


Exploring the Associations among Fear of Covid-19, Religious Coping, and Mental Health Outcomes

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Abstract

It is known that some measures are applied at the individual and social level during the pandemic process, which is called a global trauma. Although these measures work to protect individuals from physical diseases, they are known to cause some mental health problems. Religion, as one of the coping tools used by people in the fight against psycho-social problems that emerged during the pandemic period, draws attention as a mechanism that people show more interest in, especially in times of crisis. In this aspect, religious coping comes to the fore as an important defense tool that people often resort to in the process of coping with stressful situations. In the Covid-19 process, the functional power of religion on people's mental health becomes even more important. As a matter of fact, the limited possibilities of combating the epidemic draws attention as an effective factor in turning to religion. When we look at the studies around "religious coping", it is seen that there are studies with mostly European-American centered participants/sample groups. In this context, it can be stated that there is a need for studies on different ethnic and religious groups during the pandemic process. As a matter of fact, religious coping can reveal different effects in individuals who follow different religions.

This study aims to examine the associations between fear of Covid-19, religious coping, and mental health by using a data set coming from 402 participants who are 18 and older (%55.7 women; %44.3 man). After measuring fear of Covid-19, religious coping, depression, stress, and anxiety levels of the participants, we conducted Pearson correlation and regression analyses. As expected, significant relationships were found between the main variables of the study. The findings have indicated that (a) fear of Covid-19 is positively associated with negative religious coping, (b) fear of Covid-19 is entirely unrelated to positive religious coping, (c) positive religious coping is inversely associated with depression, stress, and anxiety, (d) negative religious coping is positively associated with depression, stress, and anxiety, and (e) positive religious coping buffers the deleterious effects of depression, stress, and anxiety.

Keywords

Covid-19, Religious Coping, Anxiety, Depression, Stress

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Covid-19 Korkusu, Dini Başa Çıkma ve Ruh Sağlığı Değişkenleri Arasındaki İlişki Üzerine Bir Araştırma

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Öz

Küresel bir travma olan pandemi ile mücadele kapsamında bireysel ve toplumsal düzlemde zorunlu olarak bazı tedbirlere müracaat edildiği bilinmektedir. Bu tedbirler her ne kadar bireyleri hastalığa yakalanmaktan korusa da en iyi ihtimalle bazı ruh sağlığı problemlerine sebebiyet vermiştir. Pandemi döneminde ortaya çıkan psiko-sosyal problemler ile mücadelede insanların kullandıkları başa çıkma araçlarından biri olarak din, özellikle kriz zamanlarında insanların daha fazla ilgi gösterdiği bir mekanizma olarak dikkat çekmektedir. Dini başa çıkma bu yönüyle insanların, stresli durumlarla mücadele sürecinde sıklıkla başvurdukları önemli bir savunma aracı olarak ön plana çıkmaktadır. Covid-19 sürecinde ise dinin insanların ruh sağlığı üzerindeki fonksiyonel gücü daha da önemli hale gelmiştir. Nitekim salgınla mücadele imkanlarının sınırlılığı dine yönelişte etkili bir faktör olarak dikkat çekmektedir. "Dini başa çıkma" etrafında yapılan çalışmalara bakıldığında daha çok Avrupa-Amerika merkezli katılımcıların/örneklem gruplarının yoğunlukta olduğu çalışmaların yapıldığı görülmektedir. Bu bağlamda pandemi sürecinde farklı etnik ve dini gruplar üzerinde yapılacak çalışmalara ihtiyaç duyulduğu ifade edilebilir. Nitekim dini başa çıkma, farklı dinlere müntesip bireylerde farklı etkiler ortaya çıkarabilmektedir.

Bu araştırma Covid-19 korkusu, dini başa çıkma ve ruh sağlığı arasındaki ilişkiyi ortaya çıkarmayı hedeflemektedir. Araştırmanın katılımcıları kendi istekleriyle anketi dolduran 18 yaş üzeri 402 bireyden (%55,7 kadın; %44,3 erkek) oluşmaktadır. Katılımcıların Covid-19 korkusu, dini başa çıkma ve depresyon, stres, anksiyete puanları ölçülerek korelasyon ve regresyon analizleri yapılmıştır. Elde edilen sonuçlara göre Covid-19 korkusu ile olumsuz dini başa çıkma arasında pozitif yönlü anlamlı ilişki vardır. Covid-19 korkusu ile olumsuz dini başa çıkma arasındaki ilişki ise anlamlılık düzeyinde değildir. Depresyon, stres ve kaygı ile olumlu dini başa çıkma arasında negatif yönlü; olumsuz dini başa çıkma ile pozitif yönlü anlamlı ilişki bulunmaktadır. Ayrıca olumlu dini başa çıkmanın depresyon, stres ve kaygı düzeyleri üzerinde yordayıcı bir güç barındırdığı görülmektedir.

Anahtar Kelimeler

Covid-19, Dini Başa Çıkma, Anksiyete, Depresyon, Stres

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Abstracting and Indexes



Introduction

Covid-19 had a thorough influence on human life, rather than being a problem that has effects on particular domains or crowds. That being said, the pandemic has caused various changes in all life domains. Indeed, it is expected that such changes will keep happening after the pandemic (Shahbenzadeh et al., 2021; Üstün & Özçiftçi, 2020). Moreover, the pandemic not only threatens public health, but it also restricts economic activities as well as education, politics, and socialization because of quarantine regulations. In this regard, the Covid-19 pandemic is an important period of time that leads people and societies to re-evaluate themselves and their living conditions from a psycho-social point of view.

There are certain mandatory precautions taken at both individual and social levels against Covid-19 which is a blatant trauma for humanity. Even though these safety measures help people protect themselves from the illness, they cause some mental health issues too (Pfefferbaum & North, 2020; Yao vd., 2020; Kumar & Nayar, 2021). The existing research demonstrates that the pandemic is associated with higher levels of depression, stress, and anxiety (Galea vd., 2020; Huang & Zhao, 2020; De Quervain vd., 2020; Sorokin vd., 2020), causes obsessive-compulsive disorders (Darvishi vd., 2020; Kılınç vd., 2022), and increased some psychological problems like loneliness (Hoffart vd., 2020; Holmes vd., 2020), hopelessness (Mert vd., 2021; Pretorius, 2021), death anxiety (Özgüç vd., 2021), poor sleep quality (Huang & Zhao, 2020; Yıldırım, Kızılgeçit, vd., 2021). A research conducted on 1026 participants living in Turkey reported that one-fourth of respondents have anxiety symptoms while one-third of them have moderate level of hopelessness (Erdoğan vd., 2020). Another study conducted on 52,730 participants living in China also indicates that almost one-third of the respondents had psychological distress during the pandemic (Qiu vd., 2020).

Individuals build their mindset by using numerous factors, which might stem from divine and secular teachings, throughout their life. Their attitudes and behaviors toward any life-related problems can vary based on those principles (Ayten, 2012: 40). Dealing with problems within life is a matter of coping which refers to “*constantly changing cognitive and behavioral efforts to manage specific external and internal demands that are appraised as taxing or exceeding the resources of the person*” (Lazarus & Folkman, 1984). In this regard, researchers address various coping strategies from different perspectives (Lazarus, 1986); however, there is a prominent and highly used one among coping resources, which is religion. Pargament (1997) acknowledges religion as a very functional source when dealing with life strains and major life events. Previous research addresses that Covid-19 pandemic is a process in which people have problems in both physical and mental health, experience hardships when finding solutions against the diseases, look for a helping hand, and feel hopeless. Such challenges and related consequences have made religion an important coping mechanism for human beings (Kalgi, 2021; Gürsu & Bayındır, 2021).

Religious coping becomes a very effective strategy against major life challenges when individuals do not have enough personal and social sources (Pargament vd., 2005). During the quarantine period, psychological factors like social isolation, desperation, and feeling needy make people rely on religion (Ağilkaya Şahin, 2017; Karaca, 2015). In terms of the pursuit of meaning and intellectual satisfaction, inhibition and helplessness, guiltiness and sinfulness, fear of death and desire for immortality, religion becomes the most prominent reference for people in difficult times. Thereby, quarantine times can be considered as a period in which people might develop positive coping strategies via applying to religious insights and directions.

Research examined the association between mental health and coping has reported that religion has a positive effect on coping. On one hand, studies address the associations between religiosity, anxiety, stress, and depression (Ellison vd., 2009; Koenig, 2009; Shiah vd., 2015). On the other hand, the literature indicates the salutary aspect of religion on the related mental health outcomes (Ağilkaya Şahin, 2021; Pirutinsky vd., 2020; Mahamid & Bdier, 2021; Yıldırım vd., 2021). Recent studies have broadened such inquiries focusing on the role of religiosity against Covid-19 related health issues.

Religiosity may serve as an immune system while coping with stressful live events. Religious individuals may have comprehensive copings strategies supported by religious resources. Therefore, researchers underscore that religious coping might be an important mechanism against deleterious life situations in case of losing needed personal and social resources (Pargament vd., 2013). For instance, worship, prayer, recitation of Quran, and religious and spiritual counselling have been associated with lower stress, anxiety, and fear in the pandemic period (Ağilkaya Şahin, 2018; Kaplan vd., 2020). Scholars examining the consequences of Covid-19 on mental health reported that there are associations between the pursuit of meaning and higher positive religious coping, and lower negative religious coping (Yıldırım, Kızılgeçit, vd., 2021). Furthermore, Thomas and Barbato (2020) have found that there is a negative association between positive religious coping and the likelihood of psychological health issues among Muslim and Christian participants during the pandemic period. Also, there is a broadening research body reporting similar results with regard to the salutary effect of religious coping against Covid-19 related health

problems (Bentzen, 2021; Kadiroğlu vd., 2021; Kalgı, 2021; Prazeres vd., 2021).

A burgeoning literature explores the influence of Covid-19 pandemic on health outcomes within the context of religious coping, which can serve both positive and negative (Kaplan vd., 2020; Kızılgeçit & Çinici, 2020; Kandemir, 2020; Gashi, 2020; Angin, 2021; Yıldırım, Kızılgeçit, vd., 2021; Gürsu & Bayındır, 2021; Okan & Ören, 2021; Kalgı, 2021; Doğan & Karaca, 2021; Sami, 2021; Çetin & Güzelöğlü, 2022; Turan vd., 2022). Scholars consider important focusing on people who highly affected by the Covid-19 and their responses regarding the challenges that they have to deal with. They have underlined the need for examining the broad consequences of Covid-19 on health outcomes among different racial/ethnic and religious groups. Accordingly, previous studies suggest that religious coping and related strategies might vary depends on the affiliation or denomination (Pargament vd., 2005). That being said, this line of inquiry still needs more attention and investigation by considering the variations among the participants. In this study, data was collected during the epidemic. The evaluation of the data obtained was carried out during the last period of the epidemic. At this point, it is important for a certain amount of time to pass over a social problem that concerns all humanity in order to make more accurate evaluations. In this regard, this study aims to explore the associations between the fear of Covid-19 and mental health outcomes and related role of religiosity within the framework of religious coping.

Based on the theoretical and empirical framework, this study will test the following hypotheses:

H₁: There is a negative relationship between fear of Covid-19 and positive religious coping.

H₂: There is a positive relationship between fear of Covid-19 and negative religious coping.

H₃: There is a negative relationship between positive religious coping and mental health outcomes.

H₄: There is a positive relationship between negative religious coping and mental health outcomes.

H₅: Positive religious coping will be significant predictor on mental health outcomes.

Method

Participants and Process of Collecting Data

Data came from 402 participants who are 18 or older living in different parts of Turkey via using a random probability sampling. I invited the participants to join the research via social media platforms. After reviewing information about the research and granting informed consent form, participants filled out a survey consisting of demographics items and three scales. I collected the data between September 15th and November 27th in 2021 and did not give any reimbursement to the participants for their contribution to the research.

Measures

Fear of Covid-19 Scale

I measured fear of Covid-19 via a 7-items scale (e.g. I have a fear of losing my life because of Covid-19) developed by Bakioğlu and his colleagues (2020). The response categories range from 1 = strongly disagree to 5 = strongly agree. The higher score from the scale the higher level of fear of Covid-19. The Cronbach Alpha value of the scale is .84.

Depression, Anxiety, and Stress Scale (DASS)

I gauged the levels of depression, anxiety, and stress via a 21-items scale adapted from English (Lovibond & Lovibond, 1995) to Turkish by Sariçam (2018). The scale has three subdimensions to measure depression, anxiety, and stress. The response categories range from 0 = never to 3 = always. The Cronbach alpha values are respectively .87 for depression, .85 for anxiety, and .80 for stress. The psychometric properties indicate that the scale is a valid and reliable instrument for the measurement of depression, anxiety, and stress.

Religious Coping Scale

I measured religious coping styles via a 10-item scale developed by Ekşi and Sayın (2016). The scale has two subdimensions, which are positive religious coping and negative religious coping. The response categories range from 1 = never to 4 always. The Cronbach alpha values for both positive and negative religious coping are .79, which indicates that the scale is a valid and reliable instrument for gauging religious coping.

Procedure

I conducted descriptive statistics to identify Skewness and Kurtosis values in the data set and checked if the dependent variables

had normal distributions (Joanes & Gill, 1998; Morgan vd., 2011). The values should be between -2 and +2 for each dependent variable (Tabachnick & Fidell, 2013). The findings approved that the variables had normal distribution. Afterwards, I ran Pearson Correlation Coefficient and Ordinary Least Squares (OLS) analyses to find out the associations among fear of Covid-19, religious coping, depression, anxiety, and stress. Thereby, I tested the study hypotheses.

Ethics

Ethical approval for the research granted by the Scientific Research and Publication Ethics Committee at Gümüşhane University, Turkey on June 6th, 2021 (Approval No: 2021-4).

Findings

Table 1 indicates the descriptive statistics of the variables used in this study. The average score of depression was 1.94 with a standard deviation of .54. In addition, participants had 1.83 mean on anxiety with a standard deviation of .62. Also, on average, they scored 1.59 with a standard deviation of .53. These scores demonstrated that the participants had high depression, anxiety, and stress levels above the average. The participants also scored 2.31 on fear of Covid-19 with a standard deviation of .84, which is a below the average. Furthermore, the average score of positive religious coping was 3.47 with a standard deviation of .47, meaning a rather higher level of salutary religious coping strategy. On the other hand, the participants scored 2.39 on negative religious coping, which is below the average too. In term of socio-demographics, this study had 224 women (55.7%) and 178 men (44.3%). Regarding age categories, 300 participants were in 18-30 (74.6%), 64 participants were in 31-40 (15.9%), 38 participants were 41 and over (9.5%). In addition, most of the participants were college or graduate students (76.1%), were living in rural areas (51.2%), had middle level household income (87.6%), never had Covid-19 (63.9%), and had no beloved ones dies because of Covid-19.

Table 1. Descriptive Statistics (n=402)

	Range (n)	Mean (%)	SD	Skewness	Kurtosis	α
<i>Dependent Variables</i>						
Depression	0-3	1.94	.54	.880	.464	.87
Anxiety	0-3	1.83	.62	1.225	1.905	.85
Stress	0-3	1.59	.53	.532	.371	.80
<i>Focal Independent Variables</i>						
Fear of Covid-19	1-5	2.31	.84	.239	-.693	.84
Positive Religious Coping	1-4	3.47	.47	-1.317	2.548	.79
Negative Religious Coping	1-4	2.39	.68	.321	-.213	.79
<i>Socio-demographics</i>						
Gender						
Male	(178)	(44.3)				
Female	(224)	(55.7)				
Age						
18-30 years	(300)	(74.6)				
31-40 years	(64)	(15.9)				
41+ years	(38)	(9.5)				
Education level						
Elementary and middle school graduate	(9)	(2.2)				
High school graduate	(28)	(7.0)				
College students or graduate	(306)	(76.1)				
Post-graduate	(59)	(14.7)				
Income level						
Low	(27)	(6.7)				
Medium	(352)	(87.6)				
High	(23)	(5.7)				
Residence Type						

Village	(79)	(19.7)
County	(117)	(29.1)
City centrum	(206)	(51.2)
History of Covid-19		
Yes	(105)	(26.1)
No	(297)	(73.9)

Table 2 demonstrates zero-order Pearson correlation coefficients among the independent and dependent variables.

Table. 2 Zero-Order Correlation Matrix

Variables	Fear of Covid-19	Positive Religious	Negative Religious	Depression	Anxiety	Stress
Fear of Covid-19	-	-,05	,76**	,24**	,34**	,27**
Positive religious cop		-	,07	-,14**	-,12*	-,10*
Negative religious cop			-	,25**	,34**	,27**
Depression				-	,66**	,72**
Anxiety					-	,71**
Stress						-

$n = 402$; * $p < .05$, ** $p < .001$.

According to the findings, there was not a negative relationship between fear of Covid-19 and positive religious coping, by which H_1 was not supported. However, there was a positive relationship between fear of Covid-19 and negative religious coping ($p < .001$), which supported H_2 . In addition, fear of Covid-19 was positively linked with depression, anxiety, and stress ($p < .001$). Also, positive religious coping was inversely related with depression, anxiety, and stress ($p < .001$). Furthermore, negative religious coping was positively correlated with depression, anxiety, and stress ($p < .001$). These findings respectively supported H_3 and H_4 . Correlations were also positive among depression, anxiety, and stress ($p < .001$).

Table 3 indicates ordinary linear regression results testing the main effect of positive religious coping on the focal independent variables.

Table 3. Ordinary Linear Regression Results by Positive Religious Coping ($n = 402$)

Dependent Variables	(β)		t	R^2	F	p
Fear of Covid-19	.005	(.089)	7.543	.000	.010	.921
Depression	-.145	(.066)	-2.930	.021	8.587	.004
Anxiety	-.126	(.056)	-2.538	.016	6.444	.012
Stress	-.109	(.057)	-2.185	.012	4.774	.029

The Focal Independent Variable: Positive Religious Coping

Note: Unstandardized coefficients are reported with robust standard errors in parentheses.

As seen above, there is not a significant association between positive religious coping and fear of Covid-19 ($p > .001$). However, positive religious coping is inversely associated with depression ($p < .001$), anxiety ($p < .001$), and stress ($p < .001$). That being said, first, for each unit increase in positive religious coping, participants' depression is expected to decrease by .145 units. Second, for one unit increase in positive religious coping, participants' anxiety is anticipated to diminish by .126 units. Third, for every unit increase in positive religious coping, participants' stress is expected to be reduced by .109 units. Additionally, participants' positive religious coping respectively explains 2% of the variance in respondents' depression, 1% of the variance in respondents' anxiety, and 1% of the variance in respondents' stress. Taken together, these findings supported H_5 .

Discussion

Events, wars, or disasters happening in different parts of the earth might possess comprehensive causes, effects, and consequences for humanity. Covid-19 has caused such a wide-range influence on the world population. This pandemic led to the illness and the death of many people with its different variations and created a detrimental trauma in both personal and social lives around the world. This global epidemic directed individuals to find needed resources in coping with such a stressful incident. During this chaotic time period, many people resorted to religions which provide significant resources and motivations in times of despair and helplessness (Pollner, 1989; Wikström, 1987). Accordingly, this study has augmented the literature in terms of the association of religion with stressful life events and mental health outcomes.

The literature has shown that individuals who stayed in their houses during the pandemic worshipped and prayed for themselves, their families, and all humanity. Additionally, this quarantine period allowed people have opportunity to consider the value of their religious mindsets, beliefs, and rituals; to make self-evaluations, to strengthen their faith, to care themselves, and to appreciate human rights and social responsibilities (Turan vd., 2022). Kalgı (2021) found that individuals who had Covid-19 were affected mentally and dealt with some problems such as anxiety, isolated, loneliness, and burnout. He also emphasized that individuals turned to religion, had more worship, and used their religious faith to make needed attributions while coping with psychological problems caused by the pandemic. Similarly, research indicated that positive religious coping was inversely associated with fear of Covid-19 and related problems (Counted vd., 2022; Kaplan vd., 2020; Thomas & Barbato, 2020; Yıldırım, Kızılgöçit, vd., 2021). In this study, findings revealed that fear of Covid-19 was not correlated with positive religious coping while was positively associated with negative religious coping. Similarly, a study conducted by Ayten and Sağır (2014) shows that negative coping is a more effective variable in depressive tendencies than positive coping. In the study conducted by Korkmaz et al.,(2023) it was determined that negative religious coping positively affected anxiety. This might be related to direct or indirect effects of some other factors. Also, the perceived religiousness may matter in the functionality of coping mechanisms. For instance, Gürsu & Bayındır (2021) highlighted that individuals may consider themselves religious even though they do not perform religious practices regularly. On the other hand, Ayten (2012) pointed out that religious coping process involves a range of resources against the deleterious effects of stressful life events. However, he underscored the importance of understanding how individuals utilize religious coping means, their duration of use, their underlying purpose, their learning sources, and the context in which they deploy them. These are important research avenues for future studies that will pursue more comprehensive inquiries on the related associations.

In this study, there was not a relationship between fear of Covid-19 and positive religious coping. However, it might be assumed that there would be relationships between religious coping and the mental health problems that may stem from fear of Covid-19. Alyami and colleagues reported fear of Covid-19 was positively associated with higher levels of depression and anxiety. Furthermore, the recent literature addressed that religion was closely related to mental health and related issues. Even though the association between religiousness and mental health was multifaceted, religiousness is positively related with the factors that improve mental health (Lewin & Chatters, 1998; Koenig, 2009). Similarly, this study augmented the literature on the same way and indicated that positive religious coping was inversely associated with depression, anxiety, and stress whereas negative religious coping was positively linked with these mental health outcomes.

A broad research body investigated the associations among various religious coping strategies, fear of Covid-19, and related mental health issues. By a research conducted on 400 adults, Mahamid and Bdier (2021) reported that positive religious coping was negatively associated with depressive symptoms and stress. Another study found that there were significant relationships among negative religious coping and depression, anxiety, and stress while positive religious coping was significantly correlated with depression and stress. Furthermore, Yıldırım and colleagues (2021) documented that fear of Covid-19 and negative religious coping have adverse effects on mental health as well as positive religious coping diminish depression and stress. Similarly, Pirutinsky and colleagues (2020) suggested that positive religious coping, intrinsic religiosity, and trust in God were associated with decreasing stress levels. Moreover, meta-analytic research investigated 49 studies analyzing the association between religious coping and psychological adjustment to stress and documented that positive and negative religious coping were respectively associated with positive and negative psychological adjustment (Ano & Vasconcelles, 2005). A research focused on patients reported that patients who were diagnosed with depression and anxiety most likely used negative religious coping strategies and positive religious coping was less likely associated with depression (Zarrouq vd., 2021). Additionally, Asgari Ghoncheh (2021) found that both fear of Covid-19 and religious coping mediated the associations between religiousness and depression and anxiety (Asgari Ghoncheh vd., 2021). Last, a study conducted by Counted and colleagues demonstrated that religious involvement was an important mediator between the association hope and psychological well-being during Covid-19 epidemic. Namely, even if the participants showed low level of hope, they indicated high level of psychological well-being by

the mediating effect of religious involvement (Counted vd., 2022).

There might be several fundamental factors affecting individuals' mental health. While these factors would stem from past experiences, they sometimes would be related to situational matters. As one of these substantial factors, religion serves as an important motivation source encompassing all life domains. Also, it might provide various functions via many frameworks that are related to every moment in life. Therefore, religion and religious coping might be considered as important predictors of mental health outcomes. Indeed, this study reported that positive religious coping was inversely associated with depression, anxiety, and stress and augmented the existing literature in terms of the flourishing role of religion on mental health. Similarly, previous research documented that there were significant relationships between religiousness and mental health outcomes. For instance, a meta-analytic study examined 80 research focusing on the associations among depressive symptoms, depressive disorders, religious affiliation, and religious attendance found that participants who have high level of religious motivation indicated lower levels of depressive symptoms and disorders (McCullough & Larson, 1999). Furthermore, several studies exhibited that religion and spirituality are important predictors of coping with stress (Graham vd., 2001; Chen & Koenig, 2006), low anxiety (Koenig vd., 1993), and diminishing levels of depression, stress, and anxiety stemmed from Covid-19 epidemic (Pirutinsky vd., 2020; Asgari Ghoncheh vd., 2021; Mert vd., 2021; Yıldırım, Arslan, vd., 2021; Zarrouq vd., 2021). Taken together, the findings of this study were both consistent with the existing studies and contributed to them.

Conclusion

This study examined the association among fear of Covid-19, positive religious coping, and mental health outcomes via data coming from a representative sample of Turkish adults. As expected, there were important associations among the focal variables of the the research. Accordingly, fear of Covid-19 was positively associated with negative religious coping as well as positive religious coping was inversely associated with depression, anxiety, and stress. However, negative religious coping was positively correlated with depression, anxiety, and stress. Future studies might focus on the association between fear of Covid-19 and religiousness or religious coping within the context of psychological resiliency, hope, optimism, and gratitude.

Limitations of Research

However, this study also has some limitations. First, the study sample consisted of young adults. Researchers might focus on elderly population who are among the high-risk group of Covid-19 and reach much detailed information regarding the related associations. Second, the study findings resulted from cross-sectional data set. Therefore, we could not make causal references on the related associations. Researchers also might explore these associations via longitudinal or panel data. Last, in terms of measuring fear of Covid-19, this study had the advantage of being conducted during the epidemic. Nonetheless, it had a disadvantage in measuring the psycho-social influence of the pandemic on the participants too. Thereby, studies might focus on the post-Covid-19 effects and explore related consequences in this vein.

Kaynakça | References

- Abu-Raiya Hisham., Ayten Ali., Tekke Mustafa., Agbaria Qutaiba. (2019). On the links between positive religious coping, satisfaction with life and depressive symptoms among a multinational sample of Muslims. *International Journal of Psychology: Journal International De Psychologie*, 54 (5), 678-686.
- Ağılkaya Şahin, Z. (2017). Manevi bakım ve danışmanlık. İstanbul: Marmara Akademi Yayınları.
- Ağılkaya Şahin, Z. (2018). Din ve psikoloji arasındaki uçurum gerçekten ne kadar derin? *Psikoterapilerdeki dini izler. Cumhuriyet İlahiyat Dergisi*, 22(3), 1607-1632.
- Ağılkaya Şahin, Z. (2020). Psikoloji ve psikoterapide din. İstanbul: Çamlıca Yayınları.
- Alyami, M., Henning, M., Krägeloh, C. U., & Alyami, H. (2021). Psychometric Evaluation of the Arabic Version of the Fear of Covid-19 Scale. *International Journal of Mental Health and Addiction*, 19(6), 2219-2232. <https://doi.org/10.1007/s11469-020-00316-x>
- Angin, Y. (2021). Covid-19 Pandemi Sürecinden Geçerken Sağlık Çalışanlarında Dini Başa Çıkma ve Psikolojik Sağlamlık İlişkisi Üzerine Bir Araştırma. *Cumhuriyet İlahiyat Dergisi*, 25(1), 331-345. <https://doi.org/10.18505/cuid.884399>
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61(4), 461-480. <https://doi.org/10.1002/jclp.20049>
- Asgari Ghoncheh, K., Liu, C.-H., Lin, C.-Y., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2021). Fear of Covid-19 and religious coping mediate the associations between religiosity and distress among older adults. *Health Promotion Perspectives*, 11(3), 316-322. <https://doi.org/10.34172/hpp.2021.40>
- Ayten, A. (2012). *Tanrı'ya Sığınmak: Dini Başa Çıkma Üzerine Psiko-Sosyal Bir Araştırma*. İz Yayıncılık.
- Ayten, A., Sağır, Zeynep. (2014). Dindarlık, Dinî Başa Çıkma ve Depresyon İlişkisi: Suriyeli Sığınmacılar Üzerine Bir Araştırma. *Marmara Üniversitesi İlahiyat Fakültesi Dergisi*, 47, 5-18.
- Bakioğlu, F., Korkmaz, O., & Ercan, H. (2020). Fear of Covid-19 and Positivity: Mediating Role of Intolerance of Uncertainty, Depression, Anxiety, and Stress. *International Journal of Mental Health and Addiction*, 1-14. <https://doi.org/10.1007/s11469-020-00331-y>
- Bentzen, J. S. (2021). In crisis, we pray: Religiosity and the Covid-19 pandemic. *Journal of Economic Behavior & Organization*, 192, 541-583. <https://doi.org/10.1016/j.jebo.2021.10.014>
- Chen, Y. Y., & Koenig, H. G. (2006). Traumatic Stress and Religion: Is there a Relationship? A Review of Empirical Findings. *Journal of Religion and Health*, 45(3), 371-381. <https://doi.org/10.1007/s10943-006-9040-y>
- Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2022). Hope and well-being in vulnerable contexts during the Covid-19 pandemic: Does religious coping matter? *The Journal of Positive Psychology*, 17(1), 70-81. <https://doi.org/10.1080/17439760.2020.1832247>
- Çetin, Ç., & Güzeloğlu, T. (2022). Covid-19 Pandemi Döneminde Dini Başa Çıkma Tarzları İle Ruh Sağlığı Arasındaki İlişkinin İncelenmesi. *Fırat Üniversitesi İlahiyat Fakültesi Dergisi*, 27(1), 217-237.
- Darvishi, E., Golestan, S., Demehri, F., & Jamalnia, S. (2020). A Cross-Sectional Study on Cognitive Errors and Obsessive-Compulsive Disorders among Young People During the Outbreak of Coronavirus Disease 2019. *Activitas Nervosa Superior*, 62(4), 137-142. <https://doi.org/10.1007/s41470-020-00077-x>
- De Quervain, D. de, Aerni, A., Amini, E., Bentz, D., Coynel, D., Gerhards, C., Fehlmann, B., Freytag, V., Papassotiropoulos, A., Schickltanz, N., Schlitt, T., Zimmer, A., & Zuber, P. (2020). *The Swiss Corona Stress Study*. OSF Preprints. <https://doi.org/10.31219/osf.io/jqw6a>
- Doğan, M., & Karaca, F. (2021). Covid-19 Salgın Sürecinde Aktif Çalışan Sağlık Çalışanlarında Ölüm Kaygısı ile Dini Başa Çıkma Arasındaki İlişki Üzerine Bir Araştırma. *İlahiyat Tetkikleri Dergisi*, 55, 327-351. <https://doi.org/10.29288/ilted.885721>
- Ekşi, H., & Sayın, M. (2016). *The adaptation of Religious Coping Scale into Turkish language: A study of bilingual equivalence, validity and reliability*.
- Ellison, C. G., Burdette, A. M., & Hill, T. D. (2009). Blessed assurance: Religion, anxiety, and tranquility among US adults. *Social Science Research*, 38(3), 656-667. <https://doi.org/10.1016/j.ssresearch.2009.02.002>
- Erdoğan, Y., Koçoğlu, F., & Sevim, C. (2020). Covid-19 pandemisi sürecinde anksiyete ile umutsuzluk düzeylerinin psikososyal ve demografik değişkenlere göre incelenmesi. *Klinik Psikiyatri Dergisi*, 23, 24-37.
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The Mental Health Consequences of Covid-19 and Physical Distancing: The Need for Prevention and Early Intervention. *JAMA Internal Medicine*, 180(6), 817-818. <https://doi.org/10.1001/jamainternmed.2020.1562>
- Gashi, F. (2020). Kosova Toplumunda Covid-19 Korkusu, Anksiyete ve Bireysel Dindarlık Üzerine Bir Araştırma. *Trabzon İlahiyat Dergisi*, 7(2), 227-262.
- Graham, S., Furr, S., Flowers, C., & Burke, M. T. (2001). Research and Theory Religion and Spirituality in Coping With Stress. *Counseling and Values*, 46(1), 2-13. <https://doi.org/10.1002/j.2161-007X.2001.tb00202.x>
- Gürsu, O., & Bayındır, S. (2021). Covid-19 Hastalığını Geçiren Sağlık Çalışanlarının Başa Çıkma Sürecinde Din Ve Maneviyat. *Turkish Academic Research Review*, 6(1), 181-220. <https://doi.org/10.30622/tarr.873732>

- Hoffart, A., Johnson, S. U., & Ebrahimi, O. V. (2020). *Loneliness and social distancing during the Covid-19 pandemic: Risk factors and associations with psychopathology*. PsyArXiv. <https://doi.org/10.31234/osf.io/j9e4q>
- Holm, N. G. (2018). *Din Psikolojisine Giriş* (A. Bahadır, Çev.; 3. Baskı). İnsan Yayınları.
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K., Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... Bullmore, E. (2020). Multidisciplinary research priorities for the Covid-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*, 7(6), 547-560. [https://doi.org/10.1016/S2215-0366\(20\)30168-1](https://doi.org/10.1016/S2215-0366(20)30168-1)
- Huang, Y., & Zhao, N. (2020). *Generalized anxiety disorder, depressive symptoms and sleep quality during Covid-19 epidemic in China: A web-based cross-sectional survey* (s. 2020.02.19.20025395). medRxiv. <https://doi.org/10.1101/2020.02.19.20025395>
- Joanes, D. N., & Gill, C. A. (1998). Comparing Measures of Sample Skewness and Kurtosis. *Journal of the Royal Statistical Society*, 47(1), 183-189.
- Kadiroğlu, T., Gündücü Tüfekçi, F., & Kara, A. (2021). Determining the Religious Coping Styles of Adolescents in Turkey During Covid-19. *Journal of Religion and Health*, 60(5), 3406-3417. <https://doi.org/10.1007/s10943-021-01410-7>
- Kalgı, M. E. (2021). Covid-19 Salgınına Yakalanan Kişilerde Dindarlık ve Dini Başa Çıkma. *Marife Dini Araştırmalar Dergisi*, 21(1), 131-150.
- Kandemir, F. (2020). Bazı Demografik Değişkenler Bağlamında Covid-19 Pandemi Neslinin Dindarlık ve Ölüm Kaygısı İlişkisi Üzerine Ampirik Bir Araştırma. *Tokat İlmîyat Dergisi*, 8(1), 99-129. <https://doi.org/10.5281/zenodo.3876200>
- Kaplan, H., Sevinç, K., & İşbilen, N. (2020). Doğal Afetleri Anlamlandırma ve Başa Çıkma: Covid-19 Salgını Üzerine Bir Araştırma. *Turkish Studies*, 15(4), 579-598.
- Kılınç, M., Arslan, G., Çakar, F. S., & Yıldırım, M. (2022). Psychological maltreatment, coping flexibility, and death obsession during the Covid-19 pandemic: A multi-mediation analysis. *Current Psychology*. <https://doi.org/10.1007/s12144-021-02576-9>
- Kızılgöçer, M., & Çinici, M. (2020). Koronavirüs (Covid-19) Sürecinde Yapay Sinir Ağları Yöntemiyle Bireylerin Dini Başa Çıkma Düzeylerinin Tahmini. *İlahiyat Tetkikleri Dergisi*, 54, 45-65. <https://doi.org/10.29288/ilted.774693>
- Koenig, H. G. (2009). Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie*, 54(5), 283-291. <https://doi.org/10.1177/070674370905400502>
- Koenig, H. G., George, L. K., Blazer, D. G., Pritchett, J. T., & et al. (1993). The relationship between religion and anxiety in a sample of community-dwelling older adults. *Journal of Geriatric Psychiatry*, 26(1), 65-93.
- Korkmaz, S., Akyürek, Ronahi., Karaçalı, Mesture. (2023). Dini Başa Çıkma, Şükür, Takdir Etme, Endişe ve Anksiyete İlişkisi, *Eskişehir Osmangazi Üniversitesi İlahiyat Fakültesi Dergisi*. 10 (2), 737-766.
- Kumar, A., & Nayar, K. R. (2021). Covid-19 and its mental health consequences. *Journal of Mental Health*, 30(1), 1-2. <https://doi.org/10.1080/09638237.2020.1757052>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. Springer.
- Lazarus, R. (1986). Coping strategies. In *Illness Behavior* (pp. 303-308). Springer, Boston, MA.
- Lewin, J. S., & Chatters, L. M. (1998). Research on Religion and Mental Health: An Overview of Empirical Findings and Theoretical Issues. İçinde H. G. Koenig (Ed.), *Religion and Mental Health*. Elsevier.
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335-343. [https://doi.org/10.1016/0005-7967\(94\)00075-u](https://doi.org/10.1016/0005-7967(94)00075-u)
- McCullough, M. E., & Larson, D. B. (1999). Religion and depression: A review of the literature. *Twin Research and Human Genetics*, 2(2), 126-136. <https://doi.org/10.1375/twin.2.2.126>
- Mert, S., Peker Karatoprak, A., Demirhan, Y., Baydemir, C., Çetinarslan, B., Cantürk, Z., Selek, A., Aydın, L., Sözen, M., & Gezer, E. (2021). Covid-19, Anxiety, and Hopelessness: Quality of Life Among Healthcare Workers in Turkey. *Evaluation & the Health Professions*, 01632787211067530. <https://doi.org/10.1177/01632787211067530>
- Morgan, G. A., Leech, N. L., Gloeckner, G. W., & Barrett, K. C. (2011). *Ibm Spss for Introductory Statistics Use and Interpretation*. Routledge.
- Okan, N., & Ören, A. (2021). Covid-19 Sürecinde Yaşanılan Olumsuz Duygularda Dini Başa Çıkma'nın Rolü. *İlahiyat Tetkikleri Dergisi*, 56, 359-380. <https://doi.org/10.29288/ilted.973524>
- Özgüç, S., Kaplan Serin, E., & Tanrıverdi, D. (2021). Death Anxiety Associated With Coronavirus (Covid-19) Disease: A Systematic Review and Meta-Analysis. *OMEGA - Journal of Death and Dying*, 00302228211050503. <https://doi.org/10.1177/00302228211050503>
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.
- Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of Positive and Negative Religious Coping with Major Life Stressors. *Journal for the Scientific Study of Religion*, 37(4), 710-724. <https://doi.org/10.2307/1388152>
- Pargament, K. I., Falb, M. D., Ano, G. G., & Wachholtz, A. B. (2013). *The religious dimension of coping: Advances in theory, research, and practice*.

- Peteet, J. R. (2020). Covid-19 Anxiety. *Journal of Religion and Health*, 59(5), 2203-2204. <https://doi.org/10.1007/s10943-020-01041-4>
- Pfefferbaum, B., & North, C. S. (2020). Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine*, 383(6), 510-512. <https://doi.org/10.1056/NEJMp2008017>
- Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). Covid-19, Mental Health, and Religious Coping Among American Orthodox Jews. *Journal of Religion and Health*, 59(5), 2288-2301. <https://doi.org/10.1007/s10943-020-01070-z>
- Pollner, M. (1989). Divine relations, social relations, and well-being. *Journal of Health and Social Behavior*, 30, 92-104.
- Prazeres, F., Passos, L., Simões, J. A., Simões, P., Martins, C., & Teixeira, A. (2021). Covid-19-Related Fear and Anxiety: Spiritual-Religious Coping in Healthcare Workers in Portugal. *International Journal of Environmental Research and Public Health*, 18(1), 220. <https://doi.org/10.3390/ijerph18010220>
- Pretorius, T. (2021). Depression among health care students in the time of Covid-19: The mediating role of resilience in the hopelessness-depression relationship. *South African Journal of Psychology*, 51(2), 269-278. <https://doi.org/10.1177/0081246321994452>
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the Covid-19 epidemic: Implications and policy recommendations. *General Psychiatry*, 33(2), e100213. <https://doi.org/10.1136/gpsych-2020-100213>
- Sami, S. (2021). Covid-19 Nedeniyle Yakınlarını Kaybeden Bireylerde Yas Süreci ve Dini Başa Çıkma. *İlahiyat Tetkikleri Dergisi*, 55, 421-444.
- Sarıçam, H. (2018). The Psychometric Properties of Turkish Version of Depression Anxiety Stress Scale-21 (DASS-21) in Community and Clinical Samples. *Journal of Cognitive-Behavioral Psychotherapy and Research*, 7(1), 19-30.
- Shanbehzadeh, S., Tavahomi, M., Zanjari, N., Ebrahimi-Takamjani, I., & Amiri-Arimi, S. (2021). Physical and mental health complications post- Covid-19: Scoping review. *Journal of psychosomatic research*, 147, 110525.
- Shiah, Y.-J., Chang, F., Chiang, S.-K., Lin, I.-M., & Tam, W.-C. C. (2015). Religion and Health: Anxiety, Religiosity, Meaning of Life and Mental Health. *Journal of Religion and Health*, 54(1), 35-45. <https://doi.org/10.1007/s10943-013-9781-3>
- Sorokin, M. Y., Kasyanov, E. D., Rukavishnikov, G. V., Makarevich, O. V., Neznanov, N. G., Lutova, N. B., & Mazo, G. E. (2020). Structure of anxiety associated with the Covid-19 pandemic in the Russian-speaking sample: Results from on-line survey (s. 2020.04.28.20074302). medRxiv. <https://doi.org/10.1101/2020.04.28.20074302>
- Tabachnick, B. G., & Fidell, L. S. (2013). *Using Multivariate Statistics (Sixth Edition)*. Pearson.
- Thomas, J., & Barbato, M. (2020). Positive Religious Coping and Mental Health among Christians and Muslims in Response to the Covid-19 Pandemic. *Religions*, 11(10), 498. <https://doi.org/10.3390/rel11100498>
- Turan, Y., Bostan, S., & Baynal, F. (2022). The Effect Of Covid-19 Pandemic On Religion. *Ordu Üniversitesi Sosyal Bilimler Enstitüsü Sosyal Bilimler Araştırmaları Dergisi*, 12(1), 319-338. <https://doi.org/10.48146/odusobiad.995556>
- Üstün, Ç., & Özçiftçi, S. (2020). Covid-19 pandemisinin sosyal yaşam ve etik düzlem üzerine etkileri: Bir değerlendirme çalışması. *Anatolian Clinic the Journal of Medical Sciences*, 25(Special Issue on Covid-19), 142-153.
- WHO. (2020). *Director-General's opening remarks at the media briefing on Covid-19—11 March 2020*. WHO. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-Covid-19---11-march-2020>
- WHO. (2022). WHO Coronavirus (Covid-19) Dashboard. <https://covid19.who.int/>.
- Wikström, O. (1987). Attribution, roles and religion: A theoretical analysis of Sundén's role theory of religion and the attributional approach to religious experience. *Journal for the Scientific Study of Religion*, 390-400.
- Yao, H., Chen, J.-H., & Xu, Y.-F. (2020). Patients with mental health disorders in the Covid-19 epidemic. *The Lancet Psychiatry*, 7(4), e21-e21. [https://doi.org/10.1016/S2215-0366\(20\)30090-0](https://doi.org/10.1016/S2215-0366(20)30090-0)
- Yıldırım, M., Arslan, G., & Alkahtani, A. M. (2021). Do fear of Covid-19 and religious coping predict depression, anxiety, and stress among the Arab population during health crisis? *Death Studies*, 1-7. <https://doi.org/10.1080/07481187.2021.1882617>
- Yıldırım, M., Kızılgöçüt, M., Seçer, İ., Karabulut, F., Angın, Y., Dağcı, A., Vural, M. E., Bayram, N. N., & Çinici, M. (2021). Meaning in Life, Religious Coping, and Loneliness During the Coronavirus Health Crisis in Turkey. *Journal of Religion and Health*, 60(4), 2371-2385. <https://doi.org/10.1007/s10943-020-01173-7>
- Zarrouq, B., Abbas, N., Hilaly, J. E., Asri, A. E., Abbouyi, S., Omari, M., Malki, H., Bouazza, S., Moutawakkil, S. G., Halim, K., & Ragala, M. E. (2021). An investigation of the association between religious coping, fatigue, anxiety and depressive symptoms during the Covid-19 pandemic in Morocco: A web-based cross-sectional survey. *BMC Psychiatry*, 21(1), 264.

