## **LETTER TO THE EDITOR**

## Do Parents of Sick Children Use Religious Coping in Argentina?

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To the editor,

Coping is the use of cognitive and behavioral strategies to manage the demands of a situation when these are appraised as taxing or exceeding one's resources or to reduce the negative emotions and conflict caused by stress<sup>1</sup>. Religion is a declaration, a manifesto, describing both the One who made this beautiful universe and the universe itself<sup>2</sup>. Religious coping is a means of seeking Allah's help, trusting and taking refuge in Allah, finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless3. Herein, we briefly discussed the use of religious coping among parents who had children with chronic disease to attract attention to the importance of religion coping.

Many studies have been conducted in the United States, Western and Middle Eastern countries on use of religious coping strategies by parents whose children have chronic diseases or have died; however, no study has been found about this subject from Argentina in the literature. Alemdar et al<sup>4</sup> found a statistically advanced degree of significant correlation in a positive direction between effective coping with stress and spiritual coping, and a negative significant correlation between ineffective coping with stress and general self-efficacy in mothers with disabled children. In another study, positive religious coping scores were significantly positively correlated with vitality, social functioning, and mental health scores among parents of infants with congenital heart disease. There was also a significant negative correlation between negative religious coping scores and mental health scores<sup>5</sup>. Negative religious coping (feelings of negativity related to the divine) was associated with higher levels of psychological distress but positive religious coping, religiosity, and social support were not found to be significantly associated with psychological distress in parents of children with cancer<sup>6</sup>. Bereaved parents' greater use of spiritual activities was associated with lower symptoms of grief, mental health (depression and post-traumatic stress). Use of religious activities was significantly related to greater personal growth for mothers, but not fathers<sup>7</sup>.

The importance of parenting styles on development and welfare of children is widely known and also how parenting practices are linked to the social meanings of each culture or social group. The characteristics of particular parenting styles varies in different contexts, cultures and social classes in Argentina<sup>8</sup>. Pardo Campos et al<sup>9</sup> reported that children with congenital hypothyroidism had a tendency to seek more support to deal with situations that were difficult to solve and to become paralyzed more often when facing a problem. Children with congenital hypothyroidism also perceived a higher level of paternal acceptance (acceptance of their individuation) than controls. Recently, Colmenares-Roa et al<sup>10</sup>. reported that faith and spiritual thoughts were coping strategies and religion was as important as medical treatment to cope with the disease in Latino adult patients with systemic lupus erythematosus.

In conclusion, we would like to emphasize that religious coping has been frequently used by patients with different diseases and by parents whose children have chronic diseases or have died in many cultures around the world for mental and psychospiritual benefits. Therefore, we suggest that comprehensive studies should be performed on the religious coping styles of parents of children with chronic diseases such as cancer, neurological, psychiatric disorders, etc. in Argentina. We think that these studies to be conducted in future will fill gap in the literature and make a great contribution to clinical practices.

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