

THE ROLE OF RELIGIOSITY IN COPING WITH THE COVID-19 PANDEMIC: A REVIEW

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Abstract

The COVID-19 pandemic is an emerging threat to humanity and all methods to address it, if not to control it, are urgently needed. Religion is one of the earliest and most important coping mechanisms. Scientific evidence in this area is accumulating rapidly. Although it is not yet conclusive, it brings to light the many beneficial effects of religiosity on human psychology during this crisis. However, there is a clear need for stronger research.

Introduction

In the past two years, two immeasurable realities of human experience are intertwined and sometimes clashed. One is a millennium lifestyle. The other is a two years old grid of scientific beliefs and governmental practices, albeit with a prehistory of some centuries, at least as far as it regards the ways to govern a population¹. The former is religion. The second is the amalgamation of scientific and governmental techniques ratified to respond to a specific emergency. The urgency is the COVID-19 pandemic.

The relationship between both realities is complex, ambivalent and bilateral. Religiosity is affected in different ways by the new threat and greatly affects people's attitudes towards the pandemic and its medical management. On the other hand, medical outcomes are correlated to religious practices in different ways. In particular, religion plays a critical role in addressing this new pandemic. A review of available documentation is essential to better understand some of these complexities.

The significance of religion on perceived physical and mental health.

Religion has been an important way to cope with the disease since time immemorial. Long before medicine started to evolve on a scientific basis, something that could be traced to the practice and legacy of Hippocrates (or those who composed the Hippocratic corpus²), religion played a central role both in coping with disease and in facing the multiple challenges that disease presented both to the biology and to the social life of the sufferers³.

¹ Foucault, M., *Histoire de la sexualité I: La volonté de savoir*, (1976), ed. Gallimard, pp. 184-185.

² Ackernacht, E.H., *A short History of Medicine* (1982), The Johns Hopkins University Press, pp. 55-57.

³ Sigerist, H.E., *Civilization and Disease*, 1943, Cornell University Press, pp. 131-134.

Many of the general population consider religious faith and beneficial practices for the mental and physical health of believers. Many scientists agree with this opinion, whereas others believe that religion can be detrimental to human health. Opinions about the potential benefits and harms of religiosity vary greatly and the research evidence is, at best, diverse, partial and inconclusive. This is the main reason why most healthcare professionals are reluctant to incorporate a religious dimension and perspective in the care of their patients. Obviously, that's not avoidance, it's a better understanding⁴.

It is worth noting that as early as 1910 the Flexner report⁵ was released in the United States. Among other things, the report clearly stated that there is no place for religion in medicine and that medicine is a purely scientific subject, with no place for Theology or Philosophy⁶. Under these circumstances, it is not surprising that western medicine, particularly as it is practiced in the United States and in Western Europe, does not integrate religion as part of its arsenal.

However, people respond to religion in different ways. Public opinion polling in 14 countries during the fall of 2020 suggests that for a median of 10% of participants, their religious faith grew stronger as a result of the pandemic. The median is 15 per cent when asked about the religious faith of people in their country. That includes the countries of western Europe, as well as South Korea and Japan. This is likely the result of rapid secularization in Western Europe, as well as low levels of religious affiliation and observance in East Asia. However, rates in the US almost tripled: 28% saw their religious faith strengthened and the same rate applies to the faith of their compatriots⁷.

During the pandemic, levels of psychological stress rise significantly, affecting people's lives and health. Various methods are used to confront the new threat with varying levels of success. In adverse times, religion is and has always been an important coping mechanism for young⁸ and old⁹ alike¹⁰. It is important to assess the anxiety of death and tackle it through religious rituals and coping mechanisms¹¹. Religious faith, spiritual belief and life satisfaction reduce feelings of anguish associated with death and reduce psychological instability¹².

⁴ Koenig, H.G., King, D.E., & Carson, V.B., *Handbook of Religion and Health* (2012), Oxford University Press, second ed., pp. 53-71.

⁵ Flexner, A., *Medical education in the United States and Canada: a report to the Carnegie Foundation for the Advancement of Teaching*. Bulletin No 4, (1910), New York City.

⁶ Puchalski, C.M., "Religion, Medicine and Spirituality: what we know, what we don't know and what we do." *Asian Pac J Cancer Prev*, 2010, 11, Suppl 1, pp. 45-49.

⁷ Pew Research Center, January 2021, "More Americans than people in other advanced economies say COVID-19 have strengthened religious faith". Assessed at https://www.pewresearch.org/religion/wp-content/uploads/sites/7/2021/01/01.27.21_covid.Religion.report.pdf 12/08/22

⁸ Cotton, S. et al., "Religion / spirituality and adolescent health outcomes: a review.", *Journal of Adolescent Health*, (2006), 38 (4), 472-480.

⁹ Chang, B.H., Noonan, A.E. and Tennstedt, S.L. "The role of Religion / Spirituality in coping with caregiving for disabled elders", *The Gerontologist*, (1998), 4, 463-470.

¹⁰ Rodriguez-Galan, M.B., & Falcon, L.M., "Religion as a coping mechanism for health problems and depression among aging Puerto Ricans on the Mainland", *Journal of Religion, Spirituality and Aging*, (2018), 30 (2), 130-153.

¹¹ Pandya, A.K., & Kathuria, T., "Death anxiety, Religiosity and Culture: implications for therapeutic process and future research", *Religions*, (2021), 12, 61, <https://doi.org/103390/rel12010061>.

¹² Mohammadzadeh, A., & Najafi, M., "The comparison of death anxiety, obsession, and depression between Muslim population with positive and negative religious coping", *Journal of Religion and Health*, (2020), 59: 1055-64.

Empirical data on religious coping

A cross-sectional study carried out in Brazil in May 2020 found strong use of religious and spiritual beliefs during the pandemic. This was associated with better health outcomes: higher levels of hope and lower levels of fear and sadness¹³. However, there are limitations, like the nature of the study and the fact that Brazil is a very religious country.

A similar study in Poland in March 2020 yielded similar results. It is interesting that the main study group is 21- to 35-year-olds. Contrary to the perceived crisis of faith in the younger generations, the study proved that religious faith and prayer are of great importance in this age group. Women are more interested in religious beliefs and practices than men. It should also be noted that the age group of seniors has experienced increased religiosity¹⁴.

Another study from Poland¹⁵ focused on specific aspects of religiosity in dealing with the psychological problems caused by the pandemic. Religiosity is interpreted as a multidimensional construction with effects that can only be described as linear. Among others, the CRS-Huber scale was used, which combined a psychological and a sociological approach and identified five components of religiosity: interest in religious issues, religious beliefs, prayer, religious experience and worship¹⁶. Among these, prayer and religious experience were found to be particularly significant, especially for post-traumatic stress disorder.

In a transversal study of Malaysian students from March to June 2020, levels of psychological disorders, religiosity and religious adaptation were estimated. Students belonged to various faiths (Islam, Buddhism, Christianity, Hinduism). It was reported that 36% of students had a psychological disorder, which is in line with the findings of the general population. It was found that religious coping plays a significant role in psychological well-being, with positive religious coping associated with protection against psychological disorder, particularly by creating a sense of hope and optimism in the face of the pandemic¹⁷. Another cross-cultural study of undergraduate students from four different cultural environments (Bosnia and Herzegovina, Serbia, Slovenia and the United States of America) and with predominantly different religions (Catholics, Muslims, Serbian Orthodox and Protestant denominations) before the covid era showed interesting results. Among the various methods of religious adaptation used, participation in religious services seems to be the most effective method of reducing anxiety in the four samples¹⁸. Other studies among university students suggest similar results¹⁹, insisting that an individual's resilience is tied to belief in the existence of God²⁰.

¹³ Luchetti, G. et al., "Spirituality, Religiosity and the mental health consequences of social isolation during Covid-19 pandemic", *International Journal of Social Psychiatry*, 2021, 67(6), 672-679.

¹⁴ Kowalczyk, O. et al., "Religion and Faith Perception in a Pandemic of COVID-19", *Journal of Religion and Health*, 2020, 59, 2671-2677.

¹⁵ Szalachowski, R., Tuczynska-Bogucka W., "Dies Irae? The role of religiosity in Dealing with Psychological Problems caused by the COVID-19 pandemic – studies on a polish sample", *Religions*, (2021), 12 (4), 267, <https://doi.org/10.3390/rel12040267>.

¹⁶ Huber, S., *Zentralitaet und Inhalt. Ein neues multidimensionales Messmodell der Religiositaet* (2003), Springer Fachmedien Wiesbaden GmbH.

¹⁷ Rahimi, A.C., Bakar, R.S. and Mohd Yasin M.A., "Psychological well-being of Malaysian University students during COVID-19 pandemic: do religiosity and religious coping matter?", *Healthcare*, (2021), 9, 1535. <https://doi.org/10.3390/healthcare9111535>.

¹⁸ Lavric, M. & Flere, S., "Trait anxiety and measures of religiosity in four cultural settings.", *Mental Health Religion and Culture*, (2010), (7), 667-682.

¹⁹ Khoo, S.S., Toh, W.X., & Yang, H., "Seeking control during uncontrollable times: control abilities and religiosity predict stress during COVID-19", *Personality and individual differences*, (2021), 175, <https://doi.org/10.1016/j.paid.2021.110675>.

²⁰ Edara, I.E., et al., "Religiosity, Emotions, Resilience and Wellness during the COVID-19 pandemic: a study of Taiwanese university students", *International Journal of Environmental Research and Public Health*, 2021, 18, 6381, <https://doi.org/10.3390/ijerph18126381>.

For older people, the results appear to be in line with those of younger people. Consequently, in a cross-sectional study from November 2020 to January 2021 in Iran, religiosity and religious coping were shown to help older people to develop better mental health during the pandemic. Seniors with higher religious levels were less likely to experience anxiety and depression. Another interesting implication is that health workers are able to guide older adults to use religious adaptation to their advantage when dealing with high levels of psychological distress²¹. In the general public, the pandemic has dramatically raised anxiety levels, according to a study in Pakistan. On the other hand, increased religiosity appeared to be a vital outcome of the pandemic, seemingly serving as an important coping mechanism²².

Data from European countries point to similar results. A study from Italy suggests that when a member of the family tested positive for COVID-19, higher religiosity was evidenced in family members, particularly those that has a religious socialization at an early age. Another study in the U.S. and the U.K. showed that COVID-19 anxiety reinforced the religious beliefs of people who had been raised in religion at a young age. Consequently, in dramatic circumstances, it is possible to cope with religion, even in secularized societies²³. Another study among American Orthodox Jews showed that positive religious coping, intrinsic religiosity and trust in God had a strong correlation to less stress and positive health outcomes, the reverse correlation (less religiosity leading to more stress) holding also true²⁴.

Lastly, an interesting article from Spain focused on the effects of meaning in life, religiosity and spirituality in post-traumatic growth during the pandemic. The findings are revealing and help to distinguish between spirituality on the one hand and religiosity on the other. Every one of these dimensions of meaning contributes differently to post-traumatic growth. When looking at total growth, only religion was positively associated with it. The same applies to patterns that predict interpersonal and social growth. This is in line with other studies, also suggesting that psychological functioning is generally better among religious people than among those who do not have a religious faith²⁵.

Empirically based data on the effects of religion on public health measures.

A brief overview of the role of religiosity in immunization efforts and the spread of COVID-19 has to do with the role of religion as a coping mechanism. Public health measures, such as vaccination, are greatly affected by religious attitudes. While this is not about coping psychologically, it is a more holistic way of dealing with COVID-19. Hence, it should be noted that, despite the fact that the role of vaccination in the control of the epidemic is considered vital by experts and authorities worldwide, there is significant reluctance towards the practice by different populations. The response from the different churches varies considerably. Religions such as Buddhism or Judaism are generally supportive of vaccination. Muslims reject vaccines containing pig meat products. The Vatican rejects vaccines derived from cell lines

²¹ Ghoncheh, K.A., Liu, C.H. et al., "Fear of COVID-19 and religious coping mediate the associations between religiosity and distress among older adults", *Health Promotion Perspectives*, (2021), 11 (3), 316-322.

²² Abdullah, I. et al., "Anxiety, OCD, delusions and religiosity among the general public during the COVID-19 pandemic", *Int. Soc. Sci.*, (2021), 1-16.

²³ Molteni, F., "Searching for comfort in religion: insecurity and religious behaviour during the COVID-19 pandemic in Italy", *European Societies*, (2021), 23, s704-s720.

²⁴ Pirutinsky, S., Cherniak, A.D., & Rosmarin, D.H., "COVID-19, mental health and religious coping among American Orthodox Jews", *Journal of Religion and Health*, (2020), 59, 2288-2301.

²⁵ Ursua, M.P. & Jodar, R., "Finding meaning in hell. The role of Meaning, Religiosity and Spirituality in posttraumatic growth during the Coronavirus crisis in Spain", *Front. Psychol.*, (2020), 11, doi: 10.3389/fpsyg.2020.567836.

from aborted fetuses. However, the Catholic Church is in favor of such vaccines, if there are no other alternatives. Other Christian faiths are generally supportive of vaccination²⁶.

An interesting article was recently published²⁷ that examines the relationship between public religiosity, internal and external beliefs (practices) and the spread of COVID-19. Country-level analyses were carried out in 47 countries, comparing data from two periods (October 23, 2020 to May 11, 2021). The results showed more cases of COVID-19 and more deaths from COVID-19 per million of the population in countries with more widespread attendance at religious services, regardless of gross domestic product per capita and number of covid tests per million performed. At the first occasion (2020), no correlation was found between religious beliefs and a number of cases and deaths related to COVID. However, at the second time point (2021), when COVID-19 related statistics were worse worldwide, both internal and external indices of religiosity were correlated to increased cases and deaths from the pandemic, after correcting for GDP per capita and tests performed per million. However, it is possible that the alleged adverse health effects of religiosity have not yet been demonstrated.

Another interesting finding from the above study is a correlation between a country's religiosity and COVID-19 screening, with more religious countries performing fewer tests on average. This could be related to fewer precautionary measures²⁸ and limited vaccination intentions²⁹ in these populations. The two are linked less to religiosity per se than to disregarding scientific evidence and distrust of the media. In addition, if GDP per capita is taken into account, the results were not statistically significant. This could simply suggest that poorer countries, which are also more religious, conduct fewer tests simply because they do not have the financial means to do so.

Discussion

The threats that we all face in the last two years require every possible means to address them. Medicine has done its best in this regard, but people's needs are more complex and are not unilateral. Religion has played a significant role in the process of fighting the disruptive effects of COVID-19 and facilitating people's physical and psychological recovery.

Over time, data from countries around the world are gathering statistically meaningful results on the effects of religiosity on coping mechanisms. Significant heterogeneity is the norm because of differing study designs and research methodologies. However, a consensus on the positive effects of religiosity on psychological adaptation is progressively formed. We still need well-designed studies to identify and eliminate confounders.

²⁶ Garcia, L.L., & Yap, J.F.C., "The role of religiosity in COVID-19 vaccine hesitancy", *Journal of Public Health*, (2021), 43(3), e.529-530.

²⁷ Linke, M. & Jankowski, K.S., "Religiosity and the spread of COVID-19: A Multinational Comparison", *Journal of Religion and Health*, 2022, 61, 1641-1656.

²⁸ Perry, S.L., Whitehead, A.L. and Grubbs J.B., "Culture wars and COVID-19: Christian nationalism, religiosity and Americans' behavior during the coronavirus pandemic", *Journal for the Scientific Study of Religion*, (2020), 59 (3), 405-416.

²⁹ Olagoke, A.A., Olagoke, O.O. and Hughes, A.M., "Intention to vaccinate against the novel 2019 coronavirus disease: the role of health locus of control and religiosity", *Journal of Religion and Health*, (2021), 60 (1), 65-80.

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