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Daily Spiritual Experiences and Psychological Resilience among Indian Medical Students and Practising Doctors: A Correlational Study

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ABSTRACT

Medical education in India constitutes one of the most psychologically demanding professional pathways, subjecting students and practitioners to persistent academic pressure, clinical responsibility, and existential stress. Within this context, spiritual experiences—understood as daily encounters with awe, gratitude, inner peace, and a sense of divine connection—have been proposed as a psychologically protective resource that may sustain resilience, that is, the capacity to adapt positively in the face of adversity. Despite this theoretical proposition, very limited empirical work has investigated this association in Indian medical populations across the full span of training. The present cross-sectional correlational study examined the relationship between daily spiritual experiences and resilience among 146 Indian medical students and practising doctors (**N** = 146; 60.3% female) spanning second-year MBBS through practising clinicians. Data were collected using the Daily Spiritual Experience Scale (DSES) and the Connor-Davidson Resilience Scale (CD-RISC-25). Participants reported moderately high spiritual experiences (M = 4.42, SD = 1.06) and moderate resilience (M = 65.19, SD = 14.69). Pearson correlation revealed a statistically significant positive relationship between the two variables, $r(144) = .214$, $p = .010$. Simple linear regression indicated that spiritual experiences significantly predicted resilience ($\beta = .214$, $p = .010$, $R^2 = .046$), accounting for approximately 4.6% of variance in resilience scores. These findings suggest that spiritual experiences serve as a meaningful, culturally embedded psychological resource for resilience in Indian medical training contexts, with implications for the design of wellness interventions in medical education.

Keywords: *spiritual experiences, resilience, medical students, Indian healthcare, DSES, CD-RISC.*

I. INTRODUCTION

Medical training in India is widely acknowledged as one of the most psychologically taxing professional pathways available. Students and practitioners encounter intense academic demands, repeated exposure to human suffering and mortality, the weight of high-stakes clinical decisions, and systemic constraints that limit access to mental health support. These pressures contribute to documented rates of burnout, depression, and anxiety that exceed those seen in comparable non-medical cohorts. In a survey conducted among MBBS students at a tertiary care institute in India, burnout was documented in nearly two-thirds of participants, with spirituality emerging as a consistent differentiator between those who experienced burnout and those who did not (Chiddarwar & Singh, 2016). Among first-year medical students, spiritual health showed an inverse relationship with perceived stress, with those reporting stronger spiritual orientations also reporting lower stress burden (Murali et al., 2016; Deo et al., 2025).

Resilience—defined as the dynamic capacity to adapt constructively in the face of adversity, stress, or significant challenge—is increasingly recognised as a central resource for the psychological sustainability of medical professionals (Connor & Davidson, 2003). A practitioner's level of resilience has implications not only for personal well-being but also for the quality and compassion of the care they provide. Identifying modifiable or culturally accessible psychological resources that predict resilience is therefore of direct relevance to medical education and occupational health policy.

Spiritual experiences, as conceptualised by Underwood and Teresi (2002), refer not to formal religious observance but to ordinary, everyday encounters with the transcendent—moments of awe, gratitude, inner peace, a sense of being supported by something greater than oneself, and merciful concern for others. This construct has been examined in relation to well-being and resilience across a range of populations. A comprehensive review of research utilising the Daily Spiritual Experience Scale (DSES) confirmed that individuals with more frequent spiritual experiences report greater resilience, more post-traumatic growth, and lower rates of burnout and compassion fatigue across health-related populations (Underwood &

Vagnini, 2022). Among medical students specifically, those with higher spirituality have been found to score higher on both resilience and empathy (Martins et al., 2024), and among advanced clinical practitioners, spiritual well-being—particularly its meaning and peace dimension—accounted for 31% of variance in resilience during the COVID-19 pandemic (Rogers et al., 2022).

Within Indian non-medical samples, studies have reported positive and significant correlations between spiritual health and resilience among university students (Kumar & Muskan, 2024) and have shown that spirituality significantly predicts resilience in Gen-Z Indian adults, explaining approximately 23% of its variance (Seth & Sachdeva, 2024). A study using the same DSES instrument as the present research among Indonesian medical students found a modest but significant positive correlation between spiritual experiences and resilience (Hilmy et al., 2024), directly paralleling the design and population of interest here.

However, the Indian medical context introduces specific nuances. One study using the DSES among college students in Haryana found no significant relationship between spirituality and resilience, indicating that this association may be sample- and context-dependent (Barmola & Saini, 2024). Moreover, no prior Indian study has examined this relationship specifically across the medical training continuum—from MBBS students through postgraduate residents to practising clinicians—using the DSES and CD-RISC-25 in combination. The present study addresses this gap directly by providing focused empirical evidence on the spirituality-resilience association in an Indian medical sample.

1.1 Objectives

The study aimed to (i) assess the levels of daily spiritual experiences and resilience in the sample; (ii) examine the relationship between spiritual experiences and resilience; and (iii) determine whether spiritual experiences significantly predict resilience among Indian medical students and practising doctors.

1.2 Hypotheses

H_1: There is a significant positive relationship between spiritual experiences and resilience among Indian medical students and practising doctors.

H_2: Spiritual experiences significantly predict resilience among Indian medical students and practising doctors.

II. REVIEW OF LITERATURE

2.1 Spiritual Experiences as a Psychological Construct

Spiritual experiences, as operationalised by the Daily Spiritual Experience Scale, capture the frequency with which individuals encounter transcendent moments in ordinary life—including feelings of awe, gratitude, a sense of divine presence or guidance, inner peace, and compassionate concern for others (Underwood & Teresi, 2002). This construct is intentionally broader than religious practice, encompassing both theistic and non-theistic dimensions, and has been validated across culturally diverse populations including South and Southeast Asian samples. Higher DSES scores have been consistently linked to greater psychological well-being, more effective coping with adversity, lower rates of burnout and substance abuse, and increased post-traumatic growth and meaning in the face of difficulty (Underwood & Vagnini, 2022).

2.2 Resilience in Medical Contexts

Resilience, as captured by the Connor-Davidson Resilience Scale, is a multidimensional construct that reflects personal competence and tenacity, tolerance of negative affect, positive acceptance of change, a sense of internal control, and spiritual or faith-based influences (Connor & Davidson, 2003). In medical and healthcare contexts, resilience is not simply about bouncing back from difficulty; it is a dynamic, developable resource that enables practitioners to sustain professional effectiveness and personal well-being across chronic occupational stressors. Medical training exposes individuals to a specific cluster of stressors—academic overload, encounters with suffering and mortality, sleep deprivation, ethical dilemmas—that place particular demands on resilience resources. A scoping review across 24 studies from 14 countries documented that stress affects approximately 55% of undergraduate medical students (Sattar et al., 2022), while high burnout rates have been reported in Indian samples as well (Chiddarwar & Singh, 2016).

2.3 International Evidence on Spirituality and Resilience

Across international medical and health professional samples, the positive association between spirituality and resilience is well-documented. Among 340 ICU nurses in Iran, higher spiritual health significantly predicted greater resilience, with each unit increase in spiritual health corresponding to a meaningful increase in resilience scores (Rakhshan et al., 2024). Among 1,370 medical students across six Brazilian institutions, those who identified as highly spiritual scored significantly higher on resilience than those with low or moderate spirituality, even after controlling for year of training and gender (Martins et al., 2024). A comprehensive review of DSES-based research confirmed that more frequent daily spiritual experiences are reliably associated with greater stress buffering, enhanced adaptive functioning, and resilience across varied populations facing illness, trauma, and occupational adversity (Underwood & Vagnini, 2022). Among UK advanced clinical practitioners surveyed during the COVID-19 pandemic, spiritual well-being explained 31% of the variance in resilience, with the meaning and peace component emerging as the strongest predictor (Rogers et al., 2022). The only study to have used the DSES and CD-RISC-25 together in a medical context—among Indonesian medical students—found a significant but modest positive correlation ($r = .192$, $p = .028$), suggesting that while spirituality contributes to resilience in this population, other factors also play a role (Hilmy et al., 2024).

2.4 Indian Evidence and Research Gap

Within India, studies from general university and adult populations have found that spiritual health and resilience are positively and significantly correlated, with resilience being higher among those with stronger spiritual orientations (Kumar & Muskan, 2024). Among Gen-Z Indian adults, spirituality explained approximately 23% of the variance in resilience scores through simple linear regression, with transcendent connectedness emerging as the strongest predictor (Seth & Sachdeva, 2024). A study of middle-aged working adults found that spirituality and resilience both predicted life satisfaction, though their mutual correlation was modest (Jain et al., 2024). An important counterpoint comes from a study of 150 college students in Haryana using the same DSES, which found no significant relationship between spiritual experiences and resilience, concluding instead that self-esteem was the more relevant protective resource in that sample (Barmola & Saini, 2024). This inconsistency underscores the context-sensitive nature of the spirituality-resilience relationship and highlights the need for research in specific high-stress populations. No prior Indian study has examined this relationship using the DSES and CD-RISC-25 across the medical training continuum spanning MBBS students through practising clinicians, leaving a meaningful empirical gap that the present study directly addresses.

III. METHODOLOGY

3.1 Research Design

A quantitative cross-sectional correlational research design was employed. This design permits the simultaneous assessment of multiple variables at a single time-point without experimental manipulation, and is well-suited for examining the strength and direction of associations between constructs in naturalistic settings. This approach is consistent with established practice in psychological research conducted in medical and healthcare populations.

3.2 Variables

Independent Variable: Spiritual experiences—the self-reported frequency of ordinary transcendent encounters in daily life, including feelings of awe, gratitude, inner peace, merciful love, and a sense of divine connection.

Dependent Variable: Resilience—the dynamic capacity for positive adaptation in the face of adversity, stress, or significant challenge.

3.3 Participants

The target population comprised Indian medical students and practising doctors aged 18 years and above with a minimum of six months of clinical exposure. Participants included second-, third-, and final-year MBBS students, MBBS interns, postgraduate (MS/MD) residents, and clinicians with at least six months of active clinical practice. First-year MBBS students were excluded due to insufficient clinical experience. A non-probability convenience sampling method was employed, with the survey distributed via WhatsApp, email, and professional networks using a Google Forms link between

March and May 2026. Of 159 initial responses, 13 were excluded for failing two or more embedded attention-check items, yielding a final analytic sample of N = 146.

Table 1: Demographic Characteristics of the Sample (N = 146)

Variable	Category	n (%)
Gender	Female	88 (60.3%)
	Male	58 (39.7%)
Training Stage	MBBS Student	51 (34.9%)
	Intern	29 (19.9%)
	Junior Resident (PG)	33 (22.6%)
	Medical Consultant/Surgeon	33 (22.6%)

3.4 Measures

Daily Spiritual Experience Scale (DSES)

The DSES, developed by Underwood and Teresi (2002), is a 16-item self-report instrument measuring the frequency of ordinary transcendent experiences in everyday life. Items are rated on a 6-point Likert scale ranging from 1 (many times a day) to 6 (never or almost never), reverse-scored such that higher totals indicate more frequent spiritual experiences. Item 16 employs a different 4-point format and was excluded per standard scoring procedures; the 15-item total was used. The original scale demonstrated strong internal consistency (Cronbach's $\alpha = .92$) and adequate test-retest reliability ($r = .82$). In the present sample, $\alpha = .951$.

Connor-Davidson Resilience Scale (CD-RISC-25)

The CD-RISC-25, developed by Connor and Davidson (2003), is a 25-item self-report measure assessing resilience across dimensions of personal competence and tenacity, tolerance of negative affect, positive acceptance of change, internal control, and spiritual influences. Items are rated on a 5-point scale from 0 (not true at all) to 4 (true nearly all of the time), yielding a total score of 0–100 with higher scores indicating greater resilience. The original scale demonstrated strong internal consistency (Cronbach's $\alpha = .89$) and test-retest reliability ($r = .87$). In the present sample, $\alpha = .919$.

3.5 Data Analysis

Data were analysed using IBM SPSS Statistics Version 27. The dataset was screened for missing values and normality violations prior to inferential analyses. Internal consistency was assessed via Cronbach's alpha (threshold: $\alpha \geq .70$). Descriptive statistics were computed for both variables. Pearson product-moment correlation was used to examine the bivariate relationship between spiritual experiences and resilience. Simple linear regression was conducted with spiritual experiences as the predictor variable and resilience as the outcome variable. The significance threshold was set at $p < .05$ with 95% confidence intervals reported.

IV. RESULTS AND INTERPRETATION

4.1 Data Screening and Normality

No missing values were identified across either variable for all 146 participants. The Shapiro-Wilk test indicated statistically significant departures from normality for spiritual experiences ($W = .921$, $p < .001$), while examination of skewness (−.973) and kurtosis (.487) values confirmed these departures fell within acceptable thresholds for parametric analysis (±2 for skewness, ±7 for kurtosis; George & Mallery, 2010). Resilience similarly showed a significant Shapiro-Wilk result ($W = .960$, $p < .001$), with skewness of −.901 and kurtosis of 2.211, also within acceptable limits. Parametric analyses were therefore deemed appropriate.

4.2 Reliability Analysis

The DSES yielded Cronbach's α = .951 across 15 items and the CD-RISC-25 yielded α = .919 across 25 items, both reflecting excellent internal consistency in the present sample (Nunnally, 1978).

4.3 Descriptive Statistics

Table 2: Descriptive Statistics for Study Variables

Variable	M	SD	Min	Max	95% CI
Spiritual Experiences (DSES)	4.42	1.06	1.47	6.00	[4.25, 4.59]
Resilience (CD-RISC-25)	65.19	14.69	0.00	100.00	[62.79, 67.59]

Note. DSES scored on a 6-point scale; CD-RISC-25 scored 0–100. Higher scores indicate greater frequency/strength of each variable.

The mean DSES score of 4.42 (SD = 1.06) reflects moderately high levels of spiritual experience, with participants on average reporting spiritual experiences occurring between most days and every day. The mean resilience score of 65.19 (SD = 14.69) falls within the moderate range relative to published normative data for student and adult populations (Connor & Davidson, 2003).

4.4 Correlation Analysis

Pearson product-moment correlation was computed to test Hypothesis 1. A statistically significant positive relationship was found between spiritual experiences and resilience, $r(144) = .214$, $p = .010$. This represents a small positive effect according to Cohen's (1988) conventions. Participants who reported more frequent daily spiritual experiences tended to report higher resilience. Hypothesis 1 was therefore supported, and the null hypothesis H_{01} was rejected.

Table 3: Pearson Correlation between Spiritual Experiences and Resilience

Variables	r	p	N
Spiritual Experiences × Resilience	.214**	.010	146

*Note. ** $p < .01$ (two-tailed).*

4.5 Regression Analysis

Simple linear regression was conducted to test Hypothesis 2, with spiritual experiences (DSES) as the predictor and resilience (CD-RISC-25) as the outcome variable. The overall model was statistically significant, $F(1, 144) = 6.889$, $p = .010$. Spiritual experiences significantly predicted resilience (β = .214, $t(144) = 2.625$, $p = .010$, 95% CI [.731, 5.188]), accounting for 4.6% of the variance in resilience scores ($R^2 = .046$, Adjusted $R^2 = .039$). For every one-unit increase in spiritual experience scores, resilience scores increased by an average of 2.96 points. Hypothesis 2 was therefore supported, and the null hypothesis H_{02} was rejected.

Table 4: Regression Model Summary and Coefficients — Predicting Resilience from Spiritual Experiences

Predictor	B	SE	β	t	p	R^2
Constant	52.111	5.124	—	10.170	.000	.046
Spiritual Experiences (DSES)	2.960	1.128	.214	2.625	.010	—

Note. Dependent variable: Resilience (CD-RISC-25). $F(1, 144) = 6.889$, $p = .010$.

V. DISCUSSION

5.1 Levels of Spiritual Experiences and Resilience

Participants in the present study reported moderately high spiritual experiences and moderate resilience. The mean DSES score of 4.42 on a 6-point scale is broadly consistent with prior findings in Indian medical populations, where moderate to moderately high spirituality has been characterised as typical (Murali et al., 2016). The moderate resilience observed (M = 65.19 on a 0–100 scale) is consistent with normative data from similar student and healthcare samples (Connor & Davidson, 2003; Rakhshan et al., 2024), suggesting that while psychological protective capacity is present, it is not uniformly high and remains amenable to strengthening through targeted interventions.

5.2 Spiritual Experiences and Resilience

The finding of a statistically significant positive association between daily spiritual experiences and resilience ($r = .214$, $p = .010$) aligns closely with the most directly comparable existing study: Hilmy et al. (2024), who reported a Spearman correlation of $r = .192$ ($p = .028$) between DSES-measured spirituality and CD-RISC-25-measured resilience in Indonesian medical students—a finding that is strikingly parallel in both direction and magnitude. The present effect size is modest, suggesting that spiritual experiences are one meaningful contributor to resilience rather than a dominant predictor, which is consistent with the multidimensional nature of the CD-RISC-25 and the expectation that resilience reflects a confluence of personal, social, and contextual resources.

The regression result ($R^2 = .046$) falls below the variance explained in studies using broader spiritual health constructs with general Indian samples—Seth and Sachdeva (2024) reported $R^2 \approx .23$, and Kumar and Muskan (2024) found a correlation of approximately .53 between spiritual health and resilience. This difference likely reflects both the specificity of the DSES in capturing daily experiential spirituality rather than broader spiritual health, and the occupationally specific nature of the medical sample, where other factors—clinical self-efficacy, supervisory support, coping strategies—may be more proximal determinants of resilience. Nevertheless, the statistical significance and consistency of the finding across studies using these two scales together supports the reliability of this association.

From a theoretical standpoint, the mechanism linking daily spiritual experiences to resilience may operate through the cultivation of existential meaning, which enables individuals to reframe adversity within a larger purpose, and through the emotional regulation benefits of feeling guided, supported, or connected beyond the self (Underwood & Vagnini, 2022). In the Indian medical context, where spiritual and religious frameworks are deeply embedded in the cultural fabric spanning Hindu, Muslim, Sikh, Christian, Buddhist, and Jain traditions, the accessibility of spiritual experience as a coping resource is particularly noteworthy. Unlike many evidence-based interventions requiring time, training, or institutional infrastructure, spiritual experience is an internal resource that may already be active in the daily lives of practitioners.

5.3 Contextual Considerations and Inconsistencies

The mixed evidence from Indian samples—where some studies find robust spirituality-resilience associations (Kumar & Muskan, 2024; Seth & Sachdeva, 2024) and others find none (Barmola & Saini, 2024)—suggests that this relationship is moderatable by sample characteristics, the spirituality measures used, and the specific stressors the population faces. The present finding of a significant positive association in an Indian medical sample differs from the non-significant finding among Haryana college students (Barmola & Saini, 2024). One plausible explanation is that in highly demanding, mortality-proximate occupational environments, spiritual experiences—offering a sense of meaning, connection, and guidance—may be more salient and actively recruited as coping resources than in general academic populations. This context-specificity is important for interpreting the present results and for designing spirituality-informed interventions for medical professionals.

5.4 Practical and Policy Implications

The present findings offer a concrete empirical foundation for integrating spiritual reflection into medical education wellness frameworks. Given that spiritual engagement is already culturally accessible to many Indian medical students and practitioners, and that this study demonstrates its association with resilience, institutions could create structured but non-prescriptive spaces for reflective spiritual practice—through journaling, guided reflection, or mentorship conversations

about meaning—without imposing any specific religious framework. At the policy level, the National Medical Commission's growing attention to holistic well-being in medical education could be supported by evidence-based inclusion of spiritually oriented components in MBBS and postgraduate wellness curricula. The current findings, while modest in effect size, suggest that even brief, low-cost interventions that strengthen daily spiritual engagement may yield meaningful benefits for psychological resilience in a population where burnout and distress remain significant public health concerns.

VI. CONCLUSION

The present cross-sectional study examined the association between daily spiritual experiences and psychological resilience in a sample of 146 Indian medical students and practising doctors spanning the full training continuum. Participants reported moderately high levels of spiritual experience and moderate resilience. A statistically significant positive correlation was found between the two constructs ($r = .214$, $p = .010$), and spiritual experiences significantly predicted resilience ($\beta = .214$, $R^2 = .046$), accounting for approximately 4.6% of its variance. These findings establish that daily spiritual experiences serve as a meaningful, albeit modest, positive contributor to resilience in the Indian medical context. The results extend prior international and Indian evidence—particularly the parallel findings of Hilmy et al. (2024) using the same instruments—to this distinct and underrepresented population.

The study carries implications for medical education, occupational wellness practice, and policy. Spirituality, as a culturally embedded and internally accessible resource, merits deliberate recognition and support within Indian medical training frameworks alongside other evidence-based resilience interventions. Future research should examine this association longitudinally, include larger and more systematically recruited samples, and explore the mechanisms through which spiritual experiences translate into resilience outcomes, potentially including meaning-making, emotional regulation, and social connection as mediating pathways.

Limitations

The convenience sampling approach limits the generalisability of the findings to the broader population of Indian medical professionals. The cross-sectional design precludes causal inferences. Reliance on self-report instruments introduces the possibility of social desirability bias. The study examined two variables; other known contributors to resilience—self-compassion, social support, coping flexibility, and institutional climate—were not assessed. The modest variance in resilience explained by spiritual experiences (4.6%) indicates that broader models are needed to adequately account for resilience in this population.

REFERENCES

- Barmola, K. C., & Saini, S. (2024). Spiritual experiences, self-esteem, and resilience among college students in Haryana. Indian Journal of Positive Psychology, 15(2), 114–120.
- Chiddarwar, A., & Singh, M. (2016). Burnout and spirituality among MBBS students in India. Indian Journal of Psychiatry, 58(2), 196–201. https://doi.org/10.4103/0019-5545.183789
- Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd ed.). Lawrence Erlbaum Associates.
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). Depression and Anxiety, 18(2), 76–82. https://doi.org/10.1002/da.10113
- Deo, S., Malik, R., & Dubey, A. (2025). Spiritual health as a predictor of perceived stress among medical undergraduates in India. Journal of Medical Education and Curricular Development, 12, 1–8.
- George, D., & Mallery, P. (2010). SPSS for Windows step by step: A simple guide and reference (10th ed.). Pearson.
- Hilmy, A., Wahyudi, M., & Prasetyo, A. (2024). Spirituality and resilience among Indonesian medical students: A correlational study using the DSES and CD-RISC. Asia Pacific Journal of Health Sciences, 11(2), 87–94.
- Jain, S., Sharma, P., & Gupta, R. (2024). Spirituality, resilience, and life satisfaction in middle-aged Indian adults. Indian Journal of Positive Psychology, 15(3), 201–210.
- Kumar, P., & Muskan, S. (2024). Spiritual health and resilience among post-graduate university students in India. Journal of Indian Health Psychology, 18(1), 55–62.

- Martins, R., da Silva, F. C., & Lucchetti, G. (2024). Spirituality, empathy, and resilience in Brazilian medical students. Medical Education Online, 29(1), 2340812.
- Murali, S., Sharma, R., & Banerjee, A. (2016). Spiritual health and coping strategies among first-year medical students. National Medical Journal of India, 29(4), 196–199.
- Nunnally, J. C. (1978). Psychometric theory (2nd ed.). McGraw-Hill.
- Rakhshan, M., Yektatalab, S., & Rahimian, S. (2024). Spiritual health and resilience among ICU nurses in Iran. Nursing in Critical Care, 29(1), 112–119.
- Rogers, M., Niven, A., & Windle, G. (2022). Spirituality and resilience in UK advanced clinical practitioners during COVID-19. Nursing Open, 9(3), 1564–1572. https://doi.org/10.1002/nop2.1187
- Sattar, K., Yusoff, M. S. B., & Yasin, M. A. M. (2022). Stress, depression, and burnout in medical students: A scoping review of 24 studies across 14 countries. Medical Education Online, 27(1), 1–18.
- Seth, N., & Sachdeva, S. (2024). Spirituality and resilience among Gen-Z Indian adults: The role of transcendent connectedness. Psychological Studies, 69(1), 34–42.
- Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. Annals of Behavioral Medicine, 24(1), 22–33. https://doi.org/10.1207/S15324796ABM2401_04
- Underwood, L. G., & Vagnini, V. L. (2022). Spiritual experiences and health outcomes: A comprehensive review of the Daily Spiritual Experience Scale. Religions, 13(6), 548. https://doi.org/10.3390/rel13060548