

**Impact of Religious Coping on Perceived Stress and Mental Well-Being
Among Transgenders**

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ABSTRACT

The current study examined the effects of positive and negative religious coping on perceived stress and mental well-being of transgender people in Pakistan. 350 participants were sampled through purposive and targeted sampling from Rawalpindi, Islamabad, Jhelum, and Karachi. 50 primary data of participants were utilized in a pilot study and 300 in the main analysis. This cross-sectional quantitative study used the Brief RCOPE, Perceived Stress Scale (PSS), and Warwick-Edinburgh Mental Well-being Scale (WEMWBS) with participants. Analysis of data was carried out with IBM SPSS Version 27 via linear regression. Positive religious coping was significantly correlated with less perceived stress and better mental well-being, with negative religious coping predicting greater stress and poorer mental health. Globally, religious coping is an important factor influencing responses to stress and psychological functioning among trans individuals, and culturally and spiritually appropriate interventions are necessary for helping marginalized groups maintain their mental health.

Keywords: Religious Coping, Perceived Stress, Mental Well-being

INTRODUCTION

The American Psychological Association has construed transgender as "an umbrella term used to illustrate the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth" (APA, 2015, p. 863). A total of 10,418 people were counted as transgender in Pakistan's 2017 census, roughly 0.005% of the population, yet they remain under marginalization and non-acceptance (Khan, 2017). Traditionally, the khwajasira had esteemed roles in Mughal courts but today are subjected to social isolation, violence, and limited access to health and education (Sabir et al., 2019).

Religious coping is a significant predictor of psychological adjustment. Pargament et al. (1990) defined it as using religion to cope with stress. Positive religious coping indicates nearness to God and reinterpretation of challenges, whereas negative coping illustrates spiritual discontent and anguish (Pargament et al., 1998). Theories underpinning this research are the Theory of Religious Coping (Pargament, 2001), the Transactional Model of Stress (Lazarus & Folkman, 1984), and Minority Stress Theory (Meyer, 2003).

Perceived stress, or the degree to which one sees things as threatening or harmful (Cohen et al., 1983), is related to depression but can be moderated by coping resources (Liu et al., 2023). Mental well-being, or being happy, lowered distress, and being in balance in life (APA, 2018; Galderisi et al., 2015), is crucial for recovery and high functioning (Chan & Weich, 2020).

Among Pakistani Muslims, positive Islamic coping was associated with increased well-being and decreased stress (Z. H. Khan et al., 2012). In the same way, positive religious coping also increases well-being, whereas negative coping results in distress (Bjorck & Thurman, 2007). Stress has also been associated with unhealthy behaviors and worse outcomes (Cortes et al., 2020). Transgender people in Pakistan experience severe social exclusion, discrimination, and violence, and have high levels of sex work, drug use, suicidal ideation, and attempts (Sherazi et al., 2023).

The current study fills this void by examining the function of religious coping in stress and well-being in transgender individuals. Research reveals that religious coping can lower anxiety and depression (Bryan et al., 2016), enhance regulation through practices such as prayer, meditation, and Dhikr (Goyal et al., 2014; Abu-Raiya, 2013), and be incorporated into therapy such as faith-based CBT (Pearce et al., 2018; Husain & Hodge, 2016). Affirming faith communities also foster inclusion and resilience (Scott et al., 2022; Koenig, 2012).

By focusing on meaning-making, positive coping, and community support, this research aims to inform culturally sensitive interventions that reduce exclusion and enhance mental health among transgender populations (Ellison & Levin, 1998; Park, 2017).

The present study is expected to benefit transgender individuals, mental health professionals, policymakers, advocacy groups, and researchers. For transgender individuals, effective religious coping strategies may enhance well-being and reduce stress. Mental health practitioners can integrate these approaches into therapy, while policymakers and advocacy groups may use findings to support inclusive legislation (Conger, 2024). By addressing a gap in literature, this study informs clinical practice and social policy. Examining religious coping styles highlights adaptive strategies like mindfulness, forgiveness, and spiritual meaning-making, enabling culturally sensitive, faith-informed interventions that promote resilience, psychological recovery, and inclusive care for marginalized populations.

RESEARCH METHODOLOGY

Problem Statement

To identify the effect of positive and negative religious coping on perceived stress and mental well-being among transgenders.

Conceptual Framework

Figure 1

Research Model

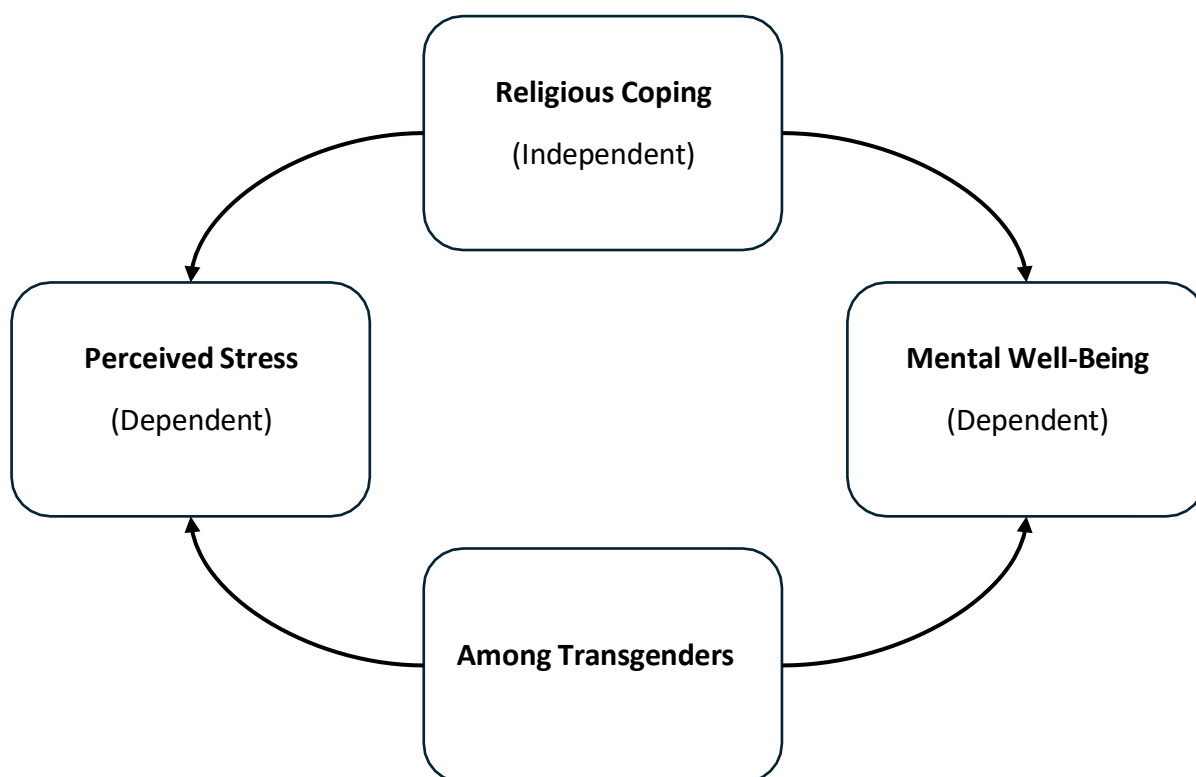


Figure 1 shows a conceptual framework for the proposed research.

Note. The model analyzes the effect of religious coping (independent variable) on perceived stress (dependent variable) and mental well-being (dependent variable) among transgenders.

Objectives

1. To establish the effect of positive religious coping on perceived stress among transgenders.
2. To analyze the impact of positive religious coping on mental well-being among transgenders.
3. To examine the effect of negative religious coping on perceived stress among transgenders.
4. To determine the effect of negative religious coping on mental well-being among transgenders.

Hypotheses

H1: There will be a significant effect of positive religious coping on perceived stress among transgenders.

H0: There will be no significant effect of positive religious coping on perceived stress among transgenders.

H2: There will be a strong effect of positive religious coping on mental well-being in transgenders.

H0: There will be no strong effect of positive religious coping on mental well-being in transgenders.

H3: There will be a strong effect of negative religious coping on perceived stress in transgenders.

H0: There will be no strong effect of negative religious coping on perceived stress in transgenders.

H4: There will be a strong influence of negative religious coping on mental well-being in transgenders.

H0: There will be no strong influence of negative religious coping on mental well-being in transgenders.

Study Design

Quantitative study design was used in current study.

Sample Size

The sample size for current research was 350 transgender individuals from the cities of Rawalpindi, Islamabad, Jhelum and Karachi. Data from 50 transgenders was collected for pilot study and 300 for main study.

Sampling Technique

Purposive and targeted sampling method was employed for the present research. Present study was carried out with the people who fall under the definition of transgender by APA (2015).

Data Collection Procedure

Original data of transgenders was employed while gathering data for this study. The present study was carried out in two stages:

Phase I, Pilot Study

In the initial phase, information regarding a sample of 50 transgenders was gathered for conducting reliability tests on the tools employed and truthfulness of the research issue.

Phase II, Main Study

Information regarding a sample of 300 transgenders was gathered to make inferences.

Research Tools

Brief Religious Coping Scale

Religious coping in trans persons was measured with the 14-item Brief RCOPE (Pargament et al., 2011), a brief but valid version of the original scale (Pargament et al., 2000). It measures on a 4-point Likert scale the frequency with which participants use religious coping when experiencing stress. It consists of two 7-item subscales: positive coping, which assesses adaptive coping responses such as seeking comfort and hope through religion, and negative coping, which entails religious struggle. The two subscales had high reliability ($\alpha=0.92$) for positive, ($\alpha=0.81$) for negative.

Perceived Stress Scale

The Perceived Stress Scale (Cohen et al., 1983) was employed to measure how uncontrollable, unpredictable, and overwhelming transgender people perceived their lives during the last month. This 10-item self-report measure applies a 5-point Likert scale and measures stress as a mixture of external pressures and subjective appraisal, according to the transactional model of stress. The scale is well reliable with ($\alpha=0.84$ to 0.86).

Warwick-Edinburgh Mental Well-Being Scale

The Warwick-Edinburgh Mental Well-Being Scale (Stewart-Brown et al., 2007) was utilized to measure mental well-being in the transgender population. The 14-item scale, measured on a 5-point Likert scale, assesses both hedonic (feeling good) and eudaimonic (functioning well) aspects of well-being. It reflects not just the absence of distress but positive psychological functioning. The scale has reliability ($\alpha = 0.91$).

Ethical Considerations

Confidentiality of data collected from the participants was maintained and was only used for research purposes. Participation in data collection procedure was not forced and the respondents were debriefed about the topic of research and its purpose. Participants gave informed approval verbally.

Data Analysis Procedure

After data was collected, scoring, coding and analysis of the data was done with assistance of IBM SPSS Version 27. Linear Regression analysis explored the impact of variables.

RESULTS

Table 1

Regression Model of Positive Religious Coping and Perceived Stress among Transgenders (n=350)

	Perceived Stress					
	R	R ²	SE	F	p	DW
Positive Religious Coping	-.83	.69	6.69	790.35	.001	1.99

The outcome of the regression model of transgender individuals' perceived stress and positive religious coping appears in Table 4 above. Since it lies between +1 and -1, the value of the correlation coefficient ($R=0.83$) indicates a strong negative relationship. The value of R-square is ($R^2=0.69$), indicating positive religious coping among transgender individuals explains 69% variation in perceived stress. The standard error of estimate, or ($SE=6.69$), reflects a difference between variables. The significance and F- statistic values are ($p=0.001$) and ($F=790.35$), respectively. While, the Durbin- Watson values are ($DW=1.99$) and it shows positive autocorrelation error in the regression model because the value is smaller than 2. The findings show a significant negative effect of positive religious coping on perceived stress so the alternate hypothesis has been accepted.

Table 2

Regression coefficient of Positive Religious Coping and Perceived Stress among Transgender

	Perceived Stress					
	β	SE	B	t	p	95% CI
						LL UL
Positive Religious Coping	-1.34	0.05	-0.83	-28.11	0.001	-1.44 -1.25

The slope and intercept of the regression coefficients of transgender individuals' perceived stress and positive religious coping are illustrated in the table above. The value of the slope coefficient is ($\beta=-1.34$), indicating the rate at which perceived stress varies to a unit change in positive religious coping. A variation in the variables is illustrated by the standard error of the estimate, which is ($SE=0.05$). When the model is analyzed by utilizing the z scores of the variables, the value of the standardized coefficient is ($B=-0.83$). Positive religious coping has significant influence on perceived stress, as per the t-statistic value of ($t=-28.11$), significant at level ($p=0.001$) at 95% confidence level. Lower and upper limits are ($LL=-1.44$) and ($UL=-1.25$) respectively. Therefore, alternate hypothesis has been accepted.

Table 3

Positive Religious Coping and Mental Well-being among Transgenders: Regression Model (n=350)

	Mental Well-being					
	R	R ²	SE	F	p	DW
Positive Religious Coping	0.9	0.81	6.69	1478.26	0.00	1.96

Table 3 above displays the outcomes of a regression model of mental well-being and positive religious coping of transgender individuals. Since it lies between +1 and -1, a value of (R=0.9) for the correlation coefficient indicates a strong positive correlation. The size of R-square is (R²=0.81), implying that positive religious coping among transgender individuals explains 81% of mental well-being variation. The standard error is (SE=6.69), indicates a gap between the variables. Moreover, the value of significance and F-statistics is (p=0.001) and (F=1478.26), respectively, which reflects a large gap between positive religious coping and mental well-being. Whereas, the Durbin- Watson value is (DW=1.96) and it shows positive autocorrelation error in regression model because the value is less than 2. The outcomes show significant positive effect of positive religious coping on mental health so the alternate hypothesis has been accepted.

Table 4

Regression coefficient of Positive Religious Coping and Mental Well-being among Transgender

	Mental Well-being						
	β	SE	B	t	p	95% CI	
						LL	UL
Positive Religious Coping	2.02	0.05	0.9	38.45	0.001	1.91	2.12

Findings of positive religious coping regression coefficients and mental well-being among transgender are presented in above table. Slope coefficient is (β =2.02) which means the slope of change of mental well-being with unit change in positive religious coping. Standard error is (SE=0.05) which means deviation, and standardised coefficient is (B=0.9). Value of t-statistics is (t=38.45) with significance level (p=0.001) at 95% level of confidence which shows that there exists considerable influence of positive religious coping on mental well-being. Lower and upper limits are (LL=1.91) and (UL=2.12) respectively. Thus, alternate hypothesis is accepted.

Table 5

Regression Model of Negative Religious Coping and Perceived Stress among Transgenders (n=350)

	Perceived Stress					
	R	R ²	SE	F	ρ	DW
Negative Religious Coping	-.83	.69	6.69	790.35	.001	1.99

The aforementioned Table 5 shows regression model of negative religious coping and perceived stress in transgenders. The correlation coefficient is (R=0.6) which proves a positive correlation since it falls between +1 to -1. The R-square value is (R²=0.36) which shows that 36% variation in perceived stress is explained by negative religious coping among transgenders. The standard error value is (SE=6.69) showing that there is deviation between perceived stress and negative religious coping. Furthermore, the F-statistics and significance value is (F=194.2) and (ρ=0.001) respectively, which shows that there is significant difference between negative religious coping and perceived stress. While, the value of Durbin-Watson statistics is (DW=2.99) and it represents negative autocorrelation error in regression model as the value is above 2. The findings report a significant positive effect of negative religious coping on perceived stress therefore the alternate hypothesis has been accepted.

Table 7

Regression coefficient of Negative Religious Coping and Perceived Stress among Transgender

	Perceived Stress						
	β	SE	B	t	ρ	95% CI	
						LL	UL
Negative Religious Coping	1.19	0.08	0.6	13.94	0.001	1.02	1.35

Results of regression coefficients of negative religious coping and perceived stress in transgenders are presented in the above table. The coefficient of slope is (β=1.19) that reflects a change in perceived stress for a unit change in negative religious coping. The standard error is (SE=0.08) that represents a deviation in the variables.

Standardized coefficient is ($B=0.6$) which is calculated after the analysis of model on z scores of variables. The t-statistics value is ($t=13.94$) with significance ($p=0.001$) at 95% confidence level which shows there is significant effect of negative religious coping on perceived stress. Lower and upper bounds are ($LL=1.02$) and ($UL=1.35$) respectively. Therefore, alternate hypothesis has been accepted.

Table 8

Regression Model of Negative Religious Coping and Mental Well-being among Transgender (n=350)

	Mental Well-being					
	R	R ²	SE	F	p	DW
Negative Religious Coping	-.83	.69	6.69	790.35	.001	1.99

The above Table 8 shows the findings of regression model of negative religious coping and mental well-being of transgenders. The correlation coefficient value is ($R=-0.58$) that suggests a negative correlation as it falls within the range of +1 to -1. The R- square value is ($R^2=0.34$) which suggests that 34% variation in mental well-being can be explained by negative religious coping for transgenders. The standard error of estimate value is ($SE=13.72$) which shows the deviation of mental well-being from negative religious coping. Additionally, the F-statistics and significance value is ($F=175.25$) and ($p=0.001$) respectively, which shows significant difference between negative religious coping and mental well-being. While, value of Durbin-Watson statistics is ($DW=2.22$) and it shows negative autocorrelation error in the regression model because the value is more than 2. The findings show significant negative effect of negative religious coping on mental well-being so the alternate hypothesis has been accepted.

Table 9

Regression coefficient of Negative Religious Coping and Mental Well-being among Transgender

	Mental Well-being						
	β	SE	B	t	p	95% CI	
						LL	UL
Negative Religious Coping	-1.56	0.12	-0.58	-13.24	0.001	-1.83	-1.34

The following table shows the outcome of regression coefficients of negative religious coping and mental well-being in transgenders. The slope coefficient value is ($\beta = -1.56$) that shows the rate of alteration of mental well-being with regard to unit alteration in negative religious coping. The standard error of the estimate is ($SE = 0.12$) that shows deviation in the variables. Value of standardised coefficient is ($B = -0.58$) determined after testing the model on z scores of variables. Value of t-statistics is ($t = -13.24$) with significance ($p = 0.001$) at 95% confidence level which shows that there is significant effect of positive religious coping on mental well-being. Lower and upper boundaries are ($LL = -1.83$) and ($UL = -1.34$) respectively.

DISCUSSION

Existing research came out to show that perceived stress and positive religious coping are negatively related, indicating that transgenders who practice more positive religious coping show lower levels of stress. This evidence is in accordance with prior research done by Mahamid and Bdier in 2021, which found that people experiencing greater positive religious coping are likely to have lower perceived stress. In addition, Chinn (2023) carried out a study in 2023 that found that people who engaged in positive religious coping were seen to have lower anxiety symptoms in later life, highlighting the role of protection spirituality plays on mental health (Chinn, 2023). The repeated finding suggests that positive religious coping can be a psychological resource for transgender community, who are often subjected to stressors such as discrimination, identity issues and exclusion from society. These findings also validate the applicability of Theory of Religious Coping (Pargament, 1998) and underscore the necessity of culturally and spiritually responsive mental health interventions in Pakistan.

Present research found positive religious coping had an enormous positive effect on mental well-being among transgenders. This shows how relying on spiritual practices and godly help can be a defensive psychological resource for individuals undergoing identity-based marginalisation. These findings are consistent with earlier research by Fatima and colleagues in 2022 that found positive religious coping enhances mental well-being. Individuals who show higher levels of positive religious coping have higher psychological well-being and emotional management (Fatima et al., 2022). Brewster et al.'s (2016) study on sexual minority individuals also showed that the association between internalised heterosexism and psychological well-being was weaker if positive religious coping was high (Brewster et al., 2016). These results show that constructive religious coping practices can be used to enhance resilience and mental health. In the case of transgenders, who get discriminated against and excluded, resorting to religion and spirituality in a positive way may bring consolation as well as provide an avenue for meaning-making and integration of identity.

Current study observes that high negative religious coping is a significant predictor of heightened perceived stress in transgenders. These results indicate that tapping into religion in a manner involving guilt, doubt, abandonment, and punishment by superior power may intensify perceived stress rather than reduce it. These findings are consistent with recent studies by Nafisa and others in 2022 examining that negative religious coping is highly and positively related to perceived stress, suggesting that greater negative religious coping results in greater perceived stress (Nafisa et al., 2022). This is supported by research by Trevino and others in 2014, which finds religious coping to negatively enhance risk of suicidal ideation which suggests that those with high negative religious coping are less psychologically adjusted (Trevino et al., 2014).

Recent research documents that there is considerable adverse effect of negative religious coping on mental health among transgenders, suggesting that approaches marked by spiritual struggle, guilt, abandonment and punishment by higher power can lower mental health. These findings concur with past research evidence on breast cancer patients by Hebert and colleagues in 2009, which found that addressing negative religious influence had lower mental health outcomes, lower satisfaction in life and increased depressive symptoms (Hebert et al., 2009). Likewise, a study on transgender and gender nonconforming adults by Cull and others in 2025 indicated that religious rejection experienced by them has higher symptoms of depression, anxiety and suicidal ideations, and poor mental health. Interpersonal religiosity was also seen to heighten these psychological problems but intrapersonal religiosity did not affect them significantly (Cull et al., 2025). Combined, these findings partially coincide with current study that emphasizes how religious experiences that are maladaptive can intensify minority stressors and undermine well-being among transgenders.

RECOMMENDATIONS

Future researches should look deeper into the ways in which some factors such as education or work influence religious coping.

Different extraneous variables such as social exclusion, stigmatization and discrimination, stereotyping, rejection by family, bullying and abuse in the past life can also be studied by future researchers to see their impact on the variables religious coping, perceived stress and mental well-being among transgenders.

Observation of variables of present study on a wider geographical area among the same population will also provide a better picture of religious coping mechanisms of transgender people. This may also provide a more generalizable view by finding differences between regions in the variables.

Since the present study is cross-sectional, it was not feasible to determine causal relationship so, future work should be longitudinal in order to study the effect of the variables over time, or the course of religious coping across adulthood future work can also be done on another population.

CONCLUSION

The research compared the effect of positive religious coping and negative religious coping on transgender individuals' perceived stress and mental well-being. The results showed that positive religious coping decreased perceived stress and increased mental well-being, whereas negative religious coping increased stress but reduced well-being. Informed consent ensured ethical considerations. While providing useful insights, limitations were that cross-sectional data was used and extraneous variables could not be controlled. Subsequent research needs to utilize longitudinal designs and examine variables including social exclusion, stigmatization, discrimination, family rejection, and bullying. More extensive geographical investigation can offer greater insight into these associations within regions.

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