

THE EFFECT OF SOCIAL SUPPORT AND RELIGIOSITY AGAINST BEREAVEMENT

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Abstract

Bereavement has an impact on reducing a person's psychological capacity and also physical and various roles in life that are lived as a result of the death of a loved one. This study aimed to determine the effect of social support of the congregation and religiosity on bereavement. Respondents were 121 people aged 15 to 85 years, with an average high school education level and had experienced bereavement during the last 18 months. The research data were collected with the Bereavement Experience Questionnaire (BEQ-24), Social support, and The Centrality of Religiosity Scale (CRS-15), with a purposive sampling technique and processed in multiple linear regression using SPSS v.25 application. The coefficient of each scale is 0.91, 0.86, 0.75. From the results of regression-Model 3, it was found that social support provided by the congregation did not have a significant effect on bereavement. While religiosity as an internal resource in bereaves has a significant positive effect on bereavement. The age factor and education level of respondents in this study also contributed to the effect on bereavement.

Keywords: Bereavement, Social Support, Religiosity

Abstrak

Bereavement berdampak pada menurunnya kapasitas psikologis seseorang dan juga fisik serta berbagai peran dalam kehidupan yang dijalani sebagai akibat dari kematian orang yang dikasihi. Tujuan penelitian ini adalah untuk mengetahui pengaruh social support majelis jemaat dan religiosity terhadap bereavement. Responden sebanyak 121 orang dengan rentang usia 15 hingga 85 tahun, dengan tingkat pendidikan rata-rata SMA serta telah mengalami bereavement selama 18 bulan terakhir. Data penelitian dikumpulkan dengan skala alat ukur Bereavement Experience Questionnaire (BEQ-24), Social support, The Centrality of Religiosity Scale (CRS-15), dengan teknik purposive sampling dan diolah dalam regresi linear berganda menggunakan aplikasi SPSS v.25. Koefisien masing-masing skala adalah 0,91, 0,86, 0,75. Dari hasil regresi-Model 3, ditemukan bahwa social support yang diberikan majelis jemaat tidak berpengaruh signifikan terhadap bereavement. Sedangkan religiosity sebagai sumber daya internal pada bereavers berpengaruh positif signifikan terhadap bereavement. Faktor usia dan tingkat pendidikan responden dalam penelitian ini turut menyumbangkan pengaruh terhadap bereavement.

Kata Kunci: Bereavement, Dukungan Social, Religiusitas

INTRODUCTION

Bereavement is the loss or decline of an individual's psychological resources due to the death of a close or loved one and is accompanied by tension in various dimensions of the role.¹ Bereavement begins to be felt when the death event occurs, which causes a serious and prolonged grief reaction and empty self-meaning as if not recognizing or accepting the fact that death has occurred. In addition, there is also an attitude that tends to blame, guilt or responsibility related to the death event, and the orientation of thoughts and feelings that are always focused on the deceased.²

Bereavement can be measured by Existential Loss/ Emotional Needs, Guilt/Blame/Anger, and Preoccupation with Thoughts of the Deceased.³ The Existential Loss / Emotional Needs dimension, characterized by the meaninglessness of life, loss of trust, and unfocused in daily routines, becomes an immediate, intense response to loss (death). The Guilt/Blame/Anger dimension is a feeling of guilt towards the deceased or feeling that the self has something to do with the death of the deceased, feeling angry and blaming others (including the deceased) or oneself for the death. The Preoccupation with Thoughts of the Deceased dimension includes symptoms of searching and longing for the deceased, hoping to be in contact with the deceased, and thinking of being with the deceased when in contact with the deceased's belongings or places that the deceased usually liked or occupied.

Several factors can influence bereavement, including from outside and within the individual. Social support is an attitude that can bring comfort, attention, appreciation or others as a form of support for those in need in certain situations.⁴ Individuals who get social support believe they are loved, valued, and accepted. This support can come from any party, such as family, friends, social networks or community organization.⁵ In families experiencing bereavement in the GPM (Maluku Protestant Church) Klasis Congregations in Ambon City (Bethania, Bethel, Silo), one source of support is obtained from the minister or congregation assembly (pastor, elder, deacon).

There are four dimensions of social support, namely Emotional or esteem support, Tangible or instrumental support, Informational support and Companionship support. Emotional or esteem support, including the delivery of empathy, care, attention, positive appreciation, and

¹ (Guarnaccia & Hayslip, 1998).

² Min Ah Kim and others, 'A Photovoice Study on the Bereavement Experience of Mothers after the Death of a Child', *Death Studies*, 45.5 (2021), 390–404 <<https://doi.org/10.1080/07481187.2019.1648333>>.

³ Guarnaccia & Hayslip (1998)

⁴ Emiko Taniguchi and Charee M. Thompson, 'Mental Illness Self-Disclosure among College Students: A Pre-Requisite of Social Support or a Booster of Social Support Benefits?', *Journal of Mental Health*, 30.3 (2021), 323–32 <<https://doi.org/10.1080/09638237.2021.1922626>>.

⁵ (Brezina & Azimi, 2018).

encouragement. Tangible or instrumental support, including giving or lending money, helping with homework in times of stress, and lending needed tools. Informational support includes giving advice, direction, suggestions, or feedback on how to do things. Meanwhile, companionship support refers to the availability of time with people in need, engaging in certain social activities.

Furthermore, in this study, researchers will also look at the description of individual internal resources, namely religiosity, as an inner strength that affects the process of inner recovery from bereavement. Religiosity is a dialectic between understanding and beliefs about religious content concerning transcendent and human realities manifested in the participation of religious rituals and communal activities represented as patterns of action and lifestyle in a religious experience.^{6,7}

Individual religiousness can be seen from five dimensions, namely the dimension of intellectual, the dimension of ideology, the dimension of public practice, the dimension of private practice, and the dimension of religious experience.⁸ The Intellectual Dimension is represented as themes of interest, hermeneutical skills, styles of thinking and interpretation, and as a body of knowledge. A common indicator of the intellectual dimension is the frequency of thinking about religious issues. The Ideological dimension is represented as fundamental beliefs or unquestioned beliefs. The Public Practice dimension is represented as a pattern of action and a sense of shared religious belonging indicated by the frequency with which one participates in communal worship services. The Private Practice dimension is represented as a pattern of action and a personal devotion to transcendence or what God has done privately. The Experiential dimension is represented as feelings and perceptions of experience (situations in which direct contact with ultimate reality is felt).

Religiosity also supports individuals in experiencing mental growth after the death of a significant person in their lives. Religiosity plays a role in providing practical support, comfort, and help in understanding the meaning of the traumatic death of their loved ones.⁹

In other research results, Keilman found that some of the most religious widows were women who felt their faith conflicted with God.¹⁰ These widows struggled to find God's answers when their husbands died.¹¹ concluded that faith in God and attendance at regular church services (high religiousness) do not guarantee quick recovery from bereavement.

⁶ (Huber & Huber, 2012

⁷ Niemi, 2018)

⁸ Huber & Huber (2012)

⁹ Ayse Demirel Ucan and Andrew Wright, 'Improving the Pedagogy of Islamic Religious Education through an Application of Critical Religious Education, Variation Theory and the Learning Study Model', *British Journal of Religious Education*, 41.2 (2019), 202–17 <<https://doi.org/10.1080/01416200.2018.1484695>>.

¹⁰ Keilman (2014)

¹¹ Schjoedt (2011)

RESEARCH METHODS

A. Research Design

This research used quantitative methods with a correlational research design. The data analysis technique used multiple linear regression to see the effect of *social support* and *religiosity* on the *bereavement* of congregants. With the above explanation, the researcher was interested in seeing the extent of the influence between social support on bereavement (H1) and religiosity on bereavement (H2), as well as what if the two independent variables are combined to deal with bereavement (H3).

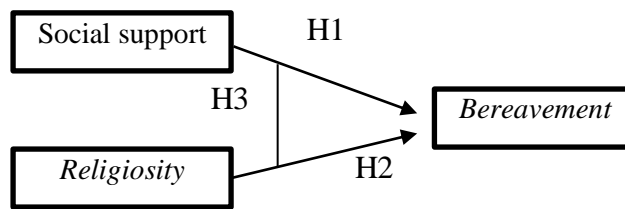


Figure 1. Research Model

B. Participants

The population of this study was members of the *bereavement* survivor congregations in the GPM Ambon City Klasis Congregations (Bethania, Bethel, Silo). The number of participants was 121, consisting of 42 men and 79 women aged 15 to 83. Education is at least elementary school/equivalent, and he has experienced *bereavement* for 18 months.

C. Research Instruments

The measurement tools used were The Bereavement Experience Questionnaire (The BEQ-24, Guarnaccia and Hayslip, 1998), *Social Support* (Riasnugrahani et al., 2021), and Centrality of Religiosity Scale.¹² The reliability of BEQ-24 is 0.911, while SS and CRS-15 are 0.863 and 0.759, which are considered high. All items on the measuring instrument were validated by performing factor analysis techniques.

D. Data Analysis Technique

The analysis used by researchers was Pearson Product Moment with the assistance of the IBM SPSS 25 for Windows program.

¹² Rena Latifa, Salsabila Salsabila, and Heri Yulianto, 'Understanding the Relationship between Religiosity and Marital Commitment to Marital Stability: An Investigation on Indonesian Female Journalists', *Religions*, 12.4 (2021), 1–17 <<https://doi.org/10.3390/rel12040242>>.

RESULTS AND DISCUSSION

Table 1 lists the intercorrelations, means, and standard deviations for the variables for all participants. From Table 1, there are more participants with a high school education. Most age ranges were 37-47 and 48-58, with 31 people each. More participants experienced *bereavement* in the 1-6 months range, with 59 people.

Table 1. Demographic Data

<i>Characteristics</i>	<i>Frequency (N)</i>	<i>Percentage (%)</i>	<i>Sample (n)</i>
Gender			121
Male	79	65,3 %	
Female	42	34,7 %	
Age Range			121
15-25 years old	15	12,4 %	
26-36 years old	21	17,4 %	
37-47 years old	31	25,6 %	
48-58 years old	31	25,6 %	
59-69 years old	15	12,4 %	
70-85 years	8	6,6 %	
Last Education			121
Elementary School	1	0,8 %	
Junior High School	1	0,8 %	
Senior High School	76	62,8 %	
Bachelor Degree	38	31,4 %	
Master Degree	5	4,1 %	
Bereavement Period			121
1-6 months	59	48,8 %	
7-12 months	37	30,6 %	
13-18 months	25	20,7 %	

Table 2. Descriptive Statistics

<i>Variables</i>	<i>Mean</i>	<i>SD</i>	<i>N</i>
Age of Respondent	45.15	15.358	121
Bereavement Period	7.53	5.323	121
Bereavement	1.8218	.59258	121
<i>Social support</i>	3.1278	.55348	121
<i>Religiosity</i>	3.3129	.33175	121

Table 2 shows that the *Bereavement* Variable has a mean value of 1.8218. It means that respondents, on average, give a low value to *bereavement*. In other words, the *bereavement* felt by respondents is low. In addition, respondents reported that they received great support from the congregation when *bereavement* occurred, with a mean of 3.1278. Respondents also reported that their *religiousness* remained high amid their bereavement, confirmed by a mean of 3.3129. Table

2 also shows that respondents were, on average, 45 years old and had experienced bereavement for approximately 7 months.

Table 3. Descriptive Statistics of Variable Correlation

Vari-ables	Correlation							
	JK	Age	PT	Hub.	MB	Brv	D. S.	Religiosity
JK	1							
Age	.038	1						
PT.	-.130	-.096	1					
Hub.	.063	-.091	.067	1				
MB	-.191*	.099	-.080	-.012	1			
Brv	-.050	-.280**	-.249**	.028	-.097	1		
DS	-.222*	.086	.079	-.032	-.185*	.224*	1	
Rel	-.233*	.116	.156	.031	-.120	.224*	.455**	1

Notes: N=121. * p < .005. ** p < .001

JK (Gender), Age, PT (Last Education), Hub (Closeness of Respondent's Relationship with the deceased), MB (*Bereavement* Period), Brv (*Bereavement*)

Table 3 shows that *Social support* and *religiosity* correlate with *bereavement*, each $r = .224^{**}$. Meanwhile, the only demographic variables that correlate with *Bereavement* are Age and Last Education. Age has an r of $-.280^{**}$. It means that respondents with a younger age have a higher level of *bereavement*. Then, the last education has an r of $-.249^{**}$. It means that respondents with a lower level of education have a high *bereavement rate*. Table 3 also provides information that female respondents experience more bereavement than males ($r = -.050$), directly proportional to the bereavement period ($r = -.097$). It means that even at a weak level (1.8), the respondents who experienced *bereavement* were women. Thus, the average *bereavement* period of 7 months (Table 2) was experienced by female respondents.

Table 4. Regression Coefficient

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.280 ^a	.079	.071	.57121	.079	10.146	1	119	.002
2	.394 ^b	.155	.141	.54925	.077	10.705	1	118	.001
3	.501 ^c	.251	.232	.51935	.096	14.979	1	117	.000

a. Predictors: (Constant), Respondent Age

b. Predictors: (Constant), Respondent's Age, Last Education

c. Predictors: (Constant), Respondent's Age, Last Education, *Religiosity*

Table 3 shows a significant relationship between age and recent education with *bereavement*. In Table 4, it was found that age explained *bereavement* by 7.9% ($p=.000$; $p<.01$), Model 1. Then education was added to increase the coefficient value to 15.5% ($p=.001$; $p<.01$), Model 2. After that, *religiosity* was added again; it further explained *bereavement* by 25.1% ($p=.000$; $p<.01$), Model 3. While Table 5 shows that age, education and *religiosity* have a significant simultaneous effect on *bereavement* ($F=13.075$, $p=0.000$).

Table 5. ANOVA Results

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.310	1	3.310	10.146	.002 ^b
	Residuals	38.828	119	.326		
	Total	42.138	120			
2	Regression	6.540	2	3.270	10.839	.000 ^c
	Residuals	35.598	118	.302		
	Total	42.138	120			
3	Regression	10.580	3	3.527	13.075	.000 ^d
	Residuals	31.558	117	.270		
	Total	42.138	120			

a. Dependent Variable: totally

b. Predictors: (Constant), Respondent Age

c. Predictors: (Constant), Respondent's Age, Last Education

d. Predictors: (Constant), Respondent's Age, Last Education, *Religiosity*

Table 6. Regression Coefficient Results

Model	Coefficients					95.0% Confidence Interval for B	
	Unstandardized Coefficients	Std. Error	Standardized Coefficients	T	Sig.	Lower Bound	Upper Bound
1 (Constant)	3.252	.327		9.940	.000	2.604	3.899
Age of Respondent	-.012	.003	-.307	-3.611	.000	-.018	-.005
Last Education	-.265	.081	-.278	-3.272	.001	-.426	-.105
2 (Constant)	1.522	.519		2.935	.004	.495	2.550
Age of Respondent	-.014	.003	-.355	-4.422	.000	-.020	-.008
Last Education	-.318	.077	-.333	-4.137	.000	-.471	-.166
Social support	.184	.095	.172	1.934	.056	-.004	.372
Religiosity	.427	.161	.239	2.654	.009	.108	.746

a. Dependent Variable: Bereavement

Table 6 shows that *social support* has no effect on *bereavement*. Meanwhile, *religiosity* has a significant positive effect on *bereavement*, with a t-value of 2.654 (p=0.009). Then, age has a significant negative effect on *bereavement* with a t value of -4.422 (p=0.000), and education has a significant negative effect on *bereavement* with a t value of -4.137 (p=0.000).

This study aimed to see the effect between *social support* and *religiosity* on *bereavement*. The results showed that *social support* did not significantly influence the *bereavement* experienced by survivors in the congregations (Bethania, Bethel, Silo) of GPM Klasis Ambon City. This research is supported by the findings of Cacciatore et al., which state that many bereaved people experience dissatisfaction with *social support* from various support providers despite the increased need for support during bereavement, adversely affecting emotional, mental and physical development.¹³ It is also said that good *social support* must pay attention to the quality and intensity of the connection, as well as the importance of support immediately after the *bereavement* event and over a longer period.¹⁴

¹³ Cacciatore et al. (2021)

¹⁴ Xinqi Dong and others, 'The Associations between Social Support and Negative Social Interaction with Suicidal Ideation in US Chinese Older Adults', *Aging and Mental Health*, 25.1 (2020), 94–98 <<https://doi.org/10.1080/13607863.2019.1680953>>.

The support provider must recognize the needs of the support recipient, and the support must be perceived as beneficial by those receiving it to be useful.¹⁵ That means the support provider needs to pay attention to the support recipient's needs and provide it at the right time while also considering diverse cultural factors.¹⁶ stated that *social support* is an action from others that can provide comfort, attention, appreciation, or assistance for a person or other group, but the *social support* provided must be adjusted so that it can be felt and useful.¹⁷ Other results related to this also report that intimacy/closeness is one of the factors that is very instrumental in the usefulness of providing support to individuals or groups.^{18,19}

The reality of the support provided by the congregation is still temporary, within a limited period or at a certain time only. The results of this study (table 2) show that the *bereavement* period experienced by respondents is approximately 7 months. When correlated with the factual support provided by the congregation, as explained earlier, it can be understood that the congregation's support has no significant effect. Because from the results of the interviews above, no service agenda is sustainable and systematic, and respondents undergo *bereavement* in their way by utilizing the involvement of family and friends. As stated by Czyżowska et al., *bereaved* people report that their quality of life is better because they often contact family and friends directly or through communication media.²⁰ Family is the first source of help for most people in dealing with *bereavement*. Friends/partners/acquaintances tend to be the next source of support, while doctors and pastors (or congregations) provide factual information and psychological support.²¹ Thus, with the support received, especially from family, friends/close friends, respondents feel that the support from the congregation does not have a significant effect.

From the results of the study, *religiosity* owned by respondents is a factor that has a significant and positive effect on *the bereavement* experienced. It means that *religiosity* contributes to the *bereavement* that respondents continue to experience. In other words, the more respondents have a high *religiosity* construction, the more *bereavement* they experience. People with good *religiosity* may experience a negative attitude (conflict of faith) toward God when

¹⁵ Fatih Ozbay and others, 'Social Support and Resilience to Stress: From Neurobiology to Clinical Practice.', *Psychiatry (Edgmont (Pa. : Township))*, 4.5 (2007), 35–40 <<http://www.ncbi.nlm.nih.gov/pubmed/20806028>%0A<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC2921311>>.

¹⁶ (Li & Chen (2016)

¹⁷ Jennifer Lee and Roe Holtzer, 'Independent Associations of Apathy and Depressive Symptoms with Perceived Social Support in Healthy Older Adults', *Aging and Mental Health*, 25.10 (2021), 1796–1802 <<https://doi.org/10.1080/13607863.2020.1768217>>.

¹⁸ (REIS & FRANKS, 1994

¹⁹ Czyżowska et al., 2019).

²⁰ Cacciatore et al. (2021)

²¹ Vanderwerker et al. (2006)

bereavement occurs.²² People who have good *religiosity* also sometimes conflict with the figure of God, who is both good and bad when experiencing *bereavement*; namely, on the one hand, God is believed to protect humans from harm (including *bereavement*) and on the other hand, God is also considered not caring about their hopes to be able to continue living with the deceased. It can explain why individuals with high *religiosity* may continue to feel *bereavement* as the result of this study.

It is often difficult to distinguish whether religion is an aid or a hindrance to overcoming psychological dysfunctionality.²³ The important question it raises is, how do we know whether religion is part of the problem or solution when people face life crises? In a study on '*Red Flags and Religious Coping: Identifying Some Religious Warning Signs Among People in Crisis*,' the *religiosity* approach does not always have a positive and negative effect on the crisis because *religiosity* does not assess a person based on what he believes to be religious truth, but rather assesses how the person can integrate his religion with the demands of life.²⁴ *Religiosity* is an individual's actualization of the frequency and intensity of activation of the religious construction system that is understood and believed.²⁵ That means *religiosity* can have a significant positive and negative effect on a person's *bereavement* and thus supports the results of this study.

The results of this study aim to show that *bereavement* is a fact or another side of life that cannot be avoided or denied. *Bereavement* is a real loss from the reality of everyone's life. A *bereavement* is an event of grief for the loss or absence of a loved one forever. The event of grief is accepted as an integral part of the process of life lived by everyone. Faith or *religiosity* is another side of the life process directly related to God. This fact would explain that the *bereavement* that the respondents experienced did not weaken their faith in God. They recognize God's omnipotence and do not blame God for the death of their loved ones, and they acknowledge that they still have a personal relationship with God. Their faith activities did not worsen with *bereavement* in their lives.

CONCLUSION

A bereavement is an event of grief due to the death of a loved one that has an impact on the decline in individual psychological resources and is accompanied by tension (pressure) in various dimensions of the role. This study found that social support from the congregation did not affect bereavement because the support provided was temporary and for a limited period. In

²² Cheung et al. (2017)

²³ Oswaldo Moreno and others, 'Private and Social Religious Coping on Life Satisfaction: Examining Cultural Factors among Latinxs', *Mental Health, Religion and Culture*, 24.2 (2021), 181–94 <<https://doi.org/10.1080/13674676.2021.1880382>>.

²⁴ (Pargament et al., 2011).

²⁵ Huber & Huber (2012)

addition, the bereaved generally get sincere and useful support from family and friends, who are always willing to provide time and attention or useful support. That means social support will have a significant effect if one pays attention to the quality and intensity of the connection and the importance of support not only immediately after the bereavement event but over a longer period of time so that the support is beneficial for future adjustment.

Individuals with high religiosity can still experience healthy bereavement because they experience a negative attitude (conflict of faith) toward God. Even though individuals remain faithful and strong in hope in God, but often facing bereavement, believers feel that God has ignored their religious faith or diligence, which contributes to the occurrence of bereavement, which is also strongly felt and not immediately recovered.

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