In Indonesia, despite its common occurrence, the study of perinatal loss usually been conducted in the area of medicine (Jahja, 2011). Given the limited research on the psychological impacts, further exploration into psychological factors that influencing the impact of perinatal loss is warranted. Indonesian cultural, mainly religion (which will be discussed below) need to be incorporated in the study. Therefore, this study aims to explain psychological factors in the context of Indonesian cultures that impact the stress experienced by women who experience perinatal loss. This is the novelty of this study.

Perinatal loss impacts the physical and psychological health of mothers. The grieving process following perinatal loss tends to unfold more swiftly than for other losses (Adolfsson & Larsson, 2010). It correlates with heightened levels of depression and anxiety and may precipitate post-traumatic stress

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disorder and other serious mental health conditions (Delgado et al., 2023). Despite the pain associated with the death of a loved one, undergoing a period of mourning can lead to significant positive changes (Calhoun & Tedeschi, 1990). Traumatic events that result in positive changes are referred as Posttraumatic Growth (PTG). PTG is defined as positive psychological changes arising from very challenging life circumstances (Calhoun & Tedeschi, 1999). PTG can be experienced in several domains: appreciation of life, relating to others, new possibilities, personal strength, and spiritual change (Tedeschi & Calhoun, 2004). The appreciation of life domain involves an increased appreciation for life in general and a greater focus on the small things that were previously overlooked. The relating to others domain includes building closer and more intimate relationships with others. Personal strength is another domain that involves an increased ability to face problems and challenges due to the sense that a major crisis has been overcome. The new possibilities domain is about identifying and taking new opportunities and changes in life. Finally, the spiritual domain involves changes in an individual's relationship with God or a higher power, allowing them to better cope with difficulties and challenges.

In this study, PTG was chosen as one of the variables because studies found that with individuals benefits positive changes which proves that they have resilience and effective coping method in dealing with negative situation (Alvarez-Calle & Chaves, 2023). Various studies investigated PTG among women who have undergone perinatal loss. Büchi et al. (2007) conducted a study revealing PTG in parents who had lost a premature baby, with a higher rate of change observed in mothers (78%) compared to fathers (44%). Furthermore, moderate levels of PTG were found in women who had experienced stillbirths or miscarriages (Freedle & Kashubeck-West, 2021; Krosch & Shakespeare-Finch, 2017). A moderate level of PTG is defined as a score between 35 and 70 on the PTGI (Tedeschi & Calhoun, 1996). These findings suggest that positive personal changes can occur in one or several aspects of an individual's life following a traumatic experience.

Several studies have identified factors that facilitates the emergence of PTG in women who experience perinatal loss. A systematic review by Alvarez-Calle and Chaves (2023) found six factors, namely finding meaning of the loss, changes in core beliefs, adaptive coping strategies, deliberate rumination, maintaining bonds with the baby, and support from the social environment. Lafarge et al. (2017) found that women who predominantly grieved used adaptive coping strategies, such as positive reframing and religious coping, had higher levels of PTG. Positive reframing involves the process of reframing a difficult situation as an opportunity to grow, can help individuals discover meaning, gain control, and fostering connections with others. The process of positive reframing constitutes one of the function of religious coping (Xu, 2016). In this study the authors only investigated the use of RC in fostering PTG.

Individuals often turn to their religious beliefs during difficult times, according to Abu-Raiya and Sulleiman (2021). In the study of mental health, spirituality and religiosity are often used interchangeably, as spirituality has been assessed either through questions related to religion or through items evaluating mental health. Religious Coping (RC) is a stress coping strategy involving the application of religious beliefs, practices, experiences, emotions, or relationships (Pargament, 1997). Pargament et al. (2000) identified five primary goals individuals seek through religion: meaning, control, comfort, intimacy, and life transformation while facing stressful situations. The RC construct has two categories - Positive Religious Coping (PRC) and Negative Religious Coping (NRC), as differentiated by Pargament et al. (1998). PRC involves seeking a stronger connection with God, a sense of spiritual connection to others, and deriving security from a relationship with God. While NRC, involves turning away from religion and viewing God as a figure who will punish, anger, and abandon, reflecting an unfavorable view of the world.

Research on RC indicates a positive relationship between RC and PTG. Ano and Vasconcelles (2005) conducted a meta-analysis regarding RC methods and adjustment to traumatic events. Similarly, significant results were found between PRC and PTG at moderate levels for parents who lost their children due to traffic accidents (Abu-Raiya & Sulleiman, 2021). Studies indicate that grieving parents may turn to religious or spiritual convictions to seek solace, derive significance from their loss, and facilitate the process of healing, with variations in coping strategies influenced by factors such as gender, race/ethnicity, and religious affiliation (Hawthorne et al., 2017). It is important to understand that in the study of mental health, spirituality and religiosity are frequently used interchangeably. This is because spirituality is assessed either through questions related to religion or through items evaluating mental

health (Koenig, 2012). In Indonesia, PRC has also been proven to predict the presence of PTG in individuals who experienced trauma due to the tsunami, the Aceh War, or both (Mardiah & Syahriati, 2015). These results support the overall study that there is a positive relationship between RC and PTG, where PRC predicts the presence of PTG (Abu-Raiya et al., 2011; Gerber et al., 2011).

The studies on how RC impacts PTG in women following perinatal loss isn't entirely uncharted. Previous studies have delved into the influence of religiosity amid perinatal loss and PTG. Nonetheless, there remains a gap for additional investigation, particularly in comprehending the precise mechanisms through which RC shapes PTG and the potential influence of cultural elements and other factors. In Indonesia, research found that the collectivist culture entails individuals being expected to conform to the societal ideals and norms of the in-groups to which they belong (Pasteruk, 2020). Furthermore, religion also plays a significant role in the lives of the community. Indonesian Survey Institute (LSI) found that 78.4% of consider themselves religious (*Survei*, n.d.). With culture and religion being so integral to individuals' lives, this research is crucial as studies on religious coping and posttraumatic growth in Indonesia have not been conducted before. The main goals of this literature review are to explain the relationship between PTG and RC among women affected by perinatal loss.

## METHOD

The methodology utilized in this literature review used De Klerk & Pretorius (2019) seven step guideline for conducting reviews. The data collection process encompasses various stages, such as selecting and defining topic, identifying relevant sources, selecting and deselecting prominent literature, data extraction, analyzing and synthesizing extracted data, conclusion and recommendation.

### Procedure

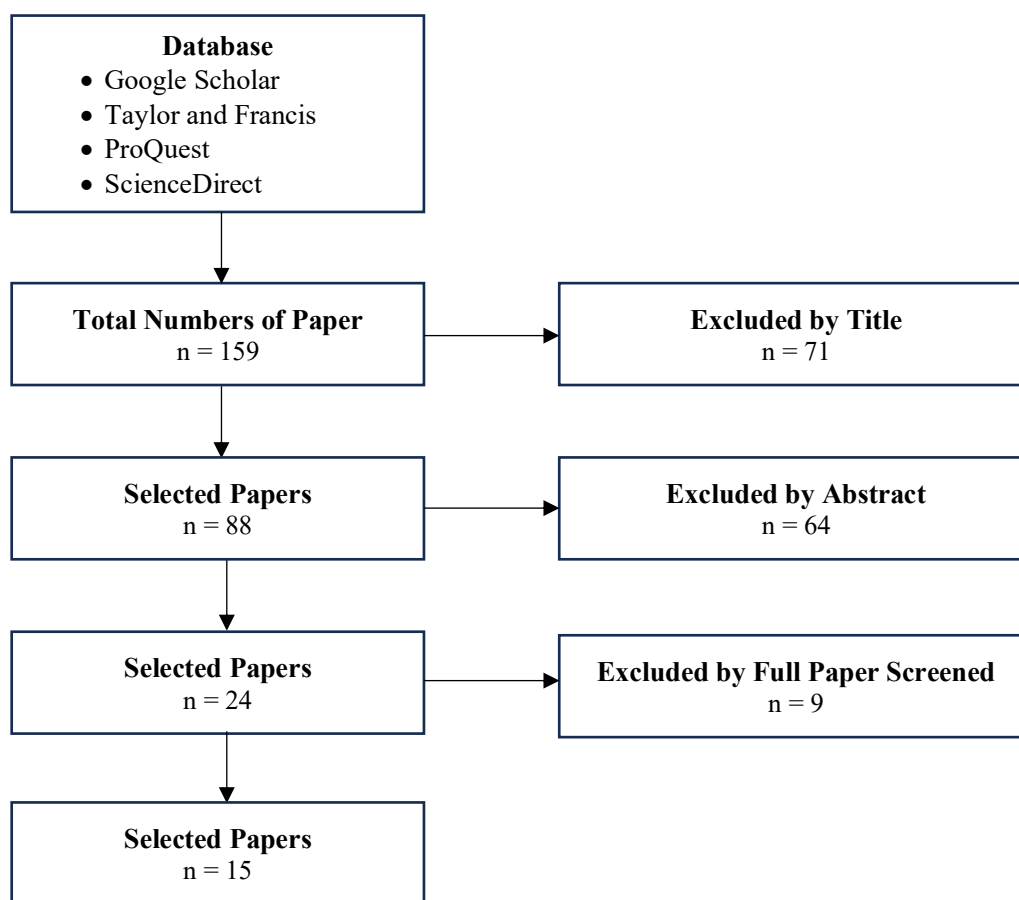
In the first stage, the search entailed a comprehensive analysis of peer-reviewed articles and academic publications was conducted. In the second stage the authors used various online portals, The authors also defined the scope of the study by specifying key terms and the range of publication years. In the third stage, the authors established inclusion and exclusion criteria. After completing these steps, the authors moved on to extracting data, analyzing and synthesizing the extracted information, and drawing conclusion.

### Materials

Google Scholar, Taylor and Francis, ProQuest, and ScienceDirect were chosen for their thorough inclusion of medical, psychological, and social science literature. The research scope covered the last five years, from 2019 to 2023, to focus on recent developments and keywords comprised "religious coping", "posttraumatic growth", and "perinatal loss". The inclusion criteria targeting studies on perinatal loss, which encompasses miscarriage (fetal death before 20 weeks' gestation), stillbirth (fetal death after 20 weeks' gestation), and neonatal death (death within 28 days after birth). Exclusion criteria comprised studies addressing grief from child loss outside the scope of perinatal loss

### Data Analysis

In data analyzing, this process yielded 159 relevant papers, which were then subjected to a rigorous screening process based on the inclusion and exclusion criteria to identify articles for further review. Only fifteen articles meeting the criteria of the keywords searched consisting of 10 studies regarding religious coping and 5 on posttraumatic growth. The studies on religious coping primarily utilized qualitative methodologies, particularly meta-synthesis and cross-sectional studies. In contrast, the studies on posttraumatic growth mainly employed quantitative methodologies, such as cross-sectional and systematic reviews. In the last stage, the selected studies underwent a thorough critical examination to extract essential findings and insights, serving as the foundation for the synthesis presented in this literature review.



**Figure 1.** Flowchart Illustrating The Process of Literature Data Collection

## RESULTS

The research findings on RC and PTG in women experiencing perinatal loss can be summarized into several key themes, First, posttraumatic growth following perinatal loss. Studies indicate that individuals experiencing perinatal loss often undergo moderate levels of post-traumatic growth (PTG), finding new meanings and life goals through their grief, which enhances personal resilience, interpersonal relationships, and overall gratitude for life, especially when supported by partners. Second, factors affecting posttraumatic growth in cases of perinatal loss. Several factors influencing post-traumatic growth (PTG) in individuals experiencing perinatal loss include relational security, partner support, changes in beliefs, deliberate rumination, adaptive coping strategies, maintaining bonds with the baby, and social support, with meaning-making and adaptive coping being frequently highlighted as essential for facilitating PTG. Third, variations in posttraumatic growth levels based on the type of perinatal loss. Study found women who experienced stillbirth had moderate PTG, higher PTSD symptoms, and more perinatal grief than those with early miscarriages, due to greater physical trauma, risks, and prenatal attachment from the longer gestation period.

Fourth, the role of religious coping in women who undergo perinatal loss. Studies show women navigate grief through spiritual beliefs, finding strength or disappointment, with grief decreasing after six months, highlighting religious coping's efficacy over time. Fifth, implementing religious coping strategies in psychotherapy for perinatal loss. Study found integration of Islamic spiritual practices into grief therapy for pregnancy loss resulted in reduced depression, anxiety, and stress among Muslim women, emphasizing the importance of culturally sensitive care and calling for further research validation. Sixth, research on religious coping in response to perinatal loss across different countries and

cultures. Religiosity and culture play significant roles in how women cope with pregnancy loss globally, with practices such as seeking meaning through religion, relying on cultural beliefs, and experiencing intense grief particularly prevalent in Low and Middle-Income Countries, underscoring the importance of understanding and addressing these factors in providing effective support for bereaved parents. Lastly, the relationship between religious coping and posttraumatic growth in women who experience perinatal loss. Religious coping (RC) following perinatal loss can predict posttraumatic growth (PTG), with factors like finding meaning, changing beliefs, and social support contributing to growth, suggesting RC as a valuable strategy, especially in culturally diverse contexts.

**Table 1.** Summary of articles included in the literature review

No	Author	Year	Research Design/Source	Aim	Result
1	Felicity Agwu Kalu	2019	Qualitative study/Google Scholar	Understand women's experiences in using religiosity and spirituality as a source of coping after miscarriages	Religiosity and spirituality are essential aspects and act as coping for women who experience miscarriage in Africa. Religiosity and spirituality help them find meaning in their loss and purpose in life, as well as cope in the face of their loss
2	Mette Vingborg Eklund, Christina Prinds, Sofie Mørk, Maiken Damm, Sören Möller & Dorte Hvidtjørn	2020	Cross-sectional quantitative study/Taylor and Francis	Determine the beliefs, practices, religious/spiritual changes, and needs of parents bereaved by pregnancy or neonatal loss and measure gender differences in religiosity/spirituality in these parents.	It was found that religious/spiritual beliefs and practices were essential for bereaved parents; in particular, mothers scored higher than fathers.
3	Sara Fernández-Basanta, Carmen Coronado, María-Jesús Movilla-Fernández	2020	Metasynthesis qualitative study/Google Scholar	Synthesize research findings regarding the coping experiences of parents who experience perinatal loss	It was found that parents use five coping strategies to manage the experience of perinatal loss, and these strategies depend on cultural, social, and individual factors. The five strategies are seeking meaning from loss, discussing experiences, seeing the future, avoiding, and connecting with the baby. Found also in some cultures, the use of religion in dealing with grief
4	<i>Xi Tian &amp; Denise Haunani Solomon</i>	2020	<i>Quantitative study/Taylor and Francis</i>	<i>To find out whether the meaningful reconstruction model of bereavement and the theory of conversationally induced reappraisal affect the relationship</i>	<i>PTG at moderate levels appears in women who experience grief. In addition, it was found that the importance of reconstructing the meaning of miscarriage experiences and supportive</i>

No	Author	Year	Research Design/Source	Aim	Result
				<i>between grief due to miscarriage and PTG</i>	<i>conversations from partners to alleviate the negative impact of grief in PTG.</i>
5	<i>Eniola Sarat Onalapo, Edward Appiah Boateng, Felix Apirperempuan and Veronica Millicent Dzomeku</i>	2020	<i>Qualitative study/Google Scholar</i>	<i>Understand the experiences, coping strategies, and support systems available for women who are grieving due to experiencing perinatal loss.</i>	<i>Four themes emerged: inadequate service, immediate reactions to loss, painful memories of loss, and coping strategies. Participants used several coping strategies, including self-motivation and religious beliefs.</i>
6	<i>Agata Freedle and Susan Kashubeck-West</i>	2020	<i>Quantitative study/ProQuest</i>	<i>To determine the relationship between changes in core beliefs, rumination, and PTG in women who experience miscarriage or stillbirth</i>	<i>It was found that changes in beliefs about the world and rumination predicted PTG. In addition, rumination mediated the relationship between changes in core beliefs and PTG.</i>
7	<i>Patricia Moyle Wright</i>	2020	<i>Metasynthesis qualitative study/Google Scholar</i>	<i>Understand how spirituality and grief due to perinatal loss intersect through meta-synthesis</i>	<i>It was found that after pregnancy loss, women would use their beliefs as a source of strength or move away from their beliefs out of anger or disappointment over their loss. Next, women will accept and look for meaning, thereby strengthening their beliefs.</i>
8	<i>Miray Özgür Köneş &amp; Hatice Yıldız</i>	2021	<i>Cross-sectional quantitative study/Taylor and Francis</i>	<i>To understand perinatal grief experienced by women who experience pregnancy loss after three months and its relationship with sociodemographic, obstetric, and female characteristics</i>	<i>There was a decrease in the level of active grief while a gradual increase in scores of coping difficulties and hopelessness in women who experienced pregnancy loss in the first three months of losing their baby. Religious coping was also found to be an effective coping method in dealing with grief</i>
9	<i>Jamie E. Crockett, Jennifer L. Rogers, and Erin E. Binkley</i>	2021	<i>Literature review/Google Scholar</i>	<i>Understand the need to deal with pregnancy loss from a cultural and value perspective, as well as aspects of religiosity and spirituality</i>	<i>Taking into account cultural implications, early pregnancy loss has an impact on mental health and other aspects. Despite the prevalence of miscarriage, many women feel deprived of recognition and support. It is necessary to pay attention to</i>

No	Author	Year	Research Design/Source	Aim	Result
10	Ryninks K, Wilkinson-Tough M, Stacey S, Horsch A	2022	Cross-sectional Quantitative study/Google Scholar	Examine PTG and the Model of Growth in Grief in women who experience stillbirth and early miscarriage	<i>cultural aspects as well as the religiosity and spirituality of individuals who experience pregnancy loss</i> Women who experienced stillbirth experienced higher levels of PTG, PTSD symptoms, and perinatal grief than women who experienced early miscarriage. Women who experience stillbirth also experience more significant challenges with assumptive beliefs and make more disclosures
11	Omotewa Kuforiji, Tracey A. Mills, Karina Lovell	2022	Metasynthesis qualitative study/ScienceDirect	Gain a deeper understanding of the experiences of women who receive care and support after experiencing perinatal loss in low and middle-income countries	Women who experience perinatal loss experience intense grief which is manifested in negative emotions, namely anger, emptiness, and feelings of guilt. They also had negative experiences with health workers because they placed themselves below the priority of women with living children. The family and environment have minimal understanding of women's needs, thus women experience difficulties because they feel unsupported and have to experience it alone. Usually, women will care for their other children and isolate themselves from others, avoiding, accepting, and using their beliefs to grieve
12	Simin Zhuang, Mengyun Chen, Ximei Ma, Jingjing Jiang, Guanghong Xiao, Yanan Zhao, Jiawen Hou, Yanhong Wang	2022	Metasynthesis qualitative study/ScienceDirect	Understand the needs of women who experience perinatal loss using qualitative systematic review and meta-synthesis	It was found that women who experience perinatal loss have needs related to information, emotional, social, clinical, spiritual, and religious. The need for information depends on individual preferences; some women need



No	Author	Year	Research Design/Source	Aim	Result
13	Agata Freedle and Emily Oliveira	2022	Quantitative study/ProQuest	To determine the relationship between attachment security, dyadic coping, and PTG in women who experience perinatal loss	<p>information immediately after receiving a diagnosis, and some women need time to receive the diagnosis and delay the information. Apart from that, emotional needs are the most complicated needs because, in women who experience perinatal loss, the baby dies before or shortly after giving birth, so it is often called invisible loss. Clinical needs are also found where health workers are usually not sympathetic and sensitive and lack good communication skills. Finally, the need for religiosity and spirituality was discovered in making sense of their loss.</p> <p>PTG was found at moderate levels in women who experienced perinatal loss. Attachment security is related to the relational functioning of partners. Dyadic coping mediates the relationship between attachment anxiety, attachment avoidance, and PTG.</p>
14	Alvarez-Calle, M., & Chaves, C	2023	Systematic review/ScienceDirect	Systematic review to look at evidence of posttraumatic growth in people who experienced perinatal loss	<p>Moderate levels of PTG were found in people who experienced perinatal loss, generally experiencing positive changes in the domains of personal strength, relationships with others, and appreciation of life, found six factors that facilitate PTG, namely finding meaning of the loss, changes in core beliefs, adaptive coping strategies, deliberate rumination, maintaining bonds with the baby, and support from the social environment</p>

No	Author	Year	Research Design/Source	Aim	Result
15	Venus Mahmoodi, Anahita Akhavan, and Zarnab Virk	2023	Qualitative study/ProQuest	Discover the effectiveness of psychotherapy integrated with Islam in reducing the distress of pregnancy loss, seeing the loss with confidence and continuing the bond with the baby that has been lost	Psychotherapy that integrates Islamic teachings with conceptualization and identity as a Muslim woman as well as the use of coping with Islamic teachings helps women face grief and create a new narrative about the pregnancy loss they experience.

## DISCUSSION

Prominent topics were identified that elucidate the relationship between RC and PTG within the context of perinatal loss.

### Posttraumatic growth in perinatal loss

Several studies have concluded that individuals who undergo perinatal loss often experience moderate levels of PTG (Alvarez-Calle & Chaves, 2023; Freedle & Oliveira, 2022; Tian & Solomon, 2020). The distressing grief responses that arise following a miscarriage can motivate grieving mothers to undergo a process of relearning their place in the world and within themselves. This journey involves seeking to establish a renewed sense of meaning, often resulting in the development of new life goals and directions, which are essential components of post-traumatic growth. In Tian & Solomon (2020) it was found that reconstructing the meaning of the miscarriage experience and receiving supportive conversations from partners can help alleviate the negative impact of grief on PTG. Besides mitigating adverse effects, the study revealed that a majority of individuals who undergo perinatal loss encounter positive transformations in their personal resilience, interpersonal connections, and overall gratitude for life (Alvarez-Calle & Chaves, 2023).

### Factors influencing posttraumatic growth in perinatal loss

Several factors can influence PTG in individuals who experience perinatal loss. In research conducted by Freedle & Oliveira (2022), it was found that relational security and the ability to use a partner to reduce difficulties after perinatal loss are essential factors that contribute to positive change. It was also found that changes in beliefs about the world and deliberate rumination predicted PTG. In addition, deliberate rumination mediates the relationship between changes in core beliefs and PTG (Freedle & Kashubeck-West, 2021). Systematic review conducted by Alvarez-Calle & Chaves (2023) found six factors that facilitate PTG, namely making meaning of the loss, changes in core beliefs, adaptive coping strategies, deliberate rumination, maintaining bonds with the baby, and support from the social environment. Giving meaning to the loss and adaptive coping strategies are the two factors that frequently highlighted in research findings. The process of giving meaning to the loss involves discovering benefits or defining one's identity has been shown to alleviate cognitive dissonance. In terms of coping strategies, numerous studies indicated that adaptive strategies such as acceptance, seeking emotional support, active coping, and planning were positively associated with PTG. Additionally, RC emerged as an additional strategy for some women and was identified as a predictor of PTG in several studies.

### Difference in posttraumatic growth level in type of perinatal loss

Ryninks et al. (2022) conducted research to examine Posttraumatic Growth and the Model of Growth in Grief in women who experienced stillbirth (fetal death after 20 weeks' gestation) and early miscarriage (fetal death before 20 weeks' gestation). The research found a moderate level of PTG (a

score between 35 and 70 on the PTGI) for both and women who experienced stillbirth experienced higher levels of PTG, PTSD symptoms, and perinatal grief than women who experienced early miscarriage. Women who experience stillbirth also experience more significant challenges in assuming beliefs and making more disclosures. This happens because women who experience stillbirth experience physical trauma and higher risks, as well as a longer gestation period so that a prenatal attachment to the fetus is formed.

### Religious coping process in women who experience perinatal loss

According to study on perinatal loss (Wright, 2020), women go through several stages when interpreting the experience of pregnancy loss. Women may use their beliefs as a source of strength or move away from them due to anger or disappointment over their loss. For women who use their belief as a source of strength, pre-existing spiritual beliefs served as a mediator for the anguish of pregnancy loss, influencing the perception and navigation of grief. Meanwhile it can also lead to experiencing disappointment from the Higher Power they leaned on for solace and security led certain grieving women to feel not just disconnected from God, but also resentful towards God. The act of questioning why the loss occurred occasionally resulted in the reinforcement of the belief that God was overseeing the situation and comprehended why the child was not meant to be born. This process leads women to accept and search for meaning regarding the grief they experience, which in turn strengthens their beliefs. However, this process takes quite some time. Another study by (Köneş & Yıldız, 2021) found that perinatal grief decreases after six months of experiencing loss. Difficulty coping and despair scores also decrease in the long term, from one month to six months to one year. It is also found that the difficulty in coping and feelings of despair, gradually intensifying from the initial days of perinatal loss to the three-month post-discharge period, appears significant, especially considering the women's reports of ample social and physician support, as well as the perceived effectiveness of religious coping mechanisms in handling the loss. In summary, the study demonstrated that religious coping was efficacious in addressing grief related to perinatal loss, albeit requiring some time.

### Application of religious coping in psychotherapy for perinatal loss

The authors can only find one study about a grief therapy for pregnancy loss that incorporates religion, which is Islamic spiritual practices (Mahmoodi et al., 2023). This approach involves using individual's identity as a Muslim woman, the application of coping strategies based on Islamic teachings and integration of Western psychotherapeutic methods and grief theories. The case study that center on the experiences of three Muslim women in The United States at various pregnancy stages found that utilizing Islamic spiritual interventions proved beneficial in mitigating grief symptoms among participants who underwent early (<13 weeks), mid-pregnancy (13–28 weeks), or late pregnancy losses ( $\geq 29$  weeks). These interventions encompassed the recitation of Quranic verses, dua'as (supplications), dhikr (remembrance of Allah), and finding solace through religious rituals such as salat (prayer) and ziyarah (visiting holy sites). The integration of these spiritual practices into treatment plans resulted in positive outcomes, evidenced by decreased levels of depression, anxiety, and stress. Cultural sensitivity emerged as a crucial component in providing effective care for Muslim patients navigating pregnancy loss. The authors concluded that integrating Islamic spirituality into the treatment regimen can enhance the wellbeing of bereaved parents, offering them a culturally attuned approach to manage their grief and derive comfort from their religious heritage. Nonetheless, they underscored the necessity for further research involving larger sample sizes and more diverse populations to validate these initial findings.

### Studies on religious coping towards perinatal loss in various countries and cultures

Research conducted by Fernández-Basanta et al. (2020) found that using RC to deal with pregnancy loss is closely related to the influence of cultural, social, and individual factors. Crockett et al. (2021) was also found that by considering cultural implications, early pregnancy loss has an impact on mental health and other aspects. In Africa, religiosity and spirituality are coping methods used by women to deal with miscarriage. Religiosity and spirituality help them to find meaning and purpose in

life after experiencing such loss (Eniola et al., 2020; Kalu, 2019). The study also found women who relied on cultural beliefs managed their grief by believing that losing a baby was a generational occurrence in their village (Eniola et al., 2020). In Sub-Saharan Africa and South Asia, categorized as Low and Middle-Income Countries, women who have experienced the loss of their newborns go through an intense grief that is expressed in negative emotions such as anger, emptiness, and guilt (Kuforiji et al., 2023). Healthcare professionals and communities in these settings failed to acknowledge the grief of parents, exacerbating negative experiences such as stigma, blame, diminished sense of worth, and social status. Additionally, due to the minimal understanding of women's needs among their family and environment, these women often feel unsupported and alone, which further adds to their difficulties. In general, women tend to take care of their other children and distance themselves from others while grieving, relying on their personal beliefs to cope with their loss (Kuforiji et al., 2023). Research conducted by Fernández-Basanta et al. (2020) found that in Brazil, when mothers didn't receive a clear explanation from healthcare providers regarding the cause of their loss, some attempted to find understanding and solace through religious beliefs. In Indian and Arabic cultures, some mothers sought refuge in or abandoned religion, depending on whether the answers provided by religious beliefs offered solace in their mourning journey. Despite being more common in Asian and African countries, RC can also occur in Western countries. In Denmark, secular culture makes discussing religious needs, especially in terms of fulfilling them as a patient, a taboo subject. However, studies have found that profound existential and religious contemplations become heightened when confronted with significant life events such as birth, severe illness, or death (Eklund et al., 2022). Religious/spiritual beliefs and practices were found to be important, where mothers scored higher in using religiosity/spirituality in dealing with grief than fathers in parents who experienced perinatal loss in Denmark (Eklund et al., 2022). Many women and parents experienced RC as an effective way to making sense of the grief caused by perinatal loss (Zhuang et al., 2023).

### Religious coping and posttraumatic growth in Women Experienceing Perinatal Loss

Based on the research findings, the authors suggest that RC can predict the presence of PTG in women who experience perinatal loss. Perinatal loss is an event that causes deep sorrow for the individual who experiences it. The research shows that individuals will face this grief by looking for meaning and purpose from what they experience through a series of stages (Eniola et al., 2020; Kalu, 2019; Wright, 2020). Women who draw strength from their faith find that their pre-existing spiritual beliefs mediate the anguish of pregnancy loss, shaping how they perceive and navigate grief. Yet, relying on a Higher Power for solace can also lead to disappointment and feelings of disconnection or resentment. Questioning why the loss happened sometimes reinforces the belief that God has a purpose and understands the situation. This process ultimately leads women to accept and seek meaning in their grief, strengthening their beliefs over time (Köneş & Yıldız, 2021; Wright, 2020). RC can be used as an adaptive coping mechanism for dealing with stressors in one's life, including grief due to perinatal loss (Wright, 2020). RC involves the application of religion to deal with stressors, and has been proven to be effective in dealing with grief due to perinatal loss in various countries and cultures (Eklund et al., 2022; Eniola et al., 2020; Kalu, 2019; Kuforiji et al., 2023).

The process of accepting, searching for meaning and purpose in life through RC is consistent with the formation process of PTG. The profound grief reactions triggered by perinatal loss can motivate mourning mothers to undergo on a journey of rediscovery, both in their relationship with the world and within themselves. This process entails striving to define new meaning, frequently leading to the formation of new life goals and directions, crucial elements of PTG. In addition to alleviating adverse effects, the study showed that a majority of individuals who undergo perinatal loss encounter positive transformations in their personal resilience, interpersonal connections, and overall gratitude (Alvarez-Calle & Chaves, 2023). Several factors contribute to the formation of PTG in individuals who experience perinatal loss. Alvarez-Calle and Chaves (2023) conducted a systematic review and identified six factors that influence the emergence of PTG in perinatal loss.

These factors include finding the meaning of the loss, changing core beliefs, adaptive coping strategies, deliberate rumination, maintaining a bond with the baby, and support from the social

environment. Religiosity can also aid individuals in discovering meaning and purpose in life following the experience of such loss (Eniola et al., 2020; Kalu, 2019). It was also found as an additional coping strategy that is effective in forming PTG (Alvarez-Calle & Chaves, 2023). Participating in religious practices and contemplating the significance of the loss can help a woman comprehend what occurred, thus empowering them to progress forward (Alvarez-Calle & Chaves, 2023). Considering that the use of RC is highly influenced by cultural, social, and individual factors (Fernández-Basanta et al., 2020), this understanding aids in developing a more comprehensive approach to fostering PTG especially in countries where religion is an important aspect in society. The utilization of psychotherapy using Islamic principles has been proven to improve the well-being of grieving parents, providing them with a culturally sensitive method to navigate their grief and find solace in their religious background (Mahmoodi et al., 2023).

## Limitations

There are several limitations in this study. First, the authors have not found studies on the impact of RC with different types of perinatal loss. This might be significant because the type of perinatal loss affects the extent to which women experience PTG. Second, the studies that have been found in RC and PTG mostly being researched in Western cultures. There is a strong tendency to heavily rely in religious coping mechanisms to deal with various life challenges in Asian cultures, including mental health issues. This discrepancy restricts a comprehensive understanding of the literature and limits cross-cultural generalizability. It is necessary to increase the diversity and depth of research to enhance the applicability of findings. Despite these limitations, this research provides meaningful insights into understanding the relationship between religious coping and posttraumatic growth that will be useful and beneficial for counsellors, clinical psychologists, family therapists, and mental health practitioners in helping clients who experience perinatal loss.

## CONCLUSION

Perinatal loss is an event that impacts millions of people every year, encompassing both negative and potentially positive consequences for individuals. A literature review conducted by the authors revealed the presence of PTG at moderate levels in individuals who have undergone perinatal loss. Those experiencing PTG can discover or construct new meaning following the occurrence of loss. Several factors contribute to PTG in individuals, among which adaptive coping strategies play a pivotal role. RC emerges as one such adaptive coping strategy that aids individuals in finding the purpose of life or deriving meaning from events that evoke profound sorrow. The pursuit of this goal entails individuals traversing through a series of stages within a relatively long period. Moreover, the efficacy of employing RC is contingent upon the cultural context to which the individual is attached. RC has been empirically demonstrated as an effective coping tool in both secular and collectivist culture in addressing grief stemming from perinatal loss. Given the heightened level of community religiosity, the authors posit that RC might serve as a predictor of PTG in women undergoing perinatal loss in Indonesia. The outcomes of this literature review explained the relationship between RC and PTG in women experiencing perinatal loss. The relationship elucidated could lead to the formulation of interventions aimed at fostering PTG by utilizing RC within the context of perinatal loss in Indonesia.

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