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Research Paper

Stress, Coping, and Psychological Well-being among Religious Women in South India: A Pilot Cross-sectional Study

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ABSTRACT

The religious women in India face unique, largely under-researched mental health challenges, especially given their communal living experience, religious demands, and limited autonomy. This pilot study aims to assess the levels of perceived stress, coping, and psychological well-being among religious women and examine intercorrelations among these variables. A cross-sectional descriptive study was conducted among 104 purposively sampled religious women belonging to select congregations in South India. Data were collected using the Perceived Stress Scale, the Brief COPE Inventory, and Ryff's Psychological Well-being Scale. Descriptive and inferential statistics including correlation analysis were used. Most participants reported moderate stress. Stress was negatively correlated with psychological well-being ($r = -0.23$, $p = 0.028$) and coping ($r = -0.21$, $p = 0.045$), while coping was positively correlated with well-being ($r = 0.34$, $p = 0.003$). Age and professional role influenced well-being. The mental health of the religious women requires tailored support and adaptive coping as buffers of stress. The leadership serving them can address their well-being by prioritizing emotional resilience, cultivating a self-care culture, alongside holistic spiritual formation.

Keywords: *Religious Women, Stress, Coping Strategies, Psychological Well-Being, Mental Health, Religious Life*

Religious life can be deeply fulfilling and rewarding, but it often comes with its fair share of stress stemming from communal expectations, demanding spiritual practices, and lifestyle constraints (Raj & Dean, 2005; Ruiz-Prada et al., 2021). To mention in particular are the unique stressors faced by the nuns or religious women, resulting from heavy workloads, sacrifices, social isolation, and complex inter-community dynamics (Rayburn, 1991). These challenges are often compounded by a lack of personal autonomy in decision-making and the pressure to live up to moral and spiritual ideals, which can result in compassion fatigue and burnout, especially in under-resourced settings (Weaver et al., 2002).

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Despite the vital contributions by the religious women, notably in the areas of education, healthcare, and social services in India, their mental health is still an overlooked topic. Cultural and spiritual norms make it difficult to talk openly about psychological distress, contributing to a hidden burden of unaddressed emotional needs. Previous studies highlight the importance of adaptive coping and psychological resilience, crucial for maintaining mental well-being among those in religious vocations (Hobfoll, 1989; Koenig, 2009).

This study seeks to determine the levels of perceived stress, coping strategies, and psychological well-being among religious women from selected Christian congregations in South India. By exploring the interrelationships among these variables using validated psychological tools, the pilot study aims to contribute to the existing literature in support of both their flourishing and to enhance the quality of service they provide to society.

REVIEW OF LITERATURE

The existing body of literature points to significant psychological stress experienced by the religious professionals (Rayburn, 1991; Weaver et al., 2002). Indian studies (Joseph & Kumar, 2016; Madathikunnel, 1994) indicate that stress stems from both personal and institutional challenges, which are often suppressed and disguised due to spiritual and cultural expectations. Research among nuns in India (Joseph & Kumar, 2016; Madathikunnel, 1994) and abroad (Crea & Francis, 2021; Francis et al., 2015; Francis & Crea, 2018) reveals varying levels of stress and life satisfaction. Interestingly, coping mechanisms such as spirituality, community support, and effective problem-solving have been shown to positively impact psychological well-being (Brandthill et al., 2001; Bryant, 1998). However, findings also indicate a reluctance to seek formal mental health support, underscoring the importance of culturally sensitive interventions (Joseph & Kumar, 2016)

Recent studies (Draru et al., 2022; Joshy & Cherian, 2024) have also looked into contextual factors like the COVID-19 pandemic and spirituality on well-being, uncovering intricate relationships between age, emotional resilience, and coping. Although the literature affirms the link between stress, coping, and well-being among religious women, there remains a paucity of empirical evidence in the Indian context, especially regarding how these variables interact to influence quality of life. This gap informs the present study’s focus on assessing these dimensions among religious women in South India.

METHODS

Study design and Participants

This pilot cross-sectional descriptive study was conducted among purposively selected religious women from select Christian convents located in Chennai (Tamil Nadu) and Goa (India). Convents were conveniently selected based on their willingness to participate and accessibility to the researcher. Initial contact was made through formal communication with the congregational leadership, and permission was obtained to approach individual communities within each region. Convents that expressed interest and granted institutional access were included in the study. A formal sample size calculation was not feasible due to the nature of the study. Within these settings, eligible religious women were met, and the purpose of the study was explained, yielding a final sample of 104 participants.

Inclusion criteria

Active religious women aged 35 years and above, who consented to participate.

Exclusion criteria

Religious women with severe psychiatric disorders or cognitive impairments that could affect questionnaire comprehension.

Measures

The structured tool consisted of four parts: basic demographic details, the 10-item Perceived Stress Scale (PSS) (Cohen, 1988), the 28-item Brief COPE Inventory (Carver, 1997), and the 18-item Ryff's Psychological Well-being Scale (PWB) (Ryff & Keyes, 1995). Reliability analysis was conducted, and Cronbach's alpha values indicated strong internal consistency for all scales used (PSS = 0.82, COPE = 0.80, PWB = 0.60). Face validity was established through expert consultation and pilot testing.

Procedure

At the initial meeting, the religious women were informed about the study's purpose, procedures, confidentiality, voluntary nature of participation, and their rights to withdraw at any point. Informed consent was obtained from all willing and eligible participants. Before the main data collection, the questionnaire was administered to three respondents to assess face validity of the questionnaire (its clarity, comprehensibility, and appropriateness). Their data were not included in the final analysis.

Statistical analysis

Data was compiled in Microsoft Excel and analyzed using SPSS version 25. Descriptive statistics were used to summarize demographic characteristics and scale scores. Correlation and one-way ANOVA were employed to assess associations among variables. The significance level was set at $p < 0.05$.

RESULTS

The study included 104 religious women as presented in [Table 1], predominantly from older age groups, with 31.73% aged 51-60 years and 27.88% aged 41-50 years. Educationally, 40.38% held postgraduate degrees, followed by 29.81% with undergraduate qualifications. Professionally, the sample was diverse, with teachers (24.04%), medical professionals (19.23%), and clerical staff (14.42%) being the most represented. A significant portion had over 10 years in religious life, with most reporting 0-10 years of work experience, suggesting an early to mid-career stage.

Table 1: Distribution of socio-demographic profile of the participants

Parameter	Frequency (n)	Percentage (%)
Gender		
Female	104	100.00
Age range (years)		
21-30	17	16.35
31-40	25	24.04
41-50	29	27.88
51-60	33	31.73
Education level		
Postgraduate	42	40.38
Undergraduate	31	29.81
School	23	22.12
Other	8	7.69

Parameter	Frequency (n)	Percentage (%)
Professional qualification		
Teacher	25	24.04
Medical	20	19.23
Clerical	15	14.42
Other	44	42.31
Years in religious life		
0-10 years	34	32.69
11-20 years	28	26.92
21-30 years	26	25.00
31+ years	16	15.38
Years of work experience		
0-5 years	27	25.00
6-10 years	34	32.69
11-15 years	22	21.15
16-20 years	15	14.42
21+ years	6	5.77

The mean stress score was 0.41 (SD = 0.05), indicating low variability in perceived stress. Participants demonstrated high psychological well-being (M = 92.65, SD = 11.80), and moderate to high coping abilities (M = 64.29, SD = 7.43). Based on Shapiro-Wilk tests and distributional assessments, non-parametric tests were used for stress and coping, while psychological well-being, which met normality assumptions, was analyzed using parametric tests.

Spearman's correlation revealed significant relationships [Table 2]: stress was negatively associated with psychological well-being (r = -0.23, p = 0.028) and coping (r = -0.21, p = 0.045), while coping was positively correlated with psychological well-being (r = 0.34, p = 0.003). These findings suggest that higher stress levels are linked to lower well-being and coping, whereas stronger coping skills are associated with improved psychological well-being.

Table 2: Correlation Between Stress, Coping, and Psychological well-being

Variable 1	Variable 2	Correlation (r)	p-value*
Stress	Psychological well-being	-0.23	0.028
Stress	Coping	-0.21	0.045
Psychological well-being	Coping	0.34	0.003

*$p < 0.05$

One-way ANOVA indicated significant age-related differences in autonomy (p= 0.043), personal growth (p = 0.021), and marginally in self-acceptance (p = 0.050) of the Psychological well-being scale. Multiple regression revealed that coping positively predicted autonomy (β = 0.35, p = 0.003), while stress was a negative predictor (β = -0.22, p = 0.045). Kruskal-Wallis tests showed that autonomy (p = 0.018) and positive relations (p = 0.037) varied significantly by professional qualification.

DISCUSSION

This pilot study explored the levels of perceived stress, coping strategies, and psychological well-being among women religious in South India, shedding light on the psychological experiences of a group often overlooked in mental health research. The results show a significant negative correlation between stress and psychological well-being, which aligns with existing literature (Raj & Dean, 2005; Rayburn, 1991), confirming that heightened stress can take a toll on mental well-being even in spiritually grounded environments. Those religious women with higher stress levels reported lower coping abilities and psychological well-being, suggesting that a strong spiritual commitment alone may not be enough to shield against the demands of communal living, emotional labour, and vocational responsibilities (French & Caplan, 1972; Rayburn, 1991).

Conversely, adaptive and problem-focused coping approaches were positively associated with psychological well-being, highlighting their protective benefits. This resonates with Carver's Brief COPE framework (Carver, 1997) and the work of Brandthill (Brandthill et al., 2001), who emphasized the value of spiritual engagement, community support, and meaningful activities in boosting well-being. Furthermore, age and professional roles emerged as significant predictors of subdomains like autonomy and personal growth. Longevity in religious vocation can be a source of strength rather than distress. These findings support the view that psychological maturity, experience, and vocational structure contribute to resilience, mirroring insights from Joshy & Cherian (2024), Bryant (1998), and Madathikunnel (1994) study.

Implications for Practice and Future Research

Future studies could account for other potential interrelated socio-demographic variables when examining the association between stress, coping, and psychological well-being. Further, future studies could validate the existing psychological tools within religious populations in India, as this group remains an important area for further inquiry. Regular psychological screening and mental health check-ins within convents, especially for younger or newly professed nuns, would be beneficial in detecting stress early on. Seasoned nuns who have served in the congregation for many years can become peers to mentor and support younger members in navigating stress, decision-making, and interpersonal dynamics. Additionally, introducing confidential counselling services or partnerships with mental health professionals trained in faith-sensitive approaches could greatly enhance support for these women. Where needed, assessing and restructuring vocational responsibilities to ensure a balanced workload, particularly for those in high-stress roles like healthcare or administration. Promoting flexibility and role rotation to prevent burnout, incorporating psychological education modules into formation programs, and integrating mindfulness and positive reframing into daily routines alongside spiritual practices would foster personal growth, enhance resilience, and self-efficacy.

Limitations

Despite its strengths, the study has several limitations. The use of convenience sampling limits generalizability to broader populations of women religious across different regions and congregational settings. Reliance on self-report questionnaires introduces potential social desirability bias, particularly in sensitive topics like stress and emotional vulnerability. The cross-sectional design captures associations at a single point in time but does not draw causal inferences. Lastly, this pilot study did not include qualitative narratives

that could have provided a richer context for the psychological experiences of the participants.

CONCLUSION

The religious women in India report moderate to high levels of stress, which inversely affects their psychological well-being. However, those who employ adaptive coping strategies, particularly problem-focused and emotion-focused mechanisms, tend to maintain better psychological health. Differences in well-being based on demographic factors like age, education, and professional roles suggest the need for tailored, context-sensitive interventions.

As spiritual leaders, noble educators, and pillars of caregiving, the emotional health of religious women is not only vital for their personal flourishing but also for the sustained well-being of those they serve. Structured supportive congregational planning, coping skills training, and leadership engagement can significantly enhance their resilience, sense of purpose, and long-term well-being.

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Conflict of Interest
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