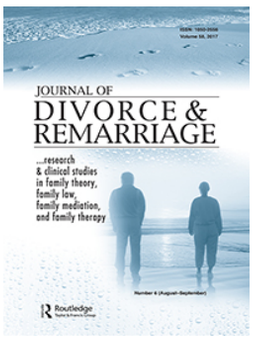

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Spirituality for Building Resilience in Children of Divorced Parents: A Cross-Country Experimental Study

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ABSTRACT

Based on a post-test experimental study of 1,893 children of divorced parents across 15 countries, I examine influence of a spiritual education program (SEP) on their resilience building. I have used 4 scales to study the resilience and strengths of the treatment group children. Results of the analysis of variance and t test showed that treatment group children scored better on the scales compared to the control group. Through 4 structural equation models, I show that the scores of the treatment group children were influenced by parenting arrangements, economic class, SEP, and self-practice. Children who lived with single parents or had nonresident cooperative coparenting arrangements scored higher on the scales vis-à-vis those who had custodial and frequently conflicting coparenting arrangements or those whose parents had repartnered and they had stepparents. Upper middle-class children responded better to SEP than their elite class counterparts. Further, treatment group children who did 2 or 3 rounds of the SEP during the course of the study vis-à-vis once, and those who said that they self-practiced the program lessons regularly scored higher on the scales. The findings highlight the importance of spiritually sensitive interventions for resilience building of children of divorced parents.

KEYWORDS

Children; cross-cultural study; divorced parents; resilience; spirituality

Research has consistently found that children of divorced parents are at greater risk for mental health problems and experience lower educational attainment and greater instability in their own intimate relationships as adults (Langton & Berger, 2011). They are also at increased risk for a wide range of mental health, substance abuse, and social adjustment problems (Sodermans & Matthijs, 2014). The focus is now more on the internalizing side of the impact of divorce on children (e.g., anxiety, depression, or psychosomatic complaints), with evidence of elevated levels of depression, anxiety, and social withdrawal (Martınez-Pampliega, Sanz, Iraurgi, & Iriarte, 2009).

Complicating children's attempts to cope with the major changes initiated by separation, most children are inadequately informed by their parents

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about the separation and divorce. They are left to struggle alone with the meaning of this event for their lives, which can cause a sense of isolation and cognitive and emotional confusion. A related stressor for children is the impact of inept parenting both prior to and following divorce. Usually one parent assumes the role of the primary caregiver, and the other is a visiting or nonresidential parent, and children have to manage their time between them (Kelly, 2005, 2006). This is a point of stress, as the absence of one parent affects the social, cognitive, and psychological development of children. Quality of parenting has been consistently linked to positive child adjustment outcomes following divorce (Kelly & Emery, 2003).

Primarily, marital dissolution leads to less frequent contact between children and noncustodial parents, resulting in a disturbance in a fundamental relationship for children as well as losses in emotional and practical support. The largest effects are seen in externalizing symptoms, including conduct disorders, antisocial behaviors, and problems with authority figures and parents (Pedro-Carroll, 2010).

Much research presents children's responses to parental divorce as interpreted by their parents or teachers. Størksen, Thorsen, Øverland, and Brown (2012), however, reported children's feelings and experiences from children's perspectives. Their findings showed that some children of divorce seem to be well-adjusted, some children showed mixed emotions, and the majority of young children showed sadness. Previous research also suggests that adolescents and young adults from divorced families are more likely to be insecurely attached compared with their counterparts from intact families (Feeney & Monin, 2008).

Essentially divorce is a stressful event and has multiple impacts on children, indicating the need for resilience for successful coping. The vulnerability of some children and the resiliency of others when facing the changes and challenges during and after a divorce have led researchers to examine the influence of children's own characteristics on coping with their parents' marital transitions. The most frequently studied characteristics are age, gender, and personality.

Post-divorce coparenting can be joint and cooperative, moderate and with some conflict, and single parenting, each of which influence children's resilience and strength factors differentially (Amato, Kane, & James, 2011). Studies on parenting and children in various post-divorce family structures tend to concentrate on either the repartnering of one of the parents (Gibson-Davis, 2008) or on the custodial arrangement (Campana, Henderson, Stolberg, & Schum, 2008). Further, studies have also shown that children adjust better when nonresidential parents continue to play a supportive and instrumental role in their lives. For example, the use of warm, responsive, and effective parenting by nonresidential parents can improve children's behavioral and emotional adjustment following divorce. On the other hand,

exposure to new or continued interparental conflict is associated with poorer adjustment (Amato & Afifi, 2006; Amato, 2010).

The need for professional intervention for building resilience among children of divorced parents is thus foregrounded. There have been some studies on how group work can be effective in treating the psychological, social, and academic problems of children of divorced parents (Nkyi, 2015). Nonetheless, empirical and rigorous evaluations of efficacy with an intervention group and a comparison group that use pre- and post-intervention evaluations are very rare on this subject (Iriarte, Martınez-Pampliega, Sanz, & Cosgaya, 2009).

Spirituality has been discussed as a critical aspect to build resilience in the family resilience literature and moreso for children of vulnerable families (Dillen, 2012). Spiritual education programs are increasingly becoming a viable option for building soft skills and life skills among children, specifically those vulnerable and distressed due to personal and external circumstances (Breland-Noble, Wong, Childers, Hankerson, & Sotomayor, 2015). Spiritual education is seen as stimulating connectedness, finding sense, self-esteem, humor, and the development of one's own capacities. These aspects are important in building resilience among children. The idea of building resilience gives a psychological and pedagogical legitimization to the belief that children of divorced parents are much more than just their wounds, something that is also called the deficit approach. Children of divorced parents are thus in need of child-focused interventions that enable coping and building resilience. Within the growing research domain of spiritual interventions for vulnerable children, experimental evidence is required on how spirituality can build resilience specifically among children of divorced parents, which this study is designed to build.

The hypothesis is that children of divorced parents across cultures might experience a corrosion of resilience and inner strength owing to their family and home environment, related stressors, and complications in parenting. Resilience, however, is a trait that can be cultivated and developed among children with intervention, a spiritual education program (SEP) being one such mode. This article thus reports on a cross-country experimental study to examine the effect of an SEP on resilience building among children of divorced parents by comparing the treatment group children to a control and comparison group of children of divorced parents who did not undergo the SEP.

As a social work educator, I have experience in designing programs for interventions with vulnerable groups, children of divorced parents being one specific group. I have been associated with spiritual groups and organizations for several years, and have taken close interest in the way they evolve practical spiritual techniques that can empower groups across the life span. In the course of my work in both these domains, and given that several

spiritual organizations now have a transnational presence, this experimental study emerged out of a series of deliberations with representatives of spiritual organizations and their outreach work. Further, through their intercountry branches, I established initial contacts with the schools whose authorities consented to participate in the study. The main intention was to develop a life-skills-oriented, resilience building SEP for children whose parents have been divorced, which leaves them vulnerable in several ways.

Data and methods

The primary aim was to determine the influence of an SEP on resilience building of children of divorced parents across countries. Specifically, the following pre- and post-intervention scores of the treatment group children were examined: (a) Child and Youth Resilience Measure–28, (b) Resiliency Scale for Children and Adolescents, (c) Assessing Developmental Strengths Questionnaire, and (d) Devereux Student Strengths Assessment scale (DESSA). A multicountry post-test experimental study has been conducted, comparing results of the treatment group of children and control group or comparison group.

Sampling

Sampling was done in stages. At the first stage, 15 countries were selected, and within those 10 schools were identified based on contacts of the respective country's nodal agency (the board of education or the central body at the apex of school education in the country) and permissions. These schools catered to the upper middle and elite-class children of the respective countries. At the second stage, from the 150 schools, from the respective school counselors' database, a list of 7,681 children 9 to 12 years old, whose parents were divorced, was obtained. Using systematic sampling ($k = 2$), the local investigators contacted 3,992 children and their guardians, through e-mail, to enquire whether the children were willing to undergo a spiritual training program of two to three rounds in the course of the study period of two rounds (2013–2014 and 2014–2015). Around 3,786 children and their guardians responded in the affirmative. During the first round of the study (2013–2014), 1,893 children were assigned to undergo the program and an equal number were designated as the control group. Random number tables available through the computer package were used to assign children to the treatment and control groups. This article reports on Round 1 of the study (2013–2014). Apart from the children who were the main respondents, two to four teachers from each of the 150 schools were identified through selective sampling to respond to a particular aspect of the post-test investigation (i.e., the DESSA scale).

Method

The interview schedule was administered, which included details of the basic background profile of the children and details of SEP in the case of the treatment group.

In the schedule, four scales were used to understand and compare aspects of resilience and strengths of the treatment and control groups postintervention. Local investigators were recruited via the country's nodal agency for the study, who administered the schedule. Two rounds of training were provided to the investigators. The online training included familiarization with the study objectives and the scales. The face-to-face training, done by the nodal agency, consisted of a trial run, addressing queries, and translations. The schedule and the scales were translated into four languages apart from English: French, German, Spanish, and Mandarin. Services of professional translators were employed for the translations. The method of translation, back translation, and retranslation was used and validity of the translations was tested in the pilot study phase.

Scales

Four scales were used in this study. The Child and Youth Resilience Measure–28 (CYRM–28) developed by Ungar and Liebenberg (2011) is a 28-item measure designed to understand resilience among children and youth across cultures (e.g., I cooperate with people around me, I am aware of my own strengths, I aim to finish what I start). All items are rated on a 5-point scale, with higher scores indicating increased presence of resilience processes. The score ranges from 28 to 140 (Cronbach's $\alpha = .91$, item–scale intercorrelation = .86, Pearson's $r = .87$).

The Resiliency Scales for Children and Adolescents (RSCA) contains three self-report scales—Sense of Mastery (20 items), Sense of Relatedness (24 items), and Emotional Reactivity (20 items)—thereby including a total of 64 items (Prince-Embury, 2008). The Sense of Mastery scale consists of three subscales: Optimism, Self-Efficacy, and Adaptability. The Sense of Relatedness scale consists of four subscales: Trust, Perceived Social Support, Comfort, and Tolerance. The Emotional Reactivity scale consists of three subscales: Sensitivity, Recovery, and Impairment. Item responses are in Likert format. Response options are frequency based, ordered on a 5-point Likert scale: 0 (*never*), 1 (*rarely*), 2 (*sometimes*), 3 (*often*), and 4 (*almost always*). Items are written at a third-grade reading level. To take into account cultural differences in educational levels, the RCSA has broken down constructs into items written in simple language. The total score ranges from 0 to 256. RCSA scoring is also done in *T* scores and percentile format. The score ranges of the individual scales are as follows: Sense of Mastery, 0 to 80; Sense of

Relatedness, 0 to 96; and Emotional Reactivity, 0 to 80. The reliability estimates of the three global scales are as follows: Sense of Mastery, Cronbach's α = .88, item–scale intercorrelation = .87, Pearson's *r* = .89; Sense of Relatedness, Cronbach's α = .91, item–scale intercorrelation = .86, Pearson's *r* = .88; and Emotional Reactivity, Cronbach's α = .91, item–scale intercorrelation = .85, Pearson's *r* = .87. For this study, the total raw scores of the RCSA are used.

The Assessing Developmental Strengths Questionnaire (ADS–CR or CR–ADS) for children 9 to 13 years old, developed by Donnon and Hammond (2007), is a 31-item measure focusing on developmental strengths covering 12 internal and 19 external strengths across 10 factors covering individual assets, family assets, and social support. The measure also includes items concerning risk areas and demographics. With a 5-point rating scale, the score ranges from 0 to 124, with higher scores indicating greater strengths and resilience potential (Cronbach α = .90, item–scale intercorrelation = .96, Pearson's *r* = .85).

The DESSA (LeBuffe, Shapiro, & Naglieri, 2009) is a 72-item, standardized, norm-referenced behavior rating scale that assesses the social-emotional competencies that serve as protective factors for children in kindergarten through the eighth grade (ages 5–14). The DESSA can be completed by parents or guardians, teachers, or staff at schools and child-serving agencies, including after-school, social service, and mental health programs. The assessment is entirely strengths-based, meaning that the items query positive behaviors (e.g., get along with others) rather than maladaptive ones (e.g., annoy others). For each of the 72 DESSA items, the rater is asked to indicate on a 5-point scale how often the student engaged in each behavior over the past 4 weeks. The DESSA is organized into conceptually derived scales that provide information about eight key social-emotional competencies. The eight subscales are as follows: self-awareness, social awareness, self-management, goal-directed behavior, relationship skills, personal responsibility, decision making, and optimistic thinking. The scales on the DESSA can be considered protective factors within a risk and resilience theoretical framework. High scores on DESSA scales are associated with significantly fewer behavioral problems for students at both high and average levels (Nickerson & Fishman, 2009).

Standard scores can be used to calibrate each child's competence in each of the eight dimensions and guide school- or program-wide, class-wide, and individual strategies to promote those competencies. For each item, the rater is asked to indicate on a 5-point scale how often the student engaged in each behavior over the past 4 weeks. The raw scores range from 0 to 288, with higher scores indicating higher strength. DESSA results are reported using *T* scores and percentile ranks. *T* scores of 60 and above are described as strengths, *T* scores of 41 to 59 inclusive are described as typical scores, and

T scores of 40 and below are described as needs for instruction. For this study, the *T* scores have been used and the scale has been administered with teachers of the schools (Cronbach α = .90, item–scale intercorrelation = .72, Pearson's *r* = .86).

Spiritual education program

The SEP was developed and conducted by independent members associated with two transnational spiritual organizations, who had the necessary training and qualifications in psychospiritual and spiritual-therapeutic interventions and thereby a license to develop SEPs and packages for clients across the life span. I contacted eight members who voluntarily agreed to participate in four roundtable meetings held in 2011. Through the deliberations, the 4-day package was developed. The deliberations included the aims of such a customized program focused on emotional-spiritual needs of children of divorced parents, aspects that contribute to building resilience and a child-focused program and mode of delivery. The outcome was a 4-day lesson plan of four half-hour sessions that included discussions on children's own meaning of spirituality and spiritual beliefs, spirituality as a strength-giving source, practical spiritual techniques, and cultivating spiritual values as life skills.

The SEP administered school-wide to groups of children was a 4-day package on various aspects of spirituality. The following were the topics of the 4-day lesson plan with each lesson of a half-hour duration:

(1) Children's construction of their own meaning of spirituality or personal spirituality (commencing with the question of what is the child's understanding of spirituality, discussion on why spirituality helps, what practical spirituality is, and how it is helpful in daily living).
(2) Looking at spirituality and spiritual beliefs and practices as a source of strength (spiritual beliefs of transcendence and relationality viz. connection with higher power and meaningful relationships with significant others, values of peace and unity as sources of strength).
(3) Practical aspects or practices such as meditation and mindfulness, and actual practice of meditation and mindfulness or being aware of self and surroundings and being in sync with one's thoughts and feelings.
(4) Cultivating spiritual values of unity, peace, equity, and unconditional love and forgiveness through exercises such as centering, stilling, and living in the moment, as well as keeping hope and optimism.

Two trainers per country (i.e., for the 10 schools in each of the countries) delivered the program. Trainers were recruited through the recommendation of experts and were oriented to the package through a video conference. Trainers were members of the spiritual organizations based in their

respective countries. The trainer profile was as follows: age, M = 44.67 (SD = 3.08); gender, 22 women, 8 men; religion, 18 Christians, 8 Hindus, and 4 Buddhists; education, all had a university degree; occupation, 18 homemakers, 12 in regular employment. All trainers belonged to the upper or elite class of their respective domicile countries assessed on the basis of country-specific per-capita income.

Trainers underwent the training and subsequently the expert committee provided continuous online support through a Google group. They implemented the four lessons through a mixture of interactive lectures, audiovisual presentations, and experiential exercises. The fourth lesson's take-home message included certain self-learning and do-it-yourself exercises (on meditation, mindfulness, and stilling or centering), which the children were encouraged to practice themselves. This aspect was termed self-practice.

The SEP was developed in English and subsequently the lessons were translated into German, French, Spanish, and Mandarin using the services of professional translators. The method of translation, back translation, and retranslation was used. For a majority (79%) of the treatment group children, the English version was used. For 6% of the children the German version was used, for 6% of the children the French version was used, for 3% of the children the Mandarin version was used, and for 6% of the children the Spanish version was used.

Two trainers pilot tested the SEP in 2012 with 8- to 12-year-old children (64 participants and 64 control group respondents) identified from two schools in India and the United Kingdom, based on participant willingness. They took feedback from the proximate parent, teachers, and school counselors (through two meetings in each of the schools pre- and post-test)) to understand whether the program adequately captured aspects of religious diversity and was comprehensible and palatable to children. The feedback form contained four open-ended questions (soliciting comments on program objectives, topics covered, mode of delivery, and exercises given) for parents, teachers, and counselors, which they completed online. Further, the post-test resilience scores of the 63 treatment group children on all four scales (CYRM–28, RSCA, CR–ADS, and DESSA) were higher than scores for their control group counterparts, thereby establishing the experiments and program validity for the purpose of upscaling.

For the main study, trainers did three rounds of the program in course of the year. The content and topics covered were the same in all the three rounds. The exercises and examples varied through the trainers' own improvisations and on-site extemporaneous modifications based on the sessions' flow, but within the ambit of the prescribed SEP and the essence of the lessons.

With the permission of the school authorities, trainers adjusted this program in the school routine. It was titled Resilience Building Through

Spirituality and was specifically targeted toward the study population of children of divorced parents. One round of the program was compulsory for the treatment group children, and the second and third rounds were optional. Two trainers visited the 10 schools in their respective countries three times in the study period and conducted the SEP there. The treatment was delivered as intended and all the participants received the uniform program input. To ensure treatment fidelity, trainers were requested to post brief notes of the 30 sessions that each of them conducted, including observations on aberrations or difficulties that needed to be addressed in the field and how they did so. Eight experts continuously monitored and liaised with the trainers. Trainers and experts were offered Amazon gift vouchers, a spiritual self-help literature set, and a spiritual retreat sponsored by three philanthropists based in London, Mumbai, and Johannesburg, on grounds of anonymity. School-level nodal persons were offered hard drives and Flipkart gift vouchers.

In the treatment group, 1,268 (67%) of the children participated in two or three rounds of the SEP and 625 (33%) of them had done the one compulsory round of the SEP at the end of the study period. An estimated 52% (984) of the children said that they self-practiced the SEP lessons and 48% (909) of them said that they were infrequent in doing so.

Ethics statement

All procedures followed were in accordance with the ethical standards of the National Council of Professional Social Work in India and the Helsinki Declaration of 1975, as revised in 2000. The study has the approval of the independent ethics committee of the National Council of Professional Social Work in India. All of the participants and their guardians or teachers gave their informed assent and consent to participate in the program and the study. Assurance was provided that confidentiality would be maintained and the data would be used for academic purposes only. Further children, parents or guardians, and school authorities were assured of nil disadvantage through the study.

Analysis

The data were analyzed using the STATA 13 computer package. In the analysis I compared and analyzed the post-program scale scores of the treatment group with those of the control group not having received the treatment.

I analyzed post-treatment outcome measure scores through one-way and factorial analysis of variance and compared them using paired t tests. Through post hoc analysis using Scheffe post hoc significance criterion, I examined the within-group differences.

Four structural equation models determine the influencing variables of the treatment group's scores on the scales, as well as their covariances. The structural equation models are guided by the study hypothesis and the theoretical proposition emerging from the existing literature that spiritual and therapeutic interventions would enable strengths and resilience building among children of divorced parents. The structural equation models depict the predictor variables, effect extent, and covariances between predictor variables. For the structural equation model analysis, I used the maximum likelihood method with iterations based on number of predictor variables.

Treatment group children's profile

The country-wise distribution of the treatment group children was as follows: India (8%), China (6%), Japan (4%), Singapore (5%), Egypt (5%), South Africa (7%), Nigeria (5%), France (6%), Germany (6%), Sweden (6%), Norway (5%), United Kingdom (9%), United States (18%), Canada (5%), and Australia (5%). Approximately 32% of the treatment group children were 9 years of age, 27% were 10 years old, 19% were 11 years old, and 22% were 12 years of age. Around 56% were boys and 44% were girls. The majority (68%) were Christians, 8% were Buddhists, 8% were Hindus, 7% were Jews, and 9% were Muslims. The majority (72%) belonged to the upper middle class, as per the per-capita income measure of their respective domicile countries, and 28% belonged to elite groups. The parenting arrangement was as follows: 42% of the children had single parents, 13% of them had nonresident cooperative coparenting, 18% had custodial arrangements with frequently hostile coparenting encounters, and 27% had parents who had repartnered and hence were step-parenting.

Around 67% of the children underwent two or three rounds of the SEP and 33% of them had done the one compulsory round of the SEP at the end of the study period. Around 52% of the children said that they self-practiced the SEP lessons and 48% of them said that they were infrequent in doing so.

Control group children's profile

The country-wise distribution of the control or comparison group children was the same as for the treatment group. Approximately 36% of the control group children were 9 years of age, 22% were 10 years old, 15% were 11 years old, and 26% were 12 years of age. Around 58% were boys and 42% were girls. The majority (72%) were Christians, 6% were Buddhists, 7% were Hindus, 8% were Jews, and 9% were Muslims. The majority (74%) belonged to the upper middle class, as per the per-capita income measure of their respective domicile countries, and 26% belonged to elite groups. The parenting arrangements were as follows: 44% of the children had single parents,

15% of them had nonresident cooperative coparenting, 18% had custodial arrangements with frequently hostile coparenting encounters, and 23% had parents who had repartnered and hence were step-parenting.

Results

Child and youth resilience measure–28 scores

Control group

The average CYRM–28 score of control group children was 56.87 (*SD* = 1.23). One-way analyses of variance (ANOVAs) showed that the effects of gender, religion, and parenting arrangement were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average CYRM–28 scores were higher for boys among the control group (*M* = 61.28, *SD* = 2.23) than for girls (*M* = 55.43, *SD* = 1.89), *F*(1, 1892) = 78.91, *p* = .003; for Christian children among the control group (*M* = 58.19, *SD* = 1.78) than for Hindu, Buddhist, Jewish, and Muslim children (*M* = 51.65, *SD* = 2.13), *F*(4, 1892) = 89.02, *p* = .02; and for those who had single parents or nonresident cooperative coparenting arrangements (*M* = 58.79, *SD* = 2.34) than for those who had custodial arrangements and hostile coparenting encounters or stepparents (*M* = 52.67, *SD* = 1.38), *F*(3, 1892) = 98.12, *p* = .003. A three-way ANOVA having two levels of gender (boys, girls), religion (Christians, other religions), and parenting arrangements (single-parent, nonresident, cooperative coparenting; hostile coparenting or stepparents) showed that all individual effects were significant, but interaction effects were nonsignificant, *F*(2, 1892) = 89.03, *p* = .23.

Treatment group

The average CYRM–28 score of treatment group children was 101.23 (*SD* = 2.45). One-way ANOVAs showed that the effects of parenting arrangements, SEP, and self-practice were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average CYRM–28 scores for the treatment group children were higher for those who had single parents or nonresident cooperative coparenting arrangements (*M* = 112.23, *SD* = 2.14) than for those who had custodial arrangements and hostile coparenting encounters or stepparents (*M* = 90.82, *SD* = 1.37), *F*(3, 1892) = 76.13, *p* = .003. The average CYRM–28 scores were significantly higher for those treatment group children who had undergone the SEP rounds two or three times (*M* = 113.45, *SD* = 2.38) than for those who had done so once (*M* = 93.23, *SD* = 2.18), *F*(1, 1892) = 116.72, *p* = .003. The average CYRM–28 scores were significantly higher for those treatment group children who self-practiced the lessons regularly (*M* = 112.12, *SD* = 1.78) than for those who did so infrequently (*M* = 98.12, *SD* = 2.18), *F*(1,

1892) = 79.02, p = .04. The CYRM–28 scores of the treatment group children were further subjected to a three-way ANOVA having two levels of parenting arrangements (single parents or nonresident cooperative coparenting, hostile coparenting or stepparents), SEP rounds (two or three rounds, one round) and self-practice (regular, infrequent). All the effects were significant at a 5% significance level. Interaction effects were nonsignificant, F(2, 1892) = 112.92, p = .13.

Comparison

The average CYRM–28 scores were higher for the treatment group children (M = 101.23, SD = 2.45) than for the control group children (M = 56.87, SD = 1.23), t(3,782) = 128.92, p = .00. The control group children's CYRM–28 scores were influenced by gender, religion, and parenting arrangements. The treatment group children's CYRM–28 scores were significantly influenced by parenting arrangements, SEP rounds, and self-practice.

Structural equation model of treatment group CYRM–28 scores

Table 1 depicts the structural equation model with standardized coefficients of the CYRM–28 scores of treatment group children with country, parenting arrangements, SEP, and self-practice as independent variables. The

Table 1. Structural equation model of treatment group children's scores on the Child and Youth Resilience Measure–28 (CYRM-28).

Structural equation standardized		Coefficient	OIM *SE*	*z*	*p* > |*z*|	95% confidence interval	
CYRM–28							
	Country	4.5724	0.1327	1.67	.03	2.1367	8.1956
	Parenting	2.1385	0.3218	1.87	.00	1.5629	11.0987
	SEP rounds	1.9832	0.5618	3.14	.03	0.6723	5.6732
	Self-practice	3.1923	0.2317	2.13	.00	2.1345	8.7956
	Constant	11.2817	0.7172	3.89	.01	8.9018	13.8871
Mean (country)		3.4587	0.1138	2.54	.03	2.1137	8.9035
Mean (parenting arrangements)		4.8934	0.7815	3.09	.03	3.2156	6.7783
Mean (SEP rounds)		4.1256	0.1186	2.87	.00	3.1276	8.3245
Mean (self-practice)		2.9812	0.1127	3.78	.04	1.1327	6.7892
Variance (CYRM–28)		11.8976	0.3278			9.8065	13.4265
Variance (country)		13.4212	0.1342			11.2673	19.0943
Variance (parenting arrangements)		36.7924	0.4137			29.1864	39.0942
Variance (SEP rounds)		18.3218	0.1387			15.6189	38.7614
Variance (self-practice)		7.8412	0.9021			5.6732	8.7153
Covariance (country, parenting arrangements)		11.0921	0.1132	3.88	.08	9.0423	18.7623
Covariance (country, SEP rounds)		8.1324	0.1387	4.15	.09	6.1237	10.1023
Covariance (country, self-practice)		7.1853	0.2138	3.18	.08	5.1687	19.8053
Covariance (parenting arrangements, SEP rounds)		4.1536	0.1987	2.89	.03	3.1276	8.9903
Covariance (parenting arrangements, self-practice)		8.9053	0.1236	3.14	.04	6.7893	12.3167
Covariance (SEP rounds, self-practice)		6.2256	0.2286	4.19	.03	4.3271	9.0973

Note: SEP = spiritual education program. OIM = Observed Information Matrix

maximum likelihood method has been used with five iterations and log likelihood = −134.678272. Table 1 shows that all the independent variables influence the CYRM–28 scores of treatment group children. Further the goodness-of-fit measures are also significant, indicating model reliability, χ^2 (9) = 198.23, $p < .001$, goodness-of-fit index (GFI) = 0.93, normed fit index (NFI) = 0.88, root mean square error of approximation (RMSEA) = .05. There is covariance between parenting arrangements and SEP, parenting arrangements and self-practice, and SEP rounds and self-practice.

Resilience Scale for Children and Adolescents Scores

Control group

The average RSCA score of the control group children was 143.21 (SD = 3.46). One-way ANOVAs showed that the effects of country and gender were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average RSCA scores of the control group children from European countries, the United States, Canada, and Australia were higher (M = 156.89, SD = 2.13) than the scores for those from Asian and African countries (M = 176.23, SD = 1.89), $F(14, 1892) = 76.23$, $p = .03$. The average RSCA scores of the control group children were significantly higher for boys (M = 156.89, SD = 1.38) than for girls (M = 142.78, SD = 2.18), $F(1, 1892) = 79.03$, $p = .02$. The control group children's RSCA scores were further subjected to a two-way ANOVA having two levels of country affiliation (European countries, United States, Canada, and Australia; Asian and African countries) and two levels of gender (boys, girls). All the effects were significant at a 5% significance level. Interaction effects were nonsignificant, $F(1, 1892) = 87.23$, $p = .34$.

Treatment group

The average RSCA score of the treatment group children was 199.32 (SD = 2.89). One-way ANOVAs showed that the effects of economic class, SEP rounds, and self-practice were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average RSCA scores were significantly higher for treatment group children from the upper middle classes (M = 202.34, SD = 3.87) than for those from the elite classes (M = 196.23, SD = 2.18), $F(1, 1892) = 132.09$, $p = .02$; for those who underwent two or three rounds of the SEP (M = 201.29, SD = 2.19) than for those who did so once (M = 192.23, SD = 2.08), $F(1, 1892) = 69.82$, $p = .03$; and, for those who self-practiced the SEP lessons regularly (M = 203.45, SD = 1.29) than for those who did so infrequently (M = 191.29, SD = 3.04), $F(1, 1892) = 117.89$, $p = .02$.

The RSCA scores of the treatment group children were further subjected to a three-way ANOVA having two levels of economic class (upper middle

class, elite class), SEP rounds (two or three rounds, one round) and self-practice (regular, infrequent). All the effects were significant at a 5% significance level. Interaction effects were nonsignificant, $F(1, 1892) = 87.69$, $p = .17$.

Comparison

The average RSCA scores were significantly higher for the treatment group ($M = 199.32$, $SD = 2.89$) than for the the control group ($M = 143.21$, $SD = 3.46$), $t(3,782) = 239.08$, $p = .00$. The control group children's RSCA scores were significantly influenced by country affiliation and gender. The treatment group children's scores were significantly influenced by economic class, SEP rounds, and self-practice.

Structural equation model of treatment group RSCA scores

Table 2 depicts the structural equation model with standardized coefficients of the RSCA scores of treatment group children with economic class, parenting arrangements, SEP, and self-practice as independent variables. The maximum likelihood method has been used with five iterations and log likelihood = −237.8172. Table 2 shows that all the independent variables influence the RSCA scores of treatment group children. Further, the

Table 2. Structural equation model of treatment group children's scores on the Resiliency Scales for Children and Adolescents (RSCA).

Structural equation standardized	Coefficient	OIM *SE*	*z*	$p > \|z\|$	95% confidence interval	
RSCA						
Economic class	2.8172	0.1827	3.07	.00	0.1823	3.4478
Parenting arrangements	3.1817	0.2287	2.38	.01	0.2984	4.6672
SEP rounds	2.1192	0.3917	1.87	.00	0.1982	5.8902
Self-practice	1.9182	0.2287	3.87	.02	0.1145	6.7812
Constant	3.8876	0.1187	4.01	.03	0.2137	5.6671
Mean (class)	2.1827	0.0328	2.37	.02	1.2918	8.9902
Mean (parenting arrangements)	2.9981	0.2287	2.87	.00	1.9182	5.6712
Mean (SEP rounds)	2.0912	0.1187	2.38	.00	0.2817	5.6712
Mean (self-practice)	1.3389	0.1928	3.18	.00	0.1136	4.1526
Variance (RSCA)	7.8198	0.2286			0.2273	8.9021
Variance (class)	2.1817	0.2187			0.2287	4.5612
Variance (parenting arrangements)	2.1176	0.1126			0.1831	6.7182
Variance (SEP rounds)	3.1928	0.1918			1.2123	6.7788
Variance (self-practice)	2.8812	0.1872			1.1823	8.9902
Covariance (class, parenting arrangements)	2.1928	0.3387	2.34	.12	0.9182	6.7781
Covariance (class, SEP rounds)	3.8712	0.3817	2.87	.18	0.8823	6.7816
Covariance (class, self-practice)	3.8876	0.2286	4.07	.02	0.1376	6.7712
Covariance (parenting arrangements, SEP rounds)	2.9981	0.4918	3.76	.02	0.2817	6.8178
Covariance (parenting arrangements, self-practice)	4.1827	0.1176	2.89	.02	0.1128	6.7812
Covariance (SEP rounds rounds, self-practice)	2.1827	0.2018	3.89	.00	0.3873	7.5523

Note: SEP = spiritual education program. OIM = Observed Information Matrix

goodness-of-fit measures are also significant, indicating model reliability, χ^2 (9) = 218.18, $p < .001$, GFI = 0.95, NFI = 0.84, RMSEA = .04. The covariance between economic class and self-practice, parenting arrangements and SEP, parenting arrangements and self-practice, and SEP rounds and self-practice are significant.

Assessing Developmental Strengths in Children Questionnaire Scores

Control group

The average CR–ADS score of the control group children was 69.82 (*SD* = 1.39). One-way ANOVA showed that the effects of gender and economic class were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average CR–ADS questionnaire scores were significantly higher for control group boys (*M* = 71.23, *SD* = 1.87) than girls (*M* = 65.32, *SD* = 2.18), *F*(1, 1892) = 98.21, *p* = .03. The average CR–ADS questionnaire scores were significantly higher for control group children from the upper middle class (*M* = 73.27, *SD* = 2.09) than from the elite classes (*M* = 68.92, *SD* = 2.18), *F*(1, 1892) = 102.34, *p* = .00.

The CR–ADS questionnaire scores of the control group children were further subjected to a two-way ANOVA having two levels of gender (boys, girls) and class (upper middle class, elite class). All the effects were significant at a 5% significance level. Interaction effects were nonsignificant, *F*(1, 1872) = 79.12, *p* = .03.

Treatment group

The average CR–ADS questionnaire score of the treatment group children was 101.23 (*SD* = 2.19). One-way ANOVAs showed that the effects of economic class, SEP rounds, and self-practice were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average CR–ADS questionnaire scores were higher for treatment group children from the upper middle class (*M* = 104.56, *SD* = 2.18) than for children from the elite classes (*M* = 98.02, *SD* = 3.98), *F*(1, 1892) = 89.03, *p* = .00; for those who did two or three rounds of the SEP (*M* = 104.78, *SD* = 2.98) than for those who did one round of the SEP (*M* = 99.82, *SD* = 1.38), *F*(1, 1892) = 118.23, *p* = .04; and for those who regularly self-practiced the program lessons (*M* = 105.78, *SD* = 1.23) than for those who did so infrequently (*M* = 96.89, *SD* = 3.18), *F*(1, 1892) = 89.03, *p* = .00.

The CR–ADS questionnaire scores of the treatment group children were further subjected to a three-way ANOVA having two levels of economic class (upper middle class, elite class), SEP (two or three rounds, one round), and self-practice (regular, infrequent). All the effects were significant at a 5%

significance level. Interaction effects were nonsignificant, $F(2, 1892) = 116.39$, $p = .23$.

Comparison

The average CR–ADS questionnaire scores were higher for treatment group children ($M = 101.23$, $SD = 2.19$) than for the control group children ($M = 69.82$, $SD = 1.39$), $t(3,782) = 189.36$, $p = .00$. Gender and economic class influenced the control group children's scores. The treatment group children's scores were influenced by economic class, SEP rounds, and self-practice.

Structural equation model of treatment group CR–ADS scores

Table 3 depicts the structural equation model with standardized coefficients of the CR–ADS questionnaire scores of treatment group children with economic class, parenting arrangements, SEP rounds, and self-practice as independent variables. The maximum likelihood method has been used with five iterations and log likelihood = −276.21. Table 3 shows that all the independent variables influence the CR–ADS questionnaire scores of treatment group children. Further the goodness-of-fit measures are also significant, indicating model reliability, $\chi^2(9) = 276.21$, $p < .001$, GFI = 0.94,

Table 3. Structural equation model of treatment group Children's Scores on the Assessing Developmental Strengths Questionnaire (CR–ADS).

Structural equation standardized	Coefficient	OIM *SE*	*z*	$p > \|z\|$	95% confidence interval	
CR-ADS						
Economic class	3.1827	0.1231	3.18	.00	1.1527	4.5612
Parenting arrangements	2.8812	0.1118	4.65	.01	0.1137	5.5168
SEP rounds	3.7162	0.2012	2.34	.02	0.1378	6.7810
Self-practice	3.8712	0.1137	1.76	.03	0.1127	6.7813
Constant	4.7761	0.0098	2.36	.04	1.2012	5.6673
Mean (class)	2.1814	0.1821	2.88	.00	0.3487	6.7813
Mean (parenting arrangements)	2.3387	0.3716	1.08	.02	0.7783	5.6712
Mean (SEP rounds)	3.0162	0.3827	2.38	.03	0.1145	7.8913
Mean (self-practice)	2.3365	0.2871	3.14	.00	0.0083	6.7812
Variance (CR-ADS)	3.8754	0.3461			0.5613	5.6673
Variance (class)	2.3387	0.7613			0.1376	6.5532
Variance (parenting arrangements)	3.8172	0.4817			0.1176	6.3419
Variance (SEP rounds)	3.4498	0.1176			1.1923	7.8172
Variance (self-practice)	2.7765	0.1821			1.6152	4.5568
Covariance (class, parenting arrangements)	4.9182	0.1176	1.28	.13	−1.2716	8.9903
Covariance (class, SEP rounds)	3.9961	0.2039	2.97	.18	−2.9908	4.5613
Covariance (class, self-practice)	4.0182	0.3817	3.08	.00	3.1623	5.6672
Covariance (parenting arrangements, SEP rounds)	7.8891	0.3387	4.33	.02	4.5613	9.0082
Covariance (parenting arrangements, self-practice)	3.9182	0.3776	6.89	.03	2.1924	11.5623
Covariance (SEP rounds, self-practice)	3.4452	0.5613	4.56	.00	2.1137	6.7823

Note: SEP = spiritual education program. OIM = Observed Information Matrix

NFI = 0.83, RMSEA = .03. The covariances between economic class and self-practice, parenting arrangements and SEP rounds, parenting arrangements and self-practice, and SEP rounds and self-practice were significant.

Devereux Student Strengths Assessment T Scores

Control group

The average DESSA *T* score of control group children was 53.67T (*SD* = 1.38t). One-way ANOVAs showed that the effects of gender, religion, and economic class were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average DESSA *T* scores of the control group were significantly higher for boys (*M* = 55.89T, *SD* = 1.28t) than girls (*M* = 49.82T, *SD* = 2.13t), $F(1, 1872) = 89.03$, $p = .02$; for Christian children (*M* = 56.71T, *SD* = 1.37t) than for children belonging to other religions (*M* = 48.76T, *SD* = 1.28t), $F(4, 1872) = 78.03$, $p = .00$; and for upper middle-class children (*M* = 56.73T, *SD* = 2.38t) than for children from the elite classes (*M* = 49.08T, *SD* = 2.36t), $F(1, 1872) = 79.04$, $p = .00$.

The DESSA *T* scores of the control group children were further subjected to a three-way ANOVA having two levels of gender (boys, girls), religion (Christians, other religions) and class (upper middle class, elite class). All the effects were significant at a 5% significance level. Interaction effects were nonsignificant, $F(2, 1872) = 89.34$, $p = .35$.

Treatment group

The average DESSA *T* score of the treatment group children was 68.93T (*SD* = 2.38t). One-way ANOVAs showed that the effects of country, economic class, SEP rounds, and self-practice were significant. Post hoc analysis using Scheffe post hoc criterion for significance indicated that the average DESSA *T* scores of the treatment group were higher for children from European countries, the United States, Canada, and Australia (*M* = 73.78T, *SD* = 2.37t) than for children from Asian and African countries (*M* = 68.92T, *SD* = 2.18t), $F(14, 1872) = 237.67$, $p = .00$; for treatment group children from the upper middle class (*M* = 75.39T, *SD* = 2.38t) than for children from the elite classes (*M* = 65.03T, *SD* = 2.36t), $F(1, 1872) = 98.23$, $p = .03$; for treatment group children who had undergone two or three rounds of the SEP (*M* = 76.23T, *SD* = 2.18t) than for those who had undergone one round of the program (*M* = 67.34T, *SD* = 1.56t), $F(1, 1872) = 176.49$, $p = .00$; and for those who self-practiced the program lessons regularly (*M* = 79.03T, *SD* = 1.37t) than for those who practiced them infrequently (*M* = 63.79T, *SD* = 2.38t), $F(1, 1872) = 90.83$, $p = .03$.

The average DESSA *T* scores of the treatment group children were further subjected to a four-way ANOVA having two levels of country affiliation (European countries, United States, Canada, and Australia; Asian and

African countries), class (upper middle class, elite classes), SEP (two or three rounds, one round), and self-practice (regular, infrequent). All the effects were significant at a 5% significance level. Interaction effects were nonsignificant, $F(3, 1872) = 156.83$, $p = .89$.

Comparison

The average DESSA T scores were higher for the treatment group ($M = 68.93$T, $SD = 2.38$t) than for the control group ($M = 53.67$T, $SD = 1.38$t), $t(3{,}782) = 236.79$, $p = .00$. Gender, religion, and economic class influenced the control group's DESSA T scores. The treatment group's DESSA T scores were significantly influenced by country affiliation, economic class, SEP rounds, and self-practice.

Structural equation model of treatment group's DESSA scores

Table 4 depicts the structural equation model with standardized coefficients of the DESSA scores of treatment group children with country, parenting arrangements, SEP rounds, and self-practice as independent variables. The maximum likelihood method has been used with five iterations and log likelihood = −336.718172. Table 4 shows that all the independent variables influence the DESSA scores of treatment group children. Further, the

Table 4. Structural equation modeling of treatment group children's scores on Devereux Student Strengths Assessment Scale (DESSA).

Structural equation standardized	Coefficient	OIM *SE*	*z*	$p > \|z\|$	95% confidence interval	
DESSA						
Country	6.1721	0.1827	5.72	.00	3.1872	7.8893
Parenting arrangements	2.3716	0.3381	4.09	.01	1.1823	4.8896
SEP rounds	2.3378	0.3328	3.88	.02	1.2653	8.9903
Self-practice	1.8172	0.3387	2.87	.01	−1.9982	4.6176
Constant	3.6686	0.1286	1.87	.00	−2.3131	7.8809
Mean (country)	3.1827	0.2876	3.88	.03	−1.3827	7.8912
Mean (parenting arrangements)	2.3387	0.3287	3.09	.02	0.3873	7.8834
Mean (SEP rounds)	1.3871	0.3387	3.28	.02	0.3874	4.5871
Mean (self-practice)	2.8765	0.4487	2.34	.01	0.1187	7.8923
Variance (DESSA)	4.5871	0.1873			0.2118	8.0192
Variance (country)	3.1726	0.2009			0.3387	7.0823
Variance (parenting arrangements)	3.8891	0.3918			−2.3912	7.8894
Variance (SEP rounds)	3.8891	0.8913			1.2931	6.9834
Variance (self-practice)	3.9938	0.1127			1.3827	4.5632
Covariance (country, parenting arrangements)	6.9182	0.3376	3.48	.19	2.3387	8.9013
Covariance (country, SEP rounds)	6.9903	0.3873	3.11	.23	2.3817	11.7162
Covariance (country, self-practice)	7.8134	0.5981	2.08	.28	0.9182	10.9982
Covariance (parenting arrangements, SEP rounds)	4.5163	0.4418	1.38	.02	2.1739	7.6613
Covariance (parenting arrangements, self-practice)	5.8893	0.3872	2.09	.02	1.3726	8.9903
Covariance (SEP rounds, self-practice)	4.5162	0.5572	1.45	.03	0.9983	7.0832

Note: SEP = spiritual education program. OIM = Observed Information Matrix

goodness-of-fit measures are also significant, indicating model reliability, χ^2 (9) = 284.78, $p < .001$, GFI = 0.92, NFI = 0.86, RMSEA = .04. The covariances between parenting arrangements and SEP rounds, parenting arrangements and self-practice, and SEP rounds and self-practice are significant.

Discussion and conclusion

The results show that treatment group children scored better on resilience and strengths assessment scales compared to the comparison group. ANOVA, log regression, and structural equation model analysis showed that the scores of the treatment group children were influenced by parenting arrangements, SEP, and self-practice. Children who lived with single parents or had nonresident cooperative coparenting arrangements scored higher on resilience and strengths scales vis-à-vis those who had custodial and frequently conflicting coparenting arrangements or their parents had repartnered and they had stepparents. Further, children who did two or three rounds of the SEP during the course of the study as compared to once, and those who said that they self-practiced the program lessons regularly rather than infrequently scored higher on the resilience and strengths scales. The RSCA, CR–ADS and DESSA scores were higher for the treatment group children from the upper middle class than for those from the elite classes. Treatment group children from European countries, the United States, Canada, and Australia scored higher on the DESSA vis-à-vis those from Asian and African countries. Structural equation models have also shown that there is a covariance between parenting arrangements and SEP rounds and self-practice. Essentially favorable post-divorce parenting arrangements such as single parenting and nonresident but cooperative coparenting were linked to children undergoing two or more rounds of the SEP and also regularly self-practicing the program tenets. Children from the upper middle class were more likely to regularly self-practice program tenets and hence gain more from spirituality than were elite class children. Further intensive engagement with the SEP, by doing two or more rounds of the same, was linked to the treatment group children regularly self-practicing the program tenets and hence internalizing them.

Essentially the results point toward a few broad contentions: SEP has a positive impact on children of divorced parents in terms of building resilience and strengths; certain post-divorce parenting arrangements, particularly single parenting or nonresident but cooperative coparenting arrangements, are more conducive to children thereby influencing their adaptation to the SEP and hence building and developing strengths and resilience; upper middle-class children respond better to SEP than their elite-class counterparts; and, in the DESSA scores, as obtained through teachers' responses, children from European countries, the United States,

Canada, and Australia scored higher than children from Asian and African countries.

The results prove the study hypothesis that spirituality promotes resilience among children of divorced parents and resilience strength and adjustment are higher among children who have undergone the SEP whe compared with their control group counterparts.

The results add the following dimensions and variables to this connection: post-divorce parenting arrangements, economic class, SEP rounds, and self-practice. Single parenting and post-divorce nonresident cooperative coparenting arrangements are more conducive to children responding better to the SEP. Upper middle-class children have a higher propensity to respond better to the SEP and hence higher resilience, vis-à-vis their elite-class counterparts. This corroborates literature that talks of elite children being prone to greater adjustment, mental health, and behavioral problems, as well as insecurity issues, owing to their sociocultural environment, which has greater potential for alienation than cohesiveness and warmth (Fail, Thompson, & Walker, 2004). Further, the efficacy of SEP in promoting resilience among children is contingent on intensive and regular self-engagement, thereby emphasizing the personal meaning potential of spirituality (e.g., Jankowski & Vaughn, 2009). The results also attest to the importance of intervention programs for children of divorced parents across cultures in line with the post-divorce intervention literature (Martınez-Pampliega et al., 2015).

The study, although robust in intent, with the unique feature of gathering children's firsthand responses, nonetheless has the following limitations. There are limitations of sampling and response bias, as well as translation errors, which any large-scale cross-cultural study would have. The SEP that has been used has been a universal one, which might discount issues of diversity and cross-cultural applicability. To some extent this was addressed by testing the program content for universal and cross-cultural applicability. The study does not capture qualitative data on children's narratives of resilience and strength building, as derived through the program. There is a class bias, because the respondents are from upper middle class and elite classes of different country contexts. The compounding effects of parental variables, specifically the time of divorce and the duration of having been divorced; qualitative narratives of parents and children; nuanced understanding of regional, cultural, and class variations in children's responses to spiritually sensitive interventions; how it helps in dealing with internalized and externalized behavioral and social adjustment issues of children after parental divorce; and mediating effects of other coping factors (e.g., Wolchick et al., 2000) are directions for further research.

The results have implications for social work with children of divorced parents. They highlight the importance of spiritually sensitive interventions

for resilience and strengths building of children of divorced parents. Pointedly, the study results emphasize the following: Specific emphasis needs to be laid on incorporating cultural diversity in spiritual interventions; interventions need to be intensified and fine-tuned based on the nature of parenting arrangement post-divorce; differential interventions should be designed for children from upper middle and elite classes; and aspects of self-engagement and self-practice should be emphasized in the spiritual intervention package to promote greater efficacy.

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