

The Relationship between Religious Coping Strategies and Happiness with Meaning in Life in Blind People

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Abstract

The aim of this study was studying the relationship between religious coping strategies and happiness with meaning in life in blind people in Iran in 2015. This research was a Correlation study with sample size of 103 blind people (17 to 55 years) of Yazd in Iran, selected by convenience sampling method. Data were gathered by Islamic Coping Strategies Scale (ICSS), Oxford Happiness Inventory (OHI) and Meaning in Life Questionnaire (MLQ). SPSS-16 was used for analyzing data. Correlation coefficient results showed a positive significant correlation between religious coping strategies (Cognitive, Behavioral and Emotional) and happiness with meaning in life, also there was a positive significant correlation between religious coping strategies and happiness ($p < 0.01$). T-test showed that there was no significant difference between religious coping strategies, happiness and meaning in life in male and female blind people ($p > 0.05$). Stepwise regression showed that happiness, emotional, cognitive and behavioral subscales were respectively the strongest predictors for meaning in life. It can be concluded that religious and spirituality among blind people help them faced life's challenges more logically. This factor has an important role on increasing the levels of happiness and meaning in life.

Keywords: religious coping strategies, happiness, meaning in life, blind people

1. Introduction

Eyesight, among the human senses, has a prominent role in shaping the environment of individuals that conducts human to be aware of the world around, interacting with people and objects and also it leads to some successes in life. Indeed, eyesight facilitates locomotors activity, exploration and identification of the environment that leads to form the basis of cognitive growth and consequently better identity development in humans (Silver-Pacuilla, Perin, & Miller, 2013; Spybrook, 2014). Blindness is a disability that disrupted the way of communicating and doing things and also the relationship with other members of the community takes place in limited organizations with closed interaction. The blind person makes a negative imagine in his unconscious during his life which can affect the overall structure of his personality and also his psychological balance becomes vulnerable. Some former studies reported that blind people are afflicted to mental and emotional problems such as depression and anxiety due to their negative thoughts (Ghribi et al., 2014). Nevertheless, difficulty in eyesight is a defect that can happen in every stage of life. If the flaw becomes serious it causes a loss of sight of the people. A person is said to be legally blind that his visibility is too low that can't see the widest diameter of angular distance more than 20 degrees (Brown, 2012; Taymans & Kosaraju, 2012).

Identifying the coping pathways by blind people in their everyday life can affect their behaviors and actions. Human life is an endless struggle which their coping and adaptation ability is the only strong base to survive in such continues struggle. Coping and adaptation is a continuing, dynamic, progressive and protective process that

helps the living organism becomes compatible with constant changes of their life and environment. Adaptation mechanisms and coping styles determines the range of health and mental illness that leads to evaluation of the situation, security, flexibility, support and grow identity (Bay et al., 2008; Rahnama et al., 2015).

Until now, many researches has been conducted to identify the coping styles and distinguishing between beneficial and non-beneficial coping styles that Lazarus & Folkman studies about problem-focused and emotion-oriented coping, Billings & Moos studies about active behavioral, cognitive, and social coping styles and (Chapman & Steger, 2010). Religious coping strategy is another kind of coping strategies that individual uses them in their everyday interactions. Religious coping strategy is a way that human beings use rituals and religious beliefs to cope with life's difficulties and pressures (Rahnama et al., 2015).

Religious coping strategies were made to access control by human that can predict traditional, non religious and general coping strategies. Religious beliefs are an important part of every culture and every society's opinion. Hence, most of people use religion for understanding themselves and the world. These beliefs can answer some suffering due to adverse events in life, regardless of their truth or falsity (Gaston-Johansson et al., 2013; Shilo, Yossef, & Savaya, 2015).

The complexity of life in this century has led people to show continuous incompatibility toward harshness, anxiety and lack of happiness and mental relaxation that are the most common disorders against incompatibility (Weathers et al., 2009). Faith and piety or religion in general has some strategies to cope with cognitive, behavioral and social factors. If each agent has considerably strengthened, could improve the resolution of problems such as loneliness, psychotic disorders and stressful life events (Shilo et al., 2015).

The results indicate that coping styles have an important supportive role in raising the level of happiness and hope in people's lives as well as being effective on reducing disease (Thune-Boyle et al., 2011). Happiness in psychology known as one of the most important human psychological needs that has a major influence on personality development and mental health. Happiness, in modern psychology is a main component of positive psychology that different psychologists pay attention to positive emotions due to the role of happiness and its effectiveness in their treatment centers in the final years of the twentieth century. In fact, happiness is one of the basic human emotions that everyone has experienced it based on their own world and almost all people want it for their favorite people (Bayani, 2008; Liaghatdar et al., 2008). Happiness-a mental or emotional state of well-being defined by positive or pleasant emotions ranging from contentment to intense joy- is an absence of negative affect a combination of positive affect and life satisfaction-the way person evaluates their lives and how they feel about where they are going in the future (Fitzgerald & Danner, 2012).

Meaning in life is another variable in positive psychology such as happiness, hope and optimism that is the spotlight of psychologists. Historically, meaning in life is one of the most controversial issues in psychology and philosophy. So far, some efforts have been made to understand its nature over the centuries and great philosophers and psychologists such as Nietzsche, Sartre, Frankl, Yalom and ... discussed it (Loffler et al., 2010; Shiah et al., 2015). A religious culture considered meaning in life as important and it becomes one of the most important components of philosophical problems in moral philosophy. Meaning in life component is one of the important philosophical issues not only because of its nature but also due to its necessity and requirements. Although many uncertainties and questions found in this issue, psychologists and philosophers of ethics have always shown great interest in this topic and have tried to answer these questions (Reynolds & Turner, 2008; Shiah et al., 2015).

As mentioned, although blind people are deprived of eyesight, they benefit from other senses to understand the world around them that is useful in their cognitive information processing. Impaired awareness and negative attitudes towards the empowerment of the Blind people are the factors that could cause low self-esteem, and increase mental disorders in blind people. Since few studies is done on the features of happiness, quality of life and religious strategies of blind people, researchers in this article study the relationship between religious coping strategies and happiness with meaning in life in blind people.

2. Method

This was a correlation study. In the present study; there were two types of variables: Independent variables "Religious Coping Strategies and Happiness" and the dependent variable "Meaning in life". The population included all of the young and adult blind people in Yazd in Iran. Almost, a quarter of the disabled populations in Yazd are blind, that's why this research chose this group to study on. Hence, according to previous studies and Cochran formula and 103 blind people were selected by convenience method. The final criteria for choosing participants were:

- Having at least BA. degree
- Being 17-55 years old
- Having at least 6 months history of blindness

The exclusion criterions were:

- Having any psychological disorder
- Receiving simultaneous psychiatry therapy or other psychotherapies

This research was conducted in collaboration with the Association for the Blind, Yazd, in spring and early summer 2015. Data collection included Demographics' questions (age, gender, education level, economic status) and the following questionnaires.

1). Islamic coping strategies scale (ICSS)

This questionnaire was made by Ahteshamzadeh in 2009 that its contents were obtained from Quran and religious doctrine that ensures mental health. The questionnaire consists of 32 questions with three levels of cognitive, emotional and behavioral. Options were based on the Likert scale (Strongly agrees to strongly disagree) and the maximum total scores was 128. The content validity of the questionnaire was 0.825 and internal consistency for the total scale was 0.923 that shows the proper reliability and validity of this questionnaire (Ahteshamzadeh et al., 2008).

2). Oxford happiness Inventory (OHI)

This questionnaire was made by Argyle, Martin, & Crosslandin 1989. The first questionnaire included 21 questions which were obtained by reversing the Depression Inventory questions but after a while eight other items were added. This questionnaire has 29 items and each one has 4 options that were scored from 0 to 3 and finally, a score between 0 and 87 was obtained. Individual who takes higher scores on the Happiness questionnaire have greater joy in their life (Francis & Katz, 2000). The Cronbach's alpha (0.92) and Test-retest reliability (0.73) were obtained in Iranian version of the questionnaire (Liaghatdar et al., 2008).

3). Meaning in Life Questionnaire (MLQ)

The questionnaire was made by Steger et al in 2006 which includes 10 questions and it measures the meaning in life and the search for the meaning in life. The answer to each question was measured on a 7- point Likert (agreement or disagreement) and the range of scores was from 10 to 70. Internal consistencies for the total tests were reported 70 (Steger, Frazier, Oishi, & Kaler, 2006). The validity of Cronbach's alpha was obtained 0.70 in Iran. The reliability of the test after a period of a month was reported 0.75 and the content validity has been reported as 0.80 (Gholammohammadi et al., 2013).

A written consent had been taken from Society for the Blind people before doing this research then the appointment was made with blind people from their addresses and telephone numbers. A full explanation of the study and its purpose were given to each of the blind people and wanted them to participate in the research. Those who have declared their consent to participate in research was interviewed. They answered the questions related to the research.

The results were recorded by another researcher with regard to the options chosen by the participants. SPSS-16, descriptive statistics, Pearson correlation coefficient, T-test and stepwise regression were used for analyzing data.

Written consents for doing such research were taken from examinees and also necessary explanations were presented to them. The examinees were assured about the secrecy of their nameless information. At the end, they were assured that can have the results of this research after publishing the paper.

3. Results

This study was performed on 103 blind people aged between 17 to 55 years in Yazd. The mean age of the participants was 32.77 ± 11.14 . Among the participants, 59.2% were female and 40.8% were male. Meanwhile, 51.5% were single, 39.8% had Diploma, 27.2% B.A and over, 25.2% under Diploma and 7.8% advanced Diploma. The largest age group of participants (46.6%) was between 17 and 29. T-test results showed that there were no significant differences between religious coping strategies, happiness and meaning in life among male and female blind people ($p > 0.05$).

Table 1. The mean and standard deviation of religious coping strategies, happiness and the meaning in life in the blind people (N = 103).

Variable	Group	Mean	Std. Deviation	T	P-Value
Cognitive	Male	33.88	1.82	1.647	> 0.103
	Female	33.24	1.98		
Emotional	Male	23.73	5.4	-0.130	> 0.896
	Female	23.83	1.09		
Behavioral	Male	32.97	2.86	-0.96	> 0.924
	Female	33.03	3.01		
Coping strategies	Male	90.59	7.07	0.385	> 0.701
	Female	90.11	5.56		
Happiness	Male	53.14	9.63	1.235	> 0.220
	Female	50.01	6.53		
Meaning in life	Male	58.45	9.63	-0.056	> 0.956
	Female	58.54	6.53		

The results showed that the overall rate of religious coping strategies ($M = 90.3 \pm 6.2$) was at the good level in blind people. The scores obtained from happiness ($M = 51.29 \pm 12.66$) was moderate and scores derived from the meaning in life (58.5 ± 7.9) was at the good level.

Table 2. The relationship between subscales of religious coping strategies, happiness and meaning in life

Variables	Happiness		Meaning in life	
	R	Sig.	R	Sig.
Cognitive	0.164	< 0.097	-0.141	0.156
Behavioral	0.306	* < 0.002	0.355	* < 0.001
Emotional	0.092	0.353	0.300	* < 0.002
Coping strategies	0.252	* < 0.01	0.305	* < 0.002
Happiness	-	-	0.409	* < 0.001

* Correlation is significant the 0.01 level.

Contents of Table 2 obtained from the Pearson correlation coefficient showed that there was a positive significant correlation between religious coping strategies and behavioral-emotional subscales with meaning of life. There was a positive significant correlation between happiness and meaning in life ($r = 0.409$). The other results in Table 2 showed a positive significant correlation between religious coping strategies and behavioral subscales with happiness ($p < 0.01$). So it can be concluded that the more religious coping strategies and happiness in blind people, the more meaning in life. In the following, stepwise regression analysis was used to determine happiness, religious coping strategies and its subscales of each variable with its components in meaning in life variation (Table 3).

Table 3. The Summary of stepwise regression for criteria variable

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.409	.167	.159	7.24
2	.486	.236	.221	6.97
3	.541	.292	.271	6.74
4	.594	.352	.326	6.48

The contents of Table 3 showed that four components in two steps has multiple correlation with meaning in life in which happiness with determination coefficient of 15% was able to predict meaning in life based on the importance of predictor variables in stepwise multiple regression analysis. In the second step, determination coefficient up to 22% by adding emotional to happiness and it can be said that emotional (7%) can predict meaning in life. In the triad step, determination coefficient up to 27% by adding cognitive to happiness and emotional and it can be said that cognitive (5%) can predict meaning in life. Also, in the fourth step, determination coefficient up to 27% by adding behavioral to happiness, emotional and cognitive and it can be said that behavioral (5%) can predict meaning in life.

According to table 4, it can be said that 32% of meaning in life can be predicted by social happiness, emotional, cognitive and behavioral regression and also variance analysis confirmed the reliability of regression in happiness and religious coping strategy subscales predicting.

Table 4. The Summary of ANOVA at stepwise regression analysis

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1064.275	1	1064.275	20.261	< 0.000
	Residual	5305.473	101	52.529		
	Total	6369.748	102			
2	Regression	1506.408	2	753.204	15.487	< 0.000
	Residual	4863.340	100	48.633		
	Total	6369.748	102			
3	Regression	1861.468	3	620.489	13.626	< 0.000
	Residual	4508.280	99	45.538		
	Total	6369.748	102			
4	Regression	2244.720	4	561.180	13.332	< 0.000
	Residual	4125.028	98	42.092		
	Total	6369.748	102			

In Table 5, stepwise multiple regression analysis has entered social happiness, emotional, cognitive and behavioral into the regression equation for predicting meaning in life that means there was a positive significant relationship between happiness ($\beta = 0.40$, $p < 0.001$) and meaning in life. The next time, there was a positive significant relationship between emotional ($\beta = 0.26$), cognitive ($\beta = 0.24$) and behavioral ($\beta = 0.23$) with meaning in life. This result showed that happiness and religious coping strategy subscales predict good level of meaning in life in blind people.

Table 5. The Summary of coefficients at stepwise regression analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	45.420	2.993		15.173	< 0.000
	Happiness	.255	.057	.409	4.501	< 0.000
2	(Constant)	32.853	5.066		6.484	< 0.000
	Happiness	.240	.055	.384	4.379	< 0.000
	Emotional	.561	.186	.265	3.015	< 0.003
3	(Constant)	63.362	11.976		5.291	< 0.000
	Happiness	.263	.054	.422	4.906	< 0.000
	Emotional	.607	.181	.286	3.359	< 0.001
	Cognitive	.979	.351	.240	2.792	< 0.006
4	(Constant)	54.113	11.915		4.542	< 0.000
	Happiness	.221	.053	.355	4.142	< 0.000
	Emotional	.450	.182	.212	2.477	< 0.015
	Cognitive	1.272	.351	.312	3.625	< 0.000
	Behavioral	.756	.250	.231	3.017	< 0.003

4. Discussion

The results obtained in this study showed a positive significant correlation between religious coping strategies and its cognitive, emotional, behavioral subscales with meaning in life in blind people. Since the contents of knowledge in Islam includes issues such as belief in God, belief in God's help and support, believed the effects of positive functions such as pray and repent and some items such as Idolize the saints' living, patience in the face of adversity, refrain from engaging in sin, consultation with religious experts and... are the behavioral religious approaches and invoking the saints and going to pilgrimage Imams are the contents of emotional coping approach so it can be said that each of the pillars of religious separately has an effective role in giving meaning to life and hope to the blind people. This means that having Muslim religion is associated with the logical approaches that each of them is linked with the main aspects of blinds' body and mind. Thus it increases the power of understanding and more appropriate to deal with the problems of life in blind people.

The findings are in line with previous studies, for example: Khakshour et al., (2013) stated in their study that the image of God and spirituality affected the meaning in life. Also Jenkins (1991) showed that patients turn to religion as a source of support and considered worship and prayer as a means of support. In fact, they are using religion to find active and meaningful way to achieve their goals in life.

Other results showed a direct relationship between religious coping strategies and happiness. This means that having religious approach and using coping strategies with religious guidelines leads to higher levels of happiness in blinds' life. This finding is in line with previous studies, for example: Ahteshamzadeh et al., (2008) showed that religious coping strategies can predict 0.09 variance of happiness. In their idea, using religious coping strategies helps people to deal with adverse events that partly increase happiness in them (Ahteshamzadeh et al., 2008), while Lewis et al., (2005) showed that there is no relationship between religious coping strategies and happiness (Lewis et al., 2005)

T-test results showed that there was no difference between religious coping strategies, happiness and meaning in life among males and females. No research was found to compare in this context. Bigdel&Elahi (2014) showed that girls have higher emotional intelligence than boys. Asadi et al., (2004) showed in a study that Blind people have less assertiveness and higher stress compared to healthy individual that can lead to depression.

Other research results using the stepwise regression analysis showed that meaningful life is a variable which is influenced by several factors that can be useful in predicting it. Therefore, happiness variable ($\beta = 40\%$) has the most ability to predict the meaning in life of blind people. This means that the greater the amount of joy in blind

people, the greater probability to understand and enjoy their life. Also emotional subscale, cognitive subscales and behavioral subscales among coping strategies has respectively the most ability to predict meaning in life in blind people. This means that the stronger emotional and intellectual strategies of guidelines in blind people, the more possibility to understand the meaningful life.

5. Conclusion

The results of this study showed that using religious guidelines to deal with unpleasant life events help blind people to have better psychological conditions. So that the more use of religious coping strategies in blind people, the more joy in their psychological condition. As a result, they will understand better and healthier life. The findings of this research tried to be expressed without bias and with complete accuracy but this research had some restrictions as small sample size and being cross-sectional. So it is recommended to the researchers to use big sample sizes and compare mental health features and meaningful life between the healthy and the blind people in future studies.

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Competing Interests Statement

The authors declare that there is no conflict of interests regarding the publication of this paper.

References

- Ahteshamzadeh, P., Ahadi, H., Enayati, M. S., Mzaheri, M. M., & Haidari, A. (2008). The relationship between extroversion, neurotic tendency, forgiveness and Islamic coping strategies with happiness in College Students of Ahvaz in 2008. *Journal of Research in Psychology, Islamic Azad University (Esfahan)*, 2(38), 63-92.
- Asadi, J., Rezaee, R., & Torabi, S. E. (2009). Comparison between assertiveness, anxiety, depression and stress in blind and sighted subjects. *Journal of Special Education*, 93(94), 3-13.
- Bay, P. S., Beckman, D., Trippi, J., Gunderman, R., & Terry, C. (2008). The effect of pastoral care services on anxiety, depression, hope, religious coping, and religious problem solving styles: A randomized controlled study. *J Relig Health*, 47(1), 57-69. <http://dx.doi.org/10.1007/s10943-007-9131-4>
- Bayani, A. A. (2008). Test-retest reliability, internal consistency, and construct validity of the Farsi version of the Oxford Happiness Inventory. *Psychol Rep*, 103(1), 139-144. <http://dx.doi.org/10.2466/pr0.103.1.139-144>
- Bigdel, E., & Elahi, T. (2014). Comparison of Emotional Intelligence of blinds and deaf among high school students in Zanjan. *Journal of Special Education*, 14(4), 22-31.
- Brown, L. J. (2012). Introduction and guide to the special issue on economic and workforce issues facing dentistry and dental education in the twenty-first century. *J Dent Educ*, 76(8), 965-972.
- Ghribi, A., Gasmi, M., Ben Slama, A., Sghairoun, N., & Hamzaoui, M. (2014). [An exceptional presacral mass in children: rectal duplication]. *Arch Pediatr*, 21(3), 312-313, 322-314. <http://dx.doi.org/10.1016/j.arcped.2013.12.012>
- Chapman, L. K., & Steger, M. F. (2010). Race and religion: differential prediction of anxiety symptoms by religious coping in African American and European American young adults. *Depress Anxiety*, 27(3), 316-322. <http://dx.doi.org/10.1002/da.20510>
- Fitzgerald, C. J., & Danner, K. M. (2012). Evolution in the office: how evolutionary psychology can increase employee health, happiness, and productivity. *Evol Psychol*, 10(5), 770-781.
- Francis, L. J., & Katz, Y. J. (2000). Internal consistency reliability and validity of the Hebrew translation of the Oxford Happiness Inventory. *Psychol Rep*, 87(1), 193-196. <http://dx.doi.org/10.2466/pr0.2000.87.1.193>
- Gaston-Johansson, F., Haisfield-Wolfe, M. E., Reddick, B., Goldstein, N., & Lawal, T. A. (2013). The relationships among coping strategies, religious coping, and spirituality in African American women with breast cancer receiving chemotherapy. *Oncol Nurs Forum*, 40(2), 120-131. <http://dx.doi.org/10.1188/13.ONF.120-131>
- Gholammohammadi, H., Foroughan, M., Bahrami, F., Younesi, SJ, & Farzi, M. (2013). The Effectiveness of Religious Component Training on Meaning of Life of Elderly Men Resident in Sanatorium. *MEJDS*, 3(2), 34-42.

- Jenkins, R. A. (1991). Toward a psychosocial conceptualization of religion as a resource in cancer care and prevention. *Prevention in Human Services, 10*(1), 91-105.
- Khakshour, F, Ghobari-Bonab, B, &Shahaeizadeh, F (2013).The role of images of God and religious identity on meaning in life.*Journal of Religion Psychology*(22), 44-58.
- Lewis, C. A., Maltby, J., & Day, L. (2005).Religious orientation, religious coping and happiness among UK adults.*Personality and Individual differences, 38*(5), 1193-1202.
- Liaghatdar, M. J., Jafari, E., Abedi, M. R., &Samiee, F. (2008).Reliability and validity of the Oxford Happiness Inventory among university students in Iran.*Span J Psychol, 11*(1), 310-313.
- Loffler, S., Knappe, R., Joraschky, P., &Pohlmann, K. (2010).[Meaning in life and mental health: personal meaning systems of psychotherapists and psychotherapy patients].*Z Psychosom Med Psychother, 56*(4), 358-372. <http://dx.doi.org/10.13109/zptm.2010.56.4.358>
- Rahnama, P., Javidan, A. N., Saberi, H., Montazeri, A., Tavakkoli, S., Pakpour, A. H., &Hajiaghababaei, M. (2015). Does religious coping and spirituality have a moderating role on depression and anxiety in patients with spinal cord injury? A study from Iran.*Spinal Cord, 53*(12), 870-874. <http://dx.doi.org/10.1038/sc.2015.102>
- Reynolds, J. R., & Turner, R. J. (2008). Major life events: their personal meaning, resolution, and mental health significance. *J Health SocBehav, 49*(2), 223-237.
- Shiah, Y. J., Chang, F., Chiang, S. K., Lin, I. M., & Tam, W. C. (2015). Religion and health: anxiety, religiosity, meaning of life and mental health. *J Relig Health, 54*(1), 35-45. <http://dx.doi.org/10.1007/s10943-013-9781-3>
- Shilo, G., Yossef, I., &Savaya, R. (2015). Religious Coping Strategies and Mental Health Among Religious Jewish Gay and Bisexual Men. *Arch Sex Behav*.<http://dx.doi.org/10.1007/s10508-015-0567-4>
- Silver-Pacuilla, H., Perin, D., & Miller, B. (2013).Introduction to Special Issue of Skills and Trajectories of Developmental Education Learners.*Community Coll Rev, 41*(2), 111-117. <http://dx.doi.org/10.1177/0091552113484964>
- Spybrook, J. (2014). Introduction to Special Issue on Design Parameters for Cluster Randomized Trials in Education. *Eval Rev, 37*(6), 435-444. <http://dx.doi.org/10.1177/0193841X14527758>
- Steger, M. F, Frazier, P., Oishi, Sh., &Kaler, M. (2006).The meaning in life questionnaire: Assessing the presence of and search for meaning in life. *Journal of counseling psychology, 53*(1), 80.
- Taymans, J. M., &Kosaraju, S. (2012). Introduction to the journal of learning disabilities special issue: adults with learning disabilities in adult education. *J Learn Disabil, 45*(1), 3-4. <http://dx.doi.org/10.1177/0022219411426860>
- Thune-Boyle, I. C., Stygall, J., Keshtgar, M. R., Davidson, T. I., & Newman, S. P. (2011). Religious coping strategies in patients diagnosed with breast cancer in the UK. *Psychooncology, 20*(7), 771-782. <http://dx.doi.org/10.1002/pon.1784>
- Weathers, B., Kessler, L., Collier, A., Stopfer, J. E., Domchek, S., &Halbert, C. H. (2009).Utilization of religious coping strategies among African American women at increased risk for hereditary breast and ovarian cancer.*Fam Community Health, 32*(3), 218-227. <http://dx.doi.org/10.1097/FCH.0b013e3181ab3b53>

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