

# Religious/Spiritual Coping, Emotion Regulation, Psychological Well-Being, and Life Satisfaction among University Students

Journal of Psychology and Theology

1–17

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DOI: 10.1177/00916471231223920

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## Abstract

Previous research has found that religious/spiritual coping, which is generally understood as the use of cognitive and behavioral strategies based on an individual's beliefs and values to deal with stress, benefits individuals' well-being, and life satisfaction. The current study examined this link in a sample of Portuguese university students and explored the mediating role of emotion regulation (ER; in terms of strategies and overall abilities) on the relation between religious/spiritual coping and psychological well-being and life satisfaction. A total of 109 Portuguese university students (69.7% female;  $M_{age} = 32.05$ ;  $SD = 13.16$ ) were included in this cross-sectional study. Data were analyzed using PROCESS macro. Results indicated that both negative and positive religious/spiritual coping were linked to lower life satisfaction and diminished psychological well-being. These effects appear to be explained by an increase in difficulties related to ER but not by the use of specific ER strategies, such as expressive suppression or cognitive reappraisal. These findings suggest that religious/spiritual coping and ER could be significant factors in promoting the psychological functioning of university students, especially in terms of psychological well-being.

## Keywords

religious/spiritual coping, emotion regulation, life satisfaction, psychological well-being

## Introduction

University life can be challenging for students, bringing vulnerabilities to their well-being, such as emotional problems, anxiety, stress, depression, and even burnout (Maroco & Assunção, 2020; Pereira et al., 2020; Vale, 2021; Verger et al., 2009). Studies show that these problems have been increasing, especially during the COVID-19 pandemic (Barros, 2021; Maroco et al., 2020; Pereira

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et al., 2020; Rodríguez-Rey et al., 2020; Wang & Zhao, 2020). Several factors contribute to worse mental health, including a sedentary lifestyle, academic and social dissatisfaction, health issues, bullying, pre-existing mental disorders, and difficulty expressing emotions (Castro-Silva et al., 2021; Fleury et al., 2018; Oliveira et al., 2022).

In this study, we will explore the role of two interrelated variables: religious/spiritual coping and emotion regulation (ER), as variables capable of explaining individual differences in students' psychological well-being and life satisfaction. Psychological well-being and life satisfaction are important dimensions to be assessed in university students since they are linked to important outcomes, such as academic satisfaction and performance, happiness, and mental health (e.g., Antaramian, 2017; Reppold et al., 2019; Zanon, 2017; Zanon et al., 2020). This study seeks to address an important gap in the literature, which predominantly concentrates on negative outcomes, as exemplified by the work of Dolcos et al. (2019). An exception to this trend is the research conducted by Vishkin et al. (2019), who explored the relationships between religiosity, ER, and well-being. However, it is noteworthy that their study employed samples drawn from religious communities not university students. This tendency has been contributing to ignoring factors that can promote positive outcomes in the university context. Both positive and negative outcomes are essential for gaining a comprehensive understanding of university students' adaptation.

### *Religious/spiritual coping*

The literature struggles to define spirituality and religiosity about coping, resulting in confusion when discussing spiritual/religious coping (Vitorino et al., 2018). However, religious/spiritual coping is generally understood as the use of cognitive and behavioral strategies based on individuals' beliefs and values to deal with stress (Tix & Frazier, 1998). It is a coping strategy that focuses on both the problem and the emotion, with the potential to change negative evaluations to positive ones (Folkman & Moskowitz, 2007). It operates at the level of situational meaning by providing a search for meaning in the face of stressors (Park, 2007). This concept originated from Pargament's (2001) theoretical work and was developed within the framework of Folkman and Lazarus (1986) transactional model of stress, which considers stress in terms of the interaction between the individual and the environment, and how the individual evaluates their ability to respond to the threat.

Pargament's (2001) theory expands the transactional model of stress by defining religious/spiritual coping as seeking meaning in the sacred during stress. The positive or negative nature of this coping depends on how individuals interpret stressful events about God or the divine figure (Láng, 2013; Pargament, 2011). Pargament (1997) identified five fundamental functions of religious/spiritual coping: attributing meaning to events, feeling in control of challenges, finding comfort, connecting with peers, and supporting life transitions. These include behaviors, cognitions, and emotions that can change based on personal, situational, or sociocultural contexts, leading to either adaptive or maladaptive coping (Stein et al., 2013).

Religious/spiritual coping can be characterized as the cognitive, behavioral, and interpersonal approaches associated with religious or spiritual beliefs and practices that assist individuals in problem-solving and addressing the adverse impacts of difficult life circumstances (Pargament, 2001; Tomás & Rosa, 2021). These strategies can be either positive or negative. Positive religious/spiritual coping entails a constructive orientation toward problem-solving within a religious context (e.g., seeking spiritual support, a sense of spiritual connection with a higher power, or spiritual connection with others). On the contrary, negative religious/spiritual coping entails religious dissatisfaction and a lack of support from a religious community (e.g., perceptions of a punishing, interpretations of life events as divine retribution) (Pargament, 2000, 2011; Tomás & Rosa, 2021).

Higher levels of positive religious/spiritual coping appear to be associated with better overall psychological functioning, and lower levels of depression, distress, and psychopathology (Ano & Vasconcelles, 2005; Areba et al., 2018; Correia, 2017; Olson et al., 2012; Pargament et al., 2004). Negative religious/spiritual coping seems to promote difficulties in psychological adjustment and negative consequences for mental health (Ano & Vasconcelles, 2005; Francis et al., 2019; Nurasikin et al., 2013). Koenig (2010) pointed out that positive religious/spiritual coping seems to be a protector factor against mental illness, while negative religious/spiritual coping seems to be associated with a higher risk of developing psychopathology (Rahimi et al., 2021), being associated with a significant decrease in well-being, especially in the presence of stress (Láng, 2013; Pargament et al., 2011). Similarly, Trankle (2006) argues that high levels of religious/spiritual coping are correlated with high levels of psychological well-being, if those who report higher psychological well-being have a richer religious life. Furthermore, it has also been found that positive religious/spiritual coping appears to be an important predictor of greater life satisfaction (Abu-Raiya et al., 2018; Pargament et al., 2001; Szczesniak et al., 2020; Vance et al., 2011).

Religion has long played a significant role in how individuals cope with life's challenges and navigate their emotional experiences. The relationship between religiosity and ER is a subject of growing interest among researchers. Recent studies have pointed to a link among them. For example, some authors have found that religious coping is positively linked to cognitive reappraisal and negatively linked to expressive suppression (Dolcos et al., 2021; Vishkin et al., 2016, 2019). Thus, we believe that ER may be a pivotal mediating mechanism that may elucidate the intricate link between religion/religiosity and psychological well-being among university students.

### *Emotion regulation*

There are two perspectives on ER: the micro perspective, which focuses on specific strategies used to regulate emotions in specific situations or contexts, and the macro perspective, which focuses on the competencies and skills that underlie effective ER. The first perspective proposed by James Gross (1998a), emphasizes the importance of specific strategies, such as situation selection, modification, attentional deployment, cognitive change, and response modulation for effective ER. These strategies involve modifying one's environment, attention, thoughts, or behaviors to manage emotional responses.

The second perspective, defended by Gratz and Roemer (2004), focuses on the underlying competencies and skills that are necessary for effective ER, such as emotional awareness, emotion acceptance, cognitive flexibility, distress tolerance, and interpersonal effectiveness. These competencies are thought to be important across various contexts and are associated with better mental health outcomes. Both perspectives are important for understanding ER and thus were used in this study.

**The role of ER strategies.** ER refers to how individuals can exert control over the emotions they feel, the timing of these emotions, and how they are expressed and experienced (Gross, 1998b). The Processual Model of ER proposed by Gross (1998b) distinguishes between two moments in which ER can take place: before or after the emotion generation. He called these antecedent and response-focused processes, respectively (Cabello et al., 2013). ER strategies change throughout the emotional response, starting with the evaluation and appraisal of the stimulus, which activates emotional strategies to compose the emotional response (Gross, 1998b; Yigit & Ragip, 2014). This model identifies five points in the emotional process where different ER strategies can be applied (Gross & John, 2003). From these, two main ER strategies have been studied: *cognitive reappraisal* which modifies the emotional impact of an event by altering the cognitive evaluation before the generation of an emotion, and *expressive suppression* which inhibits the behavioral expression of an

emotion after it is generated (Cabello et al., 2013; Gross & John, 2003). Cognitive reappraisal is usually associated with better interpersonal functioning, higher psychological well-being, academic performance, and social competence, while expressive suppression is commonly linked to a decrease in positive affect, interpersonal satisfaction and social support, and psychological well-being and life satisfaction (Gross & John, 2003; Haines et al., 2016; Kao et al., 2017; McRae & Gross, 2020; St-Louis et al., 2021; Tang & Kao, 2017).

A study developed with university students found that a greater use of cognitive reappraisal was associated with higher levels of psychological well-being and a higher probability of displaying positive affect (Vally & Ahmed, 2020). In contrast, the use of expressive suppression significantly predicted the experience of high negative affect and lower levels of well-being. Similar results are highlighted by other authors, who emphasize that higher levels of ER are associated with greater positive affective emotional experiences and better evaluations of overall life aspects, leading to a greater sense of life satisfaction (Haga et al., 2009; Nelis et al., 2011; Santana & Gondim, 2016).

*The role of ER difficulties.* According to Gratz and Roemer (2004), ER refers to a multidimensional concept that implies the ability to understand, accept, and effectively use emotions, to be able to manage and modulate them, to control impulses, and direct behavior toward goals, and also the ability to tolerate negative emotional states when associated with activities that confer purpose to the individual's life (Gratz et al., 2018; Gratz & Tull, 2010). In this sense, difficulties in ER result from one or more deficits in one or more facets, namely: at the level of emotional perception and understanding; the ability to accept experienced emotional states; the ability to manage impulses and maintain goal-oriented behavior despite being associated with negative emotional experiences; and the flexibility to use appropriate ER strategies in the context that allows emotions to be modulated and the individual to feel better (Gratz & Roemer, 2004; Hallion et al., 2018). Thus, according to the authors, it is not the intensity of the emotion or the individual's reactivity to it that determines their degree of ER, but rather how they respond to the experienced emotion and, therefore, the trajectory they confer to it (Gratz et al., 2018).

In cases where ER difficulties emerge, there are interferences with the individual's ability to act according to their values, goals, and needs, difficulties in expressing and accepting emotional states, as well as deficits in selecting goal-oriented behaviors with significant impairment in levels of well-being (Manju, 2017; Panayiotou et al., 2021; Shourie & Kaur, 2017; Weiss et al., 2019). Several authors emphasize that ER difficulties predict various forms of psychopathology, such as depression, lead to the maintenance of states of stress and psychological distress, and decrease quality of life (Castelli et al., 2018; Gross & Jazaieri, 2014; Karekla & Panayiotou, 2011; Michl et al., 2013; Panayiotou et al., 2015, 2021; Yiğit & Yiğit, 2019).

### *This study*

In this study, we will examine how religious/spiritual coping (both positive and negative) is associated with psychological well-being and life satisfaction among university students and explore if ER (both in terms of ER strategies and ER abilities) contributes to explaining this association. Psychological well-being is here defined according to the model proposed by Ryff (1989) as being considered a complex concept that encompasses six different but interconnected dimensions: self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth. According to the author, psychological well-being is linked to how individuals perceive their ability to achieve their potential, enjoy positive emotions, and effectively manage their personal and social lives. Life satisfaction is here defined as a person's cognitive assessment of their life, comparing their current situation with their desired or expected life circumstances. It is a subjective and overall evaluation of one's life, considering personal values and expectations as proposed by Diener et al. (1985).

Thus, and based on results from previous studies, we hypothesized that: (H1) positive religious/spiritual coping will be associated with more psychological well-being and life satisfaction (e.g., Abu-Raiya et al., 2018; Areba et al., 2018; Olson et al., 2012; Vance et al., 2011), while negative religious/spiritual coping will be associated with less psychological well-being and life satisfaction (Dobrakowski et al., 2021; Hebert et al., 2009; Holt et al., 2017); (H2) ER (both strategies of ER and difficulties in ER) will mediate the links between religious/spiritual coping and psychological well-being and life satisfaction as suggested by previous studies (Dolcos et al., 2021; Vishkin et al., 2016, 2019). Religious coping, through its association with specific religious practices, such as prayer or meditation, fostering more positive emotional states like compassion, and facilitating the enlistment of social support from a supportive community, can have a significant impact on ER, which in turn can contribute to positive outcomes for individuals' psychological well-being and functioning. Also, as proposed by some authors religion seems to play a detailed role in shaping facets of ER by aligning emotional objectives closely with religious values, impacting intrinsic processes, such as self-regulation abilities, and influencing extrinsic processes that promote and facilitate ER (Vishkin et al., 2014).

## Method

### Participants

This study included 109 university students (69.7% female;  $M_{\text{age}} = 32.05$ ;  $SD = 13.16$ ). Most of the participants are single (69.7%) but are currently involved in a stable relationship (55%) and do not have children (63.3%). Most of the participants are undergraduate students (66.1%), attending the first and second years of the degree (33% and 33.9%, respectively), and studying psychology (36.7%), with a predominantly evening schedule (41.3%).

Of those who participated, the majority have already worked (28.4%) or are currently working (51.4%), with a majority workload of 40 hours per week (24.8%), followed by 20 hours per week (4.6%). Most participants (52.3%) identify themselves with a religious or spiritual affiliation, with Catholicism being the most prevalent (13.8%), followed by Islam (4.6%), and Christianity (2.8%).

### Measures

**Religious/spiritual coping.** To examine positive and negative religious/spiritual coping, the *Scale of Religious and Spiritual Coping* was used (Pargament et al., 2001; Portuguese version: Tomás & Rosa, 2021). It consists of 19 items, each referring to a specific coping strategy. Later, these items are divided into *positive religious/spiritual coping* and *negative religious/spiritual coping*. The items have a multidimensional nature, reflecting different religious functions, such as the search for meaning or control, as well as different methods, including cognitive, behavioral, emotional, or relational strategies, through which individuals may seek to adapt to adversity (Pargament, 2011; Tomás & Rosa, 2021). Responses to the items are given on a 4-point Likert-type scale, ranging from 1 (*never*) to 4 (*always*). In its original version, the instrument showed good internal consistency, with Cronbach's alpha values of at least .80 (Pargament et al., 2001). However, the Portuguese adaptation suggested the use of only 17 items, according to items' discriminative power for each individual subscale. In the Portuguese version, similar results were found to the original version, as well as to other adaptations, with the items organized around two factors. In the present study, the values were .94 for positive religious/spiritual coping and .83 for negative religious/spiritual coping.

**ER strategies.** ER strategies were measured using the *Emotion Regulation Questionnaire* (Gross & John, 2003; Portuguese version: Machado Vaz, 2009). This questionnaire aims to assess the use of

two specific strategies to regulate emotions: *Cognitive Reappraisal* and *Expressive Suppression*. The instrument consists of 10 items grouped into two scales that refer to the two aforementioned strategies. Responses to the items are given according to a 7-point Likert-type scale, ranging from 1 (*strongly disagree*) and 7 (*strongly agree*). However, it is important to note that both scales are independent, such that, the use of one strategy does not influence the use of the other. In terms of their psychometric properties, good internal consistency has been observed ( $\alpha = .79$  for cognitive reappraisal and  $\alpha = .73$  for expressive suppression) (Gross & John, 2003). In the present study, the Cronbach alpha was .83 for cognitive reappraisal and .80 for expressive suppression.

**ER difficulties.** ER difficulties were measured with the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004; Portuguese version: Moreira et al., 2022). It is a self-report measure that aims to assess emotional dysregulation considering six domains: limited access to ER strategies, non-acceptance of emotional responses, lack of emotional awareness, difficulty in impulse control, difficulties in acting according to goals, and lack of emotional clarity. The scale consists of a total of 18 items, with responses organized around a 5-point Likert-type scale ranging from 1 (*almost never*) to 5 (*almost always*). The obtained Cronbach's alpha values (between .78 and .91) showed good psychometric properties. In the present study, the value was .88 for the total score.

**Psychological well-being.** The psychological well-being was measured using the *Psychological Well-being Scale* (Ryff, 1989; Portuguese version: Novo et al., 2006). This scale aims to evaluate six dimensions of psychological well-being. The Portuguese version proposes a total of 18 items assessing six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The response to this scale is given according to a 6-point Likert-type scale that ranges from 1 (*strongly agree*) to (*strongly disagree*) (Novo et al., 2006). In the present study, the value was .86 for the total score.

### Life satisfaction

Life satisfaction was measured using the *Satisfaction with Life Scale* (Diener et al., 1985; Portuguese version). This scale aims to assess how individuals judge their satisfaction with life, seeking answers to five items. The response to these items is organized around a 7-point Likert-type scale that ranges from 1 (*strongly disagree*) to 7 (*strongly agree*). In terms of its psychometric properties, the scale has a good level of internal consistency, with a Cronbach's alpha value of .87. In this study, the value was .85 for the total score.

### Procedure

This study was approved by the Ethics Committee of|| removed for blind review.|| The procedure for data collection involved the use of an online questionnaire created on the *Google Forms* platform. The study was then shared through various social networks. Participants were invited to voluntarily collaborate in the study. The protocol included a sociodemographic questionnaire and the self-report scales described above. All participants were informed about the voluntary nature of their participation and were required to provide informed consent before proceeding to the questionnaire. Confidentiality was assured. No incentives were provided to participants for their participation.

### Data analysis

Data were analyzed using SPSS (Statistical Package for the Social Sciences). First, descriptive statistics were computed to summarize the sample characteristics and study variables. To examine



**Table 1.** Bivariate Correlations Among Study Variables.

	1	2	3	4	5	6	7
1. Negative religious coping	–						
2. Positive religious coping	.64**	–					
3. ER difficulties	.51**	.31**	–				
4. Expressive suppression	.28**	.04	.26**	–			
5. Cognitive reappraisal	.18	.19*	.12	.29**	–		
6. Life satisfaction	–.03	.09	–.19*	–.14	.06	–	
7. Psychological well-being	–.26**	.05	–.65**	–.28**	.06	.60**	–

ER: emotion regulation. \* $p < .05$ ; \*\* $p < .01$

the relationships between the study variables a correlation analysis was used. Finally, to test the proposed model the PROCESS macro (model 4) developed by Hayes (2017) was used. Four models were run separately since we had two independent variables and two dependent variables; thus model 1 included negative religious/spiritual coping, ER (three mediators), and life satisfaction; model 2 included negative religious/spiritual coping, ER (three mediators) and psychological well-being; model 3 included positive religious/spiritual coping, ER (three mediators), and life satisfaction; and model 4 included positive religious/spiritual coping, ER (three mediators), and psychological well-being.

The unstandardized direct, total, and indirect effects were reported. Indirect effects were considered significant if the confidence intervals (CIs) did not include 0. To account for multiple testing, we applied Bonferroni correction, and significance was assessed at the adjusted level of  $p < .01$ .

**Results**

*Descriptive statistics*

Correlations are presented in Table 1. Positive correlations were found between negative religious/spiritual coping and ER difficulties and expressive suppression, and a negative correlation was found between negative religious/spiritual coping and psychological well-being.

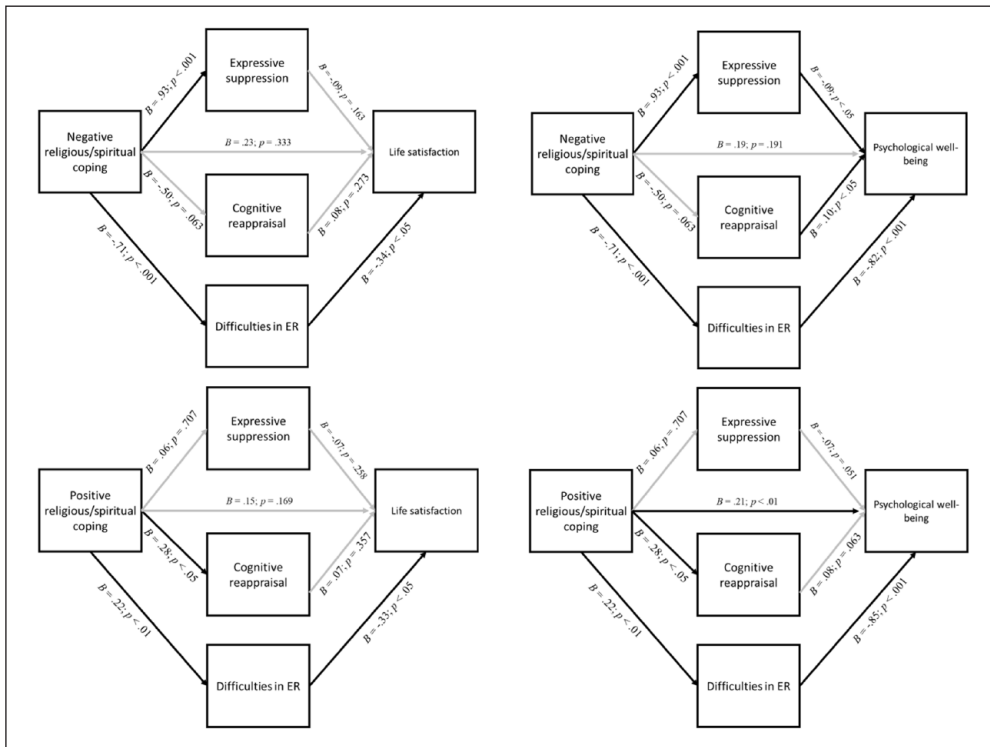
Positive religious/spiritual coping was positively associated with ER difficulties and cognitive reappraisal. ER difficulties were positively associated with expressive suppression and negatively associated with life satisfaction and psychological well-being.

Expressive suppression was positively associated with cognitive reappraisal and negatively associated with psychological well-being. Life satisfaction and psychological well-being were positively linked.

*Mediational model*

Four models were examined to the two independent variables (negative and positive religious/spiritual coping) and two dependent variables (life satisfaction and psychological well-being) (models are depicted in Figure 1 and tables are available at the Supplemental File).

Model 1 (negative religious coping, ER, and life satisfaction) accounted for 8% of the variance in the life satisfaction score,  $F(4,104) = 1.87, p = .122$ . The direct effect of negative religious coping in the life satisfaction score was not significant ( $B = .23; SE = .23, p = .333$ ). The indirect effects of expressive suppression and cognitive reappraisal were not significant but the indirect effect of difficulties in ER was  $(-.24, 95\% \text{ CI } [-.51, -.02])$ . The total effect model was not significant ( $B = -.05; SE = .20, p = .787$ ).



**Figure 1.** Mediation models.

Model 2 (negative religious coping, ER, and psychological well-being) accounted for 26% of the variance in the psychological well-being score,  $F(4, 104) = 23.08, p < .001$ . The direct effect of negative religious coping in the psychological well-being score was not significant ( $B = .19$ ;  $SE = .14, p = .191$ ). However, the indirect effect of difficulties in ER was significant ( $-.58$ , 95% CI  $[-.85, -.24]$ ). The indirect effect of expressive suppression and cognitive reappraisal were not significant. The total effect model was significant ( $B = -.43$ ;  $SE = .16, p < .01$ ).

Model 3 (positive religious coping, ER, and life satisfaction) accounted for 8% of the variance in the life satisfaction score,  $F(4, 104) = 2.13, p = .083$ . The direct effect of positive religious coping in life satisfaction score was not significant ( $B = .15$ ;  $SE = .11, p = .169$ ). The indirect effect of difficulties in ER was significant ( $-.07$ , 95% CI  $[-.15, -.00]$ ). The indirect effects of cognitive reappraisal and expressive suppression, however, were not significant. The total effect model was not significant ( $B = .09$ ;  $SE = .10, p = .370$ ).

Finally, model 4 (positive religious coping, ER, and psychological well-being) accounted for 51% of the variance in the psychological well-being score,  $F(4, 104) = 27.29, p < .001$ . The direct effect of positive religious coping in psychological well-being score was significant ( $B = .21$ ;  $SE = .06, p < .01$ ). Again, the indirect effect of difficulties in ER was significant ( $-.19$ , 95% CI  $[-.33, -.05]$ ), but the indirect effects of cognitive reappraisal and expressive suppression were not significant. The total effect model was not significant ( $B = .04$ ;  $SE = .08, p = .636$ ).

## Discussion

The aim of this study was to examine the links between religious/spiritual coping and life satisfaction and psychological well-being, and examine the potential mediating role of ER, in a sample of



Portuguese university students. Overall, the findings suggested that both negative and positive religious/spiritual coping were associated with students' adaptation (especially psychological well-being) via ER difficulties.

Specifically, we partially confirmed our first hypothesis (H1) about the links between positive and negative religious/spiritual coping and life satisfaction and psychological well-being. As expected, positive religious/spiritual coping was associated with more psychological well-being (Abu-Raiya et al., 2018; Areba et al., 2018; Vance et al., 2011). Several authors have suggested that belief in the support and protection of God and the ability to make requests/prayers for support in stress management and control are important predictors of individuals' psychological well-being (Aten et al., 2019; Chen et al., 2021; Pargament, 1997; Pargament et al., 2001; Veit & de Castro, 2013). Counted et al. (2022) added that attributing the stressor to a divine plan or design, and therefore having meaning for the individual, allows for the preservation of the ability to imagine scenarios in which it is possible to successfully overcome the stressor. However, it is important to note that the association appears to be stronger in situations of acute or extreme stress, such as bereavement (Koenig, 2012). At the same time, this is a cross-sectional study, thus causal relationships cannot be inferred. As Koenig (2012) pointed out, it is not possible to know if it is the use of positive religious/spiritual coping strategies that improves psychological well-being, or if it is people who have higher levels of well-being who seek to cope with stressors using positive religious/spiritual coping strategies.

It is worth noting that negative religious/spiritual coping did not demonstrate significant associations with either life satisfaction or psychological well-being. This finding deviates from the patterns observed in prior research (e.g., Dobrakowski et al., 2021; Hebert et al., 2009; Holt et al., 2017), warranting further investigation and interpretation. Yet, in the correlational analyses, negative religious/spiritual coping was negatively linked to psychological well-being. While more research with larger samples are needed to better understand the impact of the negative religious/spiritual coping on the psychological well-being of individuals, prior research supports a negative link between them. Some authors suggest that individuals may resort to negative religious/spiritual coping strategies when confronted with stressors, particularly when they question whether they have been abandoned by God, with the stressor serving as perceived evidence of this abandonment. In line with this perspective, individuals may express and direct their anger and frustration toward God, thereby impacting their psychological well-being. Counted et al. (2022) suggested that negative religious/spiritual coping strategies may increase the impact of the stressor on the individual, leading to the emergence of spiritual tensions that affect the feeling of security in God and the sacred (Pargament & Ano, 2006). Therefore, the use of negative religious/spiritual coping strategies exacerbates the experience of disturbance and psychological suffering, prolonging the period of psychological recovery, which mainly impacts psychological well-being.

Regarding our second hypothesis (H2), it was partially confirmed. Overall difficulties in ER (but not expressive suppression neither cognitive reappraisal) were found to contribute to explaining the relationship between positive and negative religious/spiritual coping and life satisfaction and psychological well-being. However, before delving into these findings, it is important to acknowledge the links between religious/spiritual coping and ER.

As anticipated, negative religious/spiritual coping was associated with higher levels of expressive suppression and greater difficulties in overall ER (e.g., Dolcos et al., 2021; Vishkin et al., 2019). According to Vishkin et al. (2019), religion can significantly impact an individual's ability to regulate their emotions, by affecting both intrinsic (such as self-regulation skills and emotional beliefs) and extrinsic processes that support and facilitate ER. Negative religious/spiritual coping strategies may lead to a negative reinterpretation of stressors, which can impede optimal functioning and result in deficits in ER (Fátima et al., 2022; Oles & Wozny, 2015).

Conversely, positive religious/spiritual coping was linked to an increase in cognitive reappraisal as found in previous studies (e.g., Fátima et al., 2022), and also to greater challenges in

ER—a noteworthy result that warrants further exploration. One possible explanation for this finding is that while positive religious/spiritual coping may facilitate the development of a strong and positive connection with God, it may simultaneously introduce challenges in effectively managing emotions. Positive religious/spiritual coping can encompass aspects, such as fostering a close and positive relationship with a higher power, seeking comfort in religious beliefs, and drawing on spiritual practices for support. However, this heightened spiritual connection might lead to difficulties in effectively regulating emotions, including managing, understanding, and controlling them. Furthermore, it could affect an individual's ability to direct their behavior toward specific goals (rather than religious' goals) and their capacity to tolerate negative emotional states.

In addition, it is conceivable that positive religious/spiritual coping could result in greater challenges in ER when interacting with other cognitive factors. For instance, as highlighted by Dolcos et al. (2021), religious/spiritual coping mechanisms were linked to improved ER skills, but this association was contingent on individuals having confidence in their coping abilities and the capacity to attribute positive meanings to distressing experiences. In situations where individuals lack this confidence or struggle to find positive meaning, it is plausible that they may encounter difficulties in effectively regulating their emotions.

Regarding the proposed indirect effects, we found that positive and negative religious/spiritual coping was linked to poor life satisfaction and psychological well-being via difficulties in ER. It is noteworthy that the connection between religious/spiritual coping and psychological well-being appears to be more robust compared to its association with life satisfaction. This observation is underscored by the model's ability to explain a significantly greater amount of variance in psychological well-being. While the direct effects between positive and negative religious/spiritual coping and life satisfaction and psychological well-being were not significant (exception the positive link between positive religious/spiritual coping and psychological well-being), the indirect effects via ER difficulties were significant. It seems that religious coping can contribute to poor psychological adjustment through different mechanisms, one of them ER difficulties. The difficulties and negative experiences resulting from the use of positive or negative religious/spiritual coping strategies, when combined with negative affect, maladaptive schema functioning, and inadequate and ineffective emotional experiences, may produce pronounced and impactful effects on psychological well-being. This can manifest as an exacerbation of the stressor event, an inability to generate alternative adaptive responses, and a state of tension and anger (cope anger) toward God and the Divine, which can hinder psychological recovery (Counted et al., 2022; Pargament & Ano, 2006).

### *Limitations and future research*

Several limitations need to be taken into consideration when interpreting the findings of this study. First, in terms of sample composition, it is noteworthy that our participants predominantly consist of university students, with a majority being women and possessing educational backgrounds in psychology. Also, it is a very diverse sample, which includes individuals from various demographic profiles. This encompasses both young adults and adults, including those actively engaged in diverse professional roles, with participants representing both morning and evening schedules. All these factors contribute to the limitations of the study in terms of its generalizability. Second, the cross-sectional design used does not allow for causal inferences, and the data collection took place during a period of significant psychological and spiritual fluctuations resulting from the pandemic experience, which may have influenced the observed phenomena. To better understand the relationships between the use of religious/spiritual coping, ER strategies, ER difficulties, life satisfaction, and psychological well-being, a longitudinal approach is needed. Third, the use of self-report measures through an online platform may have introduced potential data contamination, ambiguities or misunderstandings in the questions, subjectivity in responses, and the influence of social desirability bias.

Fourth, the study did not comprehensively explore the impact of sociodemographic variables on the phenomena under study, which may have had explanatory effects on the results. Therefore, future research should employ qualitative strategies, such as interviews to explore and deepen our understanding of the study variables. Finally, other variables that may contribute to explaining the association between religious coping and life satisfaction and psychological well-being, such as resilience, social support, and self-esteem, were not considered in this study.

### *Clinical implications*

From a clinical perspective, the collected data highlight the significance and importance of ER ability for the life satisfaction and psychological well-being of the university population, along with the adaptive nature of using religious/spiritual coping to cope with stressors, regardless of personal beliefs. Given the psycho-affective challenges that greatly impact experiences of satisfaction, well-being, and pleasure with life, it is crucial to develop programs and initiatives that cultivate a healthy relationship with one's own emotions and emotional states. This includes acceptance, experience, and symbolization, as well as the ability to employ a multitude of strategies, including religious and spiritual resources, to empower individuals to face multiple stressors and produce adaptive responses to life contexts. Therefore, future initiatives in an academic setting should focus on exploring emotions and the relationship with the transcendent, the divine, and the spiritual as potential sources of ER and promoting life satisfaction and well-being, especially for those who score lower in these dimensions.

### **Author Contributions**

All authors contributed to the study conception and design. Material preparation and data collection were performed by Lidia Graça; analysis was performed by Tânia Brandão. The first draft of the manuscript was written by Tânia Brandão. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

### **Data Availability Statement**

Data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

### **Declaration of Conflicting Interests**

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### **Funding**

The author(s) received no financial support for the research, authorship, and/or publication of this article.

### **Ethics Approval**

The study was conducted according to the guidelines of the Declaration of Helsinki and was approved by the Ethics Committee of CIP—Universidade Autónoma de Lisboa.

### **Informed Consent**

Informed consent was obtained from all subjects involved in the study.

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## Supplemental Material

Supplemental material for this article is available online.

## References

- Abu-Raiya, H., Ayten, A., Tekke, M., & Agbaria, Q. (2018). On the links between positive religious coping, satisfaction with life and depressive symptoms among a multinational sample of Muslims. *International Journal of Psychology*, 54(5), 678–686. <https://doi.org/10.1002/ijop.12521>
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461–480. <https://doi.org/10.1002/jclp.20049>
- Antaramian, S. (2017). The importance of very high life satisfaction for students' academic success. *Cogent Education*, 4(1), 1307622. <https://doi.org/10.1080/2331186X.2017.1307622>
- Areba, E. M., Duckett, L., Robertson, C., & Savik, K. (2018). Religious coping, symptoms of depression and anxiety, and well-being among Somali college students. *Journal of Religion and Health*, 57(1), 94–109. <https://doi.org/10.1007/s10943-017-0359-3>
- Aten, J. D., Smith, W. R., Davis, E. B., Van Tongeren, D. R., Hook, J. N., Davis, D. E., . . . Hill, P. C. (2019). The psychological study of religion and spirituality in a disaster context: A systematic review. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(6), 597–613. <https://psycnet.apa.org/doi/10.1037/tra0000431>
- Barros, R. N. D. (2021). *Saúde Mental de Estudantes Universitários: o que está acontecendo nas universidades?* [Mental Health of University Students: What's Happening on Campuses?]. <https://repositorio.ufba.br/handle/ri/33236>
- Cabello, R., Salguero, J. M., Fernández-Berrocal, P., & Gross, J. J. (2013). A Spanish adaptation of the Emotion Regulation Questionnaire. *European Journal of Psychological Assessment*, 29(4), 234–240. <https://doi.org/10.1027/1015-5759/a000150>
- Castelli, L., Di Tella, M., Adenzato, M., & Tesio, V. (2018). Pain and emotion recognition: The role of alexithymia. *Mediterranean Journal of Clinical Psychology*, 6(Suppl. 2), 227–227. <https://doi.org/10.6092/2282-1619/2018.6.1938>
- Castro-Silva, I. I., Maciel, J. A. C., & de Melo, M. M. (2021). Saúde mental e vida universitária: Desvendando burnout em estudantes de Psicologia [Mental Health and University Life: Uncovering Burnout in Psychology Students]. *Revista Sustinere*, 9(1), 5–22. <http://doi.org/10.12957/sustinere.2021.50314>
- Chen, Z. J., Bechara, A. O., Worthington, E. L. Jr., Davis, E. B., & Csikszentmihalyi, M. (2021). Trauma and well-being in Colombian disaster contexts: Effects of religious coping, forgiveness, and hope. *The Journal of Positive Psychology*, 16(1), 82–93. <https://psycnet.apa.org/doi/10.1080/17439760.2019.1663254>
- Correia, N. R. A. C. D. S. (2017). *Espiritualidade no processo de coping: Adaptação e validação do spiritual coping questionnaire na população portuguesa e a sua relação com o bem-estar espiritual* [Spirituality in the Coping Process: Adaptation and Validation of the Spiritual Coping Questionnaire in the Portuguese Population and Its Relationship with Spiritual Well-being.] [Doctoral dissertation]. <http://hdl.handle.net/10400.12/5806ht>
- Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2022). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: Does religious coping matter? *The Journal of Positive Psychology*, 17(1), 70–81. <https://psycnet.apa.org/doi/10.1080/17439760.2020.1832247>
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71–75. [https://doi.org/10.1207/s15327752jpa4901\\_13](https://doi.org/10.1207/s15327752jpa4901_13)
- Dobrakowski, P. P., Skalski, S., Surzykiewicz, J., Muszyńska, J., & Konaszewski, K. (2021). Religious coping and life satisfaction during the COVID-19 pandemic among Polish Catholics. The mediating effect of coronavirus anxiety. *Journal of Clinical Medicine*, 10(21), 4865. <https://doi.org/10.3390/jcm10214865>
- Dolcos, F., Hohl, K., Hu, Y., & Dolcos, S. (2019). Religiosity and resilience: Cognitive reappraisal and coping self-efficacy mediate the link between religious coping and well-being. *Journal of Religion and Health*, 1–14. <https://doi.org/10.1007/s10943-020-01160-y>
- Dolcos, F., Hohl, K., Hu, Y., & Dolcos, S. (2021). Religiosity and resilience: Cognitive reappraisal and coping self-efficacy mediate the link between religious coping and well-being. *Journal of Religion and Health*, 60, 2892–2905. <https://doi.org/10.1007/s10943-020-01160-y>

- Fátima, S., Arshad, M., & Mushtaq, M. (2022). Religious coping and young adult's mental well-being during Covid-19: Testing a double moderated mediation model. *Archive for the Psychology of Religion*, 44(3), 158–174. <https://doi.org/10.1177/00846724221121685>
- Fleury, L. F. D. O., Gomes, A. M. T., Rocha, J. C. C. C. D., Formiga, N. S., Tavares e Souza, M. D. M., Marques, S. C., & Bernardes, M. M. R. (2018). Religiosidade, estratégias de coping e satisfação com a vida: Verificação de um modelo de influência em estudantes universitários. [Religiosity, Coping Strategies, and Life Satisfaction: Testing an Influence Model in University Students]. *Revista Portuguesa de Enfermagem de Saúde Mental*, 20, 51–57. <https://doi.org/10.19131/rpesm.0226>
- Folkman, S., & Lazarus, R. S. (1986). Stress processes and depressive symptomatology. *Journal of Abnormal Psychology*, 95(2), 107–113. <https://doi.org/10.1037//0021-843x.95.2.107>
- Folkman, S., & Moskowitz, J. T. (2007). Positive affect and meaning-focused coping during significant psychological stress. *The Scope of Social Psychology: Theory and Applications*, 10, 193–208.
- Francis, B., Gill, J. S., Yit Han, N., Petrus, C. F., Azhar, F. L., Ahmad Sabki, Z., . . . Sulaiman, A. H. (2019). Religious coping, religiosity, depression, and anxiety among medical students in a multi-religious setting. *International Journal of Environmental Research and Public Health*, 16(2), 259. <https://doi.org/10.3390/ijerph16020259>
- Gratz, K. L., Dixon, L. J., Kiel, E. J., & Tull, M. T. (2018). Emotion regulation: Theoretical models, associated outcomes and recent advances. In V. Zeigler-Hill, & T. K. Shackelford (Eds.), *The SAGE handbook of personality and individual differences: Applications of personality and individual differences* (pp. 63–89). Sage. <https://doi.org/10.4135/9781526451248.n3>
- Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41–54. <https://psycnet.apa.org/doi/10.1023/B:JOBA.0000007455.08539.94>
- Gratz, K. L., & Tull, M. T. (2010). Emotion regulation as a mechanism of change in acceptance-and mindfulness-based treatments. In R. A. Baer (Ed.), *Assessing mindfulness and acceptance processes in clients: Illuminating the theory and practice of change* (pp. 107–133). Context Press/New Harbinger Publications.
- Gross, J. J. (1998a). Antecedent- and response-focused emotion regulation: Divergent consequences for experience, expression, and physiology. *Journal of Personality and Social Psychology*, 74(1), 224. <https://doi.org/10.1037//0022-3514.74.1.224>
- Gross, J. J. (1998b). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2(3), 271–299. <https://psycnet.apa.org/doi/10.1037/1089-2680.2.3.271>
- Gross, J. J., & Jazaieri, H. (2014). Emotion, emotion regulation, and psychopathology: An affective science perspective. *Clinical Psychological Science*, 2(4), 387–401. <https://doi.org/10.1177/2167702614536164>
- Gross, J. J., & John, O. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 85(2), 348. <https://psycnet.apa.org/doi/10.1037/0022-3514.85.2.348>
- Haga, S. M., Kraft, P., & Corby, E. K. (2009). Emotion regulation: Antecedents and well-being outcomes of cognitive reappraisal and expressive suppression in cross-cultural samples. *Journal of Happiness Studies*, 10, 271–291. <https://doi.org/10.1007/s10902-007-9080-3>
- Haines, S. J., Gleeson, J., Kuppens, P., Hollenstein, T., Ciarrochi, J., Labuschagne, I., . . . Koval, P. (2016). The wisdom to know the difference: Strategy-situation fit in emotion regulation in daily life is associated with well-being. *Psychological Science*, 27(12), 1651–1659. <https://psycnet.apa.org/doi/10.1177/0956797616669086>
- Hallion, L. S., Steinman, S. A., Tolin, D. F., & Diefenbach, G. J. (2018). Psychometric properties of the Difficulties in Emotion Regulation Scale (DERS) and its short forms in adults with emotional disorders. *Frontiers in Psychology*, 9, Article 539. <https://doi.org/10.3389/fpsyg.2018.00539>
- Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.
- Hebert, R., Zdaniuk, B., Schulz, R., & Scheier, M. (2009). Positive and negative religious coping and well-being in women with breast cancer. *Journal of Palliative Medicine*, 12(6), 537–545. <https://doi.org/10.1089/jpm.2008.0250>



- Holt, C. L., Roth, D. L., Huang, J., Park, C. L., & Clark, E. M. (2017). Longitudinal effects of religious involvement on religious coping and health behaviors in a national sample of African Americans. *Social Science & Medicine*, 187, 11–19. <https://doi.org/10.1016/j.socscimed.2017.06.01>
- Kao, C. H., Su, J. C., Crocker, J., & Chang, J. H. (2017). The benefits of transcending self-interest: Examining the role of self-transcendence on expressive suppression and well-being. *Journal of Happiness Studies*, 18, 959–975. <https://doi.org/10.1007/S10902-016-9759-4>
- Karekla, M., & Panayiotou, G. (2011). Coping and experiential avoidance: Unique or overlapping constructs? *Journal of Behavior Therapy and Experimental Psychiatry*, 42(2), 163–170. <https://doi.org/10.1016/j.jbtep.2010.10.002>
- Koenig, H. G. (2010). Spirituality and mental health. *International Journal of Applied Psychoanalytic Studies*, 7(2), 116–122. <https://doi.org/10.1002/aps.239>
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices*, 2012, Article 278730. <https://doi.org/10.5402%2F2012%2F278730>
- Láng, A. (2013). Impact of attachment to God and religious coping on life satisfaction. *Orvosi Hetilap*, 154(46), 1843–1847. <https://doi.org/10.1556/oh.2013.29751>
- Machado Vaz, F. (2009). Diferenciação e regulação emocional na idade adulta: Tradução e validação de dois instrumentos de avaliação para a população portuguesa [Emotional Differentiation and Regulation in Adulthood: Translation and Validation of Two Assessment Instruments for the Portuguese Population] (Doctoral dissertation, Universidade do Minho (Portugal)).
- Manju, H. K. (2017). Cognitive regulation of emotion and quality of life. *Journal of Psychosocial Research*, 12(1), 1–10.
- Marôco, J., Assunção, H., Harju-Luukkainen, H., Lin, S. W., Sit, P. S., Cheung, K. C., ... & Campos, J. A. (2020). Predictors of academic efficacy and dropout intention in university students: Can engagement suppress burnout? *PLoS One*, 15(10), e0239816. <https://doi.org/10.1371/journal.pone.0239816>
- McRae, K., & Gross, J. J. (2020). Emotion regulation. *Emotion*, 20(1), 1–9. <https://doi.org/10.1037/emo0000703>
- Michl, L. C., McLaughlin, K. A., Shepherd, K., & Nolen-Hoeksema, S. (2013). Rumination as a mechanism linking stressful life events to symptoms of depression and anxiety: Longitudinal evidence in early adolescents and adults. *Journal of Abnormal Psychology*, 122(2), 339–352. <https://doi.org/10.1037/a0031994>
- Moreira, H., Gouveia, M. J., & Canavarro, M. C. (2022). A bifactor analysis of the Difficulties in Emotion Regulation Scale—Short Form (DERS-SF) in a sample of adolescents and adults. *Current Psychology*, 41, 757–782. <https://doi.org/10.1007/s12144-019-00602-5>
- Nelis, D., Kotsou, I., Quoidbach, J., Hansenne, M., Weytens, F., Dupuis, P., & Mikolajczak, M. (2011). Increasing emotional competence improves psychological and physical well-being, social relationships, and employability. *Emotion*, 11(2), 354–366. <https://doi.org/10.1037/a0021554>
- Novo, R. F., Neto, D., Marcelino, A., & Santo, H. E. (2006). *Estudo de validação de medidas de BEP em amostras com e sem patologia identificada. [Validation Study of Well-being Measures in Samples with and without Identified Pathology]*. Poster presented at IX Conferência Internacional Avaliação Psicológica: Formas e Contextos. Universidade do Minho.
- Nurasikin, M. S., Khatijah, L. A., Aini, A., Ramli, M., Aida, S. A., Zainal, N. Z., & Ng, C. G. (2013). Religiousness, religious coping methods and distress level among psychiatric patients in Malaysia. *International Journal of Social Psychiatry*, 59(4), 332–338. <https://doi.org/10.1177/0020764012437127>
- Oleś, M., & Woźny, M. (2015). Religiousness and cognitive emotion regulation strategies in adolescence. *Journal for Perspectives of Economic Political and Social Integration*, 21(1-2), 35–62.
- Oliveira, E. N., Vasconcelos, M. I. O., Maciel, J. A. C., de Almeida, P. C., Neto, F. R. G. X., Lima, G. F., ... Costa, M. S. A. (2022). “Não vou nada bem”: saúde mental de estudantes universitários no contexto da COVID-19. [I’m Not Doing Well at All: Mental Health of University Students in the Context of COVID-19]. *Gestão e Desenvolvimento*, 30, 113–135. <https://doi.org/10.34632/gestaoedesenvolvimento.2022.11321>
- Olson, M. M., Trevino, D. B., Geske, J. A., & Vanderpool, H. (2012). Religious coping and mental health outcomes: An exploratory study of socioeconomically disadvantaged patients. *Explore*, 8(3), 172–176. <https://doi.org/10.1016/j.explore.2012.02.005>



- Panayiotou, G., Leonidou, C., Constantinou, E., Hart, J., Rinehart, K. L., Sy, J. T., & Björgvinsson, T. (2015). Do alexithymic individuals avoid their feelings? Experiential avoidance mediates the association between alexithymia, psychosomatic, and depressive symptoms in a community and a clinical sample. *Comprehensive Psychiatry*, 56, 206–216. <https://doi.org/10.1016/j.comppsy.2014.09.006>
- Panayiotou, G., Panteli, M., & Leonidou, C. (2021). Coping with the invisible enemy: The role of emotion regulation and awareness in quality of life during the COVID-19 pandemic. *Journal of Contextual Behavioral Science*, 19, 17–27. <https://psycnet.apa.org/doi/10.1016/j.jcbs.2020.11.002>
- Pargament K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.
- Pargament, K. I. (2001). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.
- Pargament, K. I. (2011). Religion and coping: The current state of knowledge. In S. Folkman (Ed.), *The Oxford handbook of stress, health, and coping* (pp. 269–288). Oxford University Press.
- Pargament, K. I., & Ano, G. G. (2006). Spiritual resources and struggles in coping with medical illness. *Southern Medical Journal*, 99(10), 1161–1163.
- Pargament, K. I., Feuille, M., & Burdzy, D. (2011). The Brief RCOPE: Current psychometric status of a short measure of religious coping. *Religions*, 2(1), 51–76. <https://doi.org/10.3390/rel2010051>
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of health psychology*, 9(6), 713–730. <https://doi.org/10.1177/1359105304045366>
- 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. <https://psycnet.apa.org/doi/10.1111/0021-8294.00073>
- Park, C. L. (2007). Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*, 30, 319–328. <https://doi.org/10.1007/s10865-007-9111-x>
- Pereira, R. M. S., Selvati, F. S., Ramos, K. S., Teixeira, L. G. F., & Conceição, M. V. (2020). Experience of university students in Covid-19 pandemic times. *Revista Práxis*, 12(Suppl. 1), 47–56.
- Rahimi, A., Bakar, R. S., & Mohd Yasin, M. A. (2021). Psychological well-being of malaysian university students during covid-19 pandemic: Do religiosity and religious coping matter? In *Healthcare* (Vol. 9, No. 11, p. 1535). <https://doi.org/10.3390/healthcare9111535>
- Reppold, C., Kaiser, V., Zanon, C., Hutz, C., Casanova, J. R., & Almeida, L. S. (2019). Escala de Satisfação com a Vida: Evidências de validade e precisão junto de universitários portugueses. [Life Satisfaction Scale: Evidence of Validity and Precision Among Portuguese University Students]. *Estudios e Investigación en Psicología y Educación*, 6(1), 15–23. <https://doi.org/10.17979/reipe.2019.6.1.4617>
- Rodríguez-Rey, R., Garrido-Hernansaiz, H., & Collado, S. (2020). Psychological impact of COVID-19 in Spain: Early data report. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(5), 550–552. <https://psycnet.apa.org/doi/10.1037/tra0000943>
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://psycnet.apa.org/doi/10.1037/0022-3514.57.6.1069>
- Santana, V. S., & Gondim, S. M. G. (2016). Regulação emocional, bem-estar psicológico e bem-estar subjetivo. [Emotional Regulation, Psychological Well-being, and Subjective Well-being]. *Estudos de Psicologia*, 21, 58–68. <https://psycnet.apa.org/doi/10.5935/1678-4669.20160007>
- Shourie, S., & Kaur, H. (2017). Subjective wellbeing and difficulties with emotion regulation among adolescents. *Journal of Psychosocial Research*, 12(1), 217–222. <http://doi.org/10.17719/jisr.2019.3878>
- Stein, C. H., Hoffmann, E., Bonar, E. E., Leith, J. E., Abraham, K. M., Hamill, A. C., . . . Fogo, W. R. (2013). The United States economic crisis: Young adults' reports of economic pressures, financial and religious coping and psychological well-being. *Journal of Family and Economic Issues*, 34(2), 200–210. <https://psycnet.apa.org/doi/10.1007/s10834-012-9328-x>
- St-Louis, A. C., Rapaport, M., Chénard Poirier, L., Vallerand, R. J., & Dandeneau, S. (2021). On emotion regulation strategies and well-being: The role of passion. *Journal of Happiness Studies*, 22, 1791–1818. <https://doi.org/10.1007/s10902-020-00296-8>
- Szczęśniak, M., & Tułeczka, M. (2020). Family functioning and life satisfaction: The mediatory role of emotional intelligence. *Psychology research and behavior management*, 223–232. <https://doi.org/10.2147/PRBM.S240898>

- Tang, W. R., & Kao, C. Y. (2017). Psychometric testing of the Spiritual Well-Being Scale–Mandarin version in Taiwanese cancer patients. *Palliative & Supportive Care*, 15(3), 336–347. <https://doi.org/10.1017/s147895151600081x>
- 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. <https://doi.org/10.1037//0022-006x.66.2.411>
- Tomás, C., & Rosa, P. J. (2021). Validation of a Scale of Religious and Spiritual Coping (RCOPE) for the Portuguese Population. *Journal of Religion and Health*, 60, 3510–3529. <https://doi.org/10.1007/s10943-021-01248-z>
- Trankle, T. M. (2006). Psychological well-being, religious coping, and religiosity in college students. *Encyclopedia of Quality of Life and Well-Being Research*, 1(5), 53–56.
- Vale, A. P. M. (2021). *Saúde mental e bem-estar psicológico dos estudantes do ensino superior após a terceira vaga da pandemia da covid-19: um estudo descritivo-exploratório* [Mental Health and Psychological Well-being of Higher Education Students After the Third Wave of the COVID-19 Pandemic: A Descriptive-Exploratory Study] [Bachelor's thesis]. <https://hdl.handle.net/10284/10474>
- Vally, Z., & Ahmed, K. (2020). Emotion regulation strategies and psychological wellbeing: Examining cognitive reappraisal and expressive suppression in an Emirati college sample. *Neurology, Psychiatry and Brain Research*, 38, 27–32. <https://doi.org/10.1016/j.npbr.2020.09.001>
- Vance, D. E., Brennan, M., Enah, C., Smith, G. L., & Kaur, J. (2011). Religion, spirituality, and older adults with HIV: Critical personal and social resources for an aging epidemic. *Clinical Interventions in Aging*, 6, 101–109. <https://doi.org/10.2147/cia.s16349>
- Veit, C. M., & de Castro, E. K. (2013). Coping religioso/espiritual em mulheres com câncer de mama. [Religious/Spiritual Coping in Women with Breast Cancer]. *Arquivos Brasileiros de Psicologia*, 65(3), 421–435.
- Verger, P., Combes, J. B., Kovess-Masfety, V., Choquet, M., Guagliardo, V., Rouillon, F., & Peretti-Wattell, P. (2009). Psychological distress in first year university students: Socioeconomic and academic stressors, mastery and social support in young men and women. *Social Psychiatry and Psychiatric Epidemiology*, 44, 643–650. <https://doi.org/10.1007/s00127-008-0486-y>
- Vishkin, A., Ben-Nun Bloom, P., & Tamir, M. (2019). Always look on the bright side of life: Religiosity, emotion regulation and well-being in a Jewish and Christian sample. *Journal of Happiness Studies*, 20, 427–447. <https://link.springer.com/article/10.1007/s10902-017-9956-9>
- Vishkin, A., Bigman, Y. E., Porat, R., Solak, N., Halperin, E., & Tamir, M. (2016). God rest our hearts: Religiosity and cognitive reappraisal. *Emotion*, 16(2), 252–262. <https://psycnet.apa.org/doi/10.1037/emo0000108>
- Vishkin, A., Bigman, Y., & Tamir, M. (2014). Religion, emotion regulation, and well-being. In *Religion and spirituality across cultures* (pp. 247-269). Springer Netherlands
- Vitorino, L. M., Lucchetti, G., Leão, F. C., Vallada, H., & Peres, M. F. P. (2018). The association between spirituality and religiousness and mental health. *Scientific Reports*, 8(1), 1–9. <https://doi.org/10.1038/s41598-018-35380-w>
- Wang, C., & Zhao, H. (2020). The impact of COVID-19 on anxiety in Chinese university students. *Frontiers in Psychology*, 11, Article 1168. <https://doi.org/10.3389/fpsyg.2020.01168>
- Weiss, N. H., Darosh, A. G., Contractor, A. A., Schick, M. M., & Dixon-Gordon, K. L. (2019). Confirmatory validation of the factor structure and psychometric properties of the difficulties in emotion regulation scale-positive. *Journal of Clinical Psychology*, 75(7), 1267–1287. <https://psycnet.apa.org/doi/10.1002/jclp.22768>
- Yigit, A., & Ragip, A. (2014). Emotion regulation strategies as a predictor of life satisfaction in university students. *Psychology*, 2014, Article 45267.
- Yiğit, İ., & Yiğit, M. (2019). Psychometric properties of Turkish version of Difficulties in Emotion Regulation Scale-Brief Form (DERS-16). *Current Psychology*, 38, 1503–1511. <https://doi.org/10.3390/ijerph192013661>
- Zanon, C. (2017). Felicidade e indicadores de psicopatologia em brasileiros. [Happiness and Psychopathology Indicators in Brazilians]. *Avaliação Psicológica: Interamerican Journal of Psychological Assessment*, 16(4), 452–457. <https://submission-pepsic.scielo.br/index.php/avp/article/view/12857>

Zanon, C., Dellazzana-Zanon, L. L., Wechsler, S. M., Fabretti, R. R., & Rocha, K. N. D. (2020). COVID-19: Implicações e aplicações da Psicologia Positiva em tempos de pandemia. [COVID-19: Implications and Applications of Positive Psychology in Times of Pandemic]. *Estudos de Psicologia*, 37, Article e200072.

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