

# Religiosity and spirituality in the era of the COVID-19 pandemic: An overview of exploring emotional parameters

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## Abstract

*The present review aims to investigate the effect of religiosity and spirituality on emotional parameters and mental health during the COVID-19 pandemic. More specifically, despite the limited published theoretical and research literature for this period, it seems that religiosity is associated with lower levels of anxiety and fear (especially the variables of religiosity related to participation even in distance in religious activities), but also spirituality is associated with lower levels of self-reported sadness, while hope is equally associated with religiosity and spirituality. The following databases were used to write this review: PubMed-MEDLINE, EMBASE, Scopus, Psycinfo, Cochrane Library, Web of Science, and Google Scholar to identify studies that have been published or reviewed and are in press from the beginning of pandemic until December 2020 with the following keywords: "religiosity", "spirituality", "COVID-19 and / or SARS-CoV-2", "psychological and / or mental health-psychological and / or mental health", and "emotions".*

**Key words:** Religiosity, spirituality, COVID-19, emotional parameters, mental health

## Introduction

During the COVID-19 pandemic, a number of issues arise related to various variables that concern both the physical and the emotional-mental health of the general population, patients, but also the health professionals themselves (Galea, Merchant, & Lurie, 2020; Lima et al., 2020; Pfefferbaum & North, 2020) not only in the short term, but also with potential long-term effects specifically on mental health (Usher, Bhullar, & Jackson, 2020; Xiong et al., 2020) with prominent psychological symptoms of post-traumatic stress, confusion, anger, anxiety, feelings of loss of control and a general sense of hopelessness (Brooks et al., 2020; Khaiyom, 2020).

From the general literature of the past and following the distinction for the concepts of religiosity (religiosity-which is associated with one of the known religions and is a specific set of organized beliefs and practices, usually shared by a community or group) and spirituality (spirituality-which refers to a more individual practice and has to do with a sense of peace and existential purpose, without necessarily integrating the individual into one of the known religions), it is argued that both religiosity and spirituality can for a large part of the population and regardless of demographic characteristics (e.g. age, gender), as well as socio-cultural context can be used to address individuals' feelings of stress and the negative consequences of life problems and possible diseases (Koenig et al., 2012; Pargament et al., 1998).

Religiosity and spirituality have been used systematically to handle crisis and stress situations in the past (Ebadi et al., 2009; Esperandio, 2020; Schuster et al., 2001; Thune-Boyle et al., 2006). Studies have already reported their effects on physical and mental health, promoting higher levels of life satisfaction, well-being, sense of purpose and meaning in life, hope, optimism and lower stress levels, depression and psychotropic substance abuse (Giannouli & Giannoulis & Giannoulis, 2020). Giannouli, 2020; Koenig, 2012).

The aim of this paper is to review international research reports related to these two neglected concepts and emotional variables in the COVID-19 pandemic era, including research data, but also at the level of proposed interventions. For this reason, a systematic bibliographic search of the electronic databases PubMed-MEDLINE, EMBASE, Scopus, Psycinfo, Cochrane Library, Web of Science and Google Scholar was carried out to identify studies that have been published or underwent review process and are being published since the beginning of the pandemic until December 2020 with keywords: "religiosity", "spirituality", "COVID-19 and / or SARS-CoV-2", "psychological and / or mental health-

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psychological and / or mental health ", and" emotions ".

### **Religiosity and emotional parameters**

In times of crisis, people tend to turn to religion and prayer for support and empowerment (Bentzen, 2020; Chirico, & Nucera, 2020; Gomez, & Sullins, 2020). An important consequence of the COVID-19 pandemic, however, is the imposed social isolation that necessarily leads to the closure of churches or other places of worship, and to the possible restriction and / or interruption of religious services-ceremonies and meetings, in order to prevent the transmission of the virus. The above situation can be perceived by a certain portion of believers as deprivation of individual freedom or as an external restriction on the exercise of the religious duties and may be accompanied by corresponding feelings of indignation, helplessness and regret for not fulfilling these duties (Is-tratii, 2020).

Greek Orthodox Christians, despite the imposition of quarantine (especially during the Easter period) with individual prayer at home, which was the prevailing strategy report, managed to handle fluctuations in their mood and deal with stress (Stroulia, 2020). Similarly in a sample of noninfected-COVID-19 American Orthodox Jews, emotional stress was found to be low and associated with high self-reports of religiosity and trust in God, while negative religious treatment and disbelief in God were associated with the opposite (Pirutinsky, Cherniak, & Rosmarin, 2020). Something similar has been found for adherents of Islam, with lower levels of stress regarding their health and being reported by deeply religious people based on self-report questionnaires (Mahmood, Sohail, & Akram, 2020), but also with increased levels of mental resilience and self-confidence when these individuals also report increased levels of religiosity (Ab Rahman et al., 2020). Also, of interest is the need for patients in COVID-19 clinics to pray and participate in sacraments even with the support of nursing staff (Taylor, 2020), while the role of religiosity in the experience of stigma in COVID-19 patients is also important (AlEid, et al., 2020).

Particularly for students attending e-class lessons from home during the quarantine period, it has been found in Indonesia that there is a significant positive relationship between religiosity, school support, and supportive attitudes of teachers and parents, while there is a negative correlation with perceived academic stress-student anxiety, which renders the role of religiosity particularly important in childhood, since the previous participation of children in a religion seems to be associated with less emotional stress (Pajarianto et al., 2020).

In addition to that, in the case of already hospitalized young patients with mental illness (regardless of gender and nationality), the course of their already diagnosed mental illness has been found to worsen during the pandemic, especially when they declare themselves to be non-religious, while those who generally turn to their faith in times of crisis

and those whose religious beliefs claim to help and guide them in difficult situations present a positive self-feedback with enhanced faith during COVID-19 (Kang, Mason, & Tarshis, 2020).

Of particular interest is the finding of people who claim to be religious, who are also more aware of the transmission and control of the pandemic (in the context of love and care for the others) and who behave more in accordance with health requirements (Modell & Kardia, 2020). Of course, mainly in the USA, religiosity when combined with extreme nationalism seems to act as an obstacle to compliance with health directives, but religiosity itself does not create reactionary attitudes and feelings of indignation on the part of individuals towards the restrictive state. On the contrary, it seems that only political positions and prior information on risks play a predictive role in reckless and / or precautionary behaviors (Perry, Whitehead, & Grubbs, 2020).

In this line, efforts have been made (recorded mainly in Northern America), so that religious institutions and religious leaders cooperate and coordinate their actions with health institutions and structures, as well as mental health services, and thus play a more active role in disseminating prevention information regarding COVID-19, in promoting the well-being of their members by preventing the consequences of COVID-19, but also through interventions that seek to alleviate the emotional burden of this disease (Galiatsatos et al., 2020; Weinberger-Litman et al., 2020).

Given the potential for influence and mediation of technology to increase the sense of connection and belonging to the religious group(s), efforts to connect the faithful with the Church(es) have been proposed and implemented (Shoji & Matsue, 2020; Townsend, 2020). Particularly prominent are the interventions of the Roman Catholic Church (online services, mass prayers, while for people concerned with issues related to mortality, treatment and recovery, online counseling and pastoral guidance is provided), which led to the hashtag #ChurchInAction (delCastillo, Biana, & Joaquin, 2020).

Finally, an important effort is made in Orthodox Christianity and in particular we must mention the organized effort of the Church of Greece, as well as in some Jewish synagogues abroad (Frei-Landau, 2020), as well as in other Christian denominations in Europe, to be next to the faithful through transmission of services using the television, with the information and (material and spiritual) support to followers and nonfollowers both at the parish level (with the action of the respective priests) and from the online posted documents of the hierarchs of these Churches for the management of this sanitary and psychological crisis (Plus, 2020).

### **Spirituality and emotional parameters**

The relationship with the transcendental or sacred (outside the perspective of a particular religion) is argued to

strongly influence the beliefs, attitudes, feelings, and behaviors of people in different historical periods, as communities, families, and individuals seem to find consolation through their philosophical beliefs in times of personal adversity and disaster (Roman, Mthembu, & Hoosen, 2020).

The mental anguish experienced by patients themselves, their families and the wider community (regardless of religious beliefs) is based on the pervasive feelings of isolation, loneliness and vulnerability caused by this pandemic (Fardin, 2020; Ferrell et al., 2020), but also of the possible difficulties related to psychological processes directly related to death itself, such as grief and mourning (Bayod, 2020).

Spirituality has been found to have a positive effect on the resilience, hope, optimism, peace of mind and comfort that people express in managing the daily changes-difficulties-obstacles due to the pandemic even if they are not COVID-19 patients (Roberto et al., 2020). During the quarantine period, a link between spirituality and empathy (the ability to identify emotionally with another person's mental state) has also been found in research with students from Indonesia (Fitriyah et al., 2020), but also with increased altruism and decreased stress in medical students from Brazil (de Lima et al., 2020), as well as higher quality of life reports in college students from Malaysia (Ab Razak, et al., 2020).

In particular, targeted approaches have been proposed such as the Spiritual Hotline Project, implemented by Brazilian healthcare professionals, to provide spiritual assistance to people from different religious and cultural backgrounds and from different parts of the world (including Brazil and Portugal). This approach is based on reading short passages of religious and philosophical texts from different cultural traditions concerning the instillation of hope and ways of managing daily problems and questions about the very philosophical and theological dimension of life (Ribiero et al., 2020).

Efforts have also been made to connect spirituality in USA directly to pastors of African-American communities for whom educational videos have been created, so that they can not only make sense of this new crisis, but also help them convey accurate public information about life and mental health during the COVID-19 era (Thompkins et al., 2020).

Finally, special mention is made of the integration of general interventions concerning spirituality in hospital staff in order to reduce the feeling of burnout and negative psychological symptoms (Giusti et al., 2020; Leszcz, Maunder, & Hunter, 2020; Prieto Ursúa & Jódar Anchía, 2020; Scalia et al., 2020), but also similar interventions have been made in patients who face death during their hospitalization (Sheldon, 2000; Tavares, 2020). "So, in addition to the specific religion that staff in the US Intensive Care Units may embrace, a short protocol has been proposed, as an intervention to strengthen the staff within the hospital on a spiritual basis (as its inspirers claim) after the end of resuscitation, with a forced silence and / or prayer lasting 30 " (Pierce et al., 2020 ).

## Conclusions

Despite the limited number of relevant published research on this new global health, social and economic situation, which affects both individuals and the societies to which they belong, religiosity appears to be associated with lower levels of anxiety and fear (even when religiosity is expressed as participation in distance religious activities), but also spirituality is associated with lower levels of self-reported sadness, while hope is equally associated with religiosity and spirituality (Luchetti et al., 2020). What makes the connection between religion / spirituality and emotions even more important (as paradoxical as it may seem) is the fact that there is a proven (in biological terms) interaction affecting physical health, mainly through the effect of positive emotions on the functioning of the immune system (Koenig, 2020).

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