COPING WITH COVID-19: THE ROLE OF RELIGION IN TIMES OF CRISIS

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INTRODUCTION

The most serious pandemic of the globalised age has had tremendous consequences, both physical and psychological, for the world's population. Few people have remained unaffected, although it is undeniable that certain individuals and groups have suffered more than others. Many journalists and medical professionals have highlighted the disproportionately high mortality rates among ethnic minorities in several nations (Pareek et al., 2020), while others have decried the severity of the psychological impact that social distancing has had on individuals struggling with mental health issues (Yao et al., 2020). There can be no doubt that COVID-19 is everyone's problem. Yet, it is vitally important to mitigate and leverage differences in vulnerability and resilience respectively if we are to minimise the total cost of this terrible illness.

The psychology of religion can offer important insights into why some individuals and groups struggle more than others in coping with the impacts of COVID-19. Why do some people cope better with loss and bereavement than others? Why do some individuals flout social distancing laws when the majority comply? And why do times of crisis bring out the best in some people while others retreat into bigotry and division? These are just some of the questions that research in the psychology of religion—as well as other areas of psychology and the wider human and behavioural sciences—can help to answer.

In no place is this better exemplified than in the area of religious coping: "a specific mode of coping that is inherently derived from religious beliefs, practices, experiences, emotions, or relationships" (Abu-Raiya & Pargament, 2015; p. 25). Building on Lazarus and Folkman's (1984) general coping theory, research in religious coping seeks to examine how religious and spiritual resources can be mobilised as a coping response to stresses in the environment, such as the loss or threat of loss during a pandemic. This chapter seeks to apply important findings in the religious and spiritual coping literature to the local, regional, and global fight against COVID-19 and potentially similar future outbreaks.

While much of the extant research in the field has been conducted in Christian populations in North America and Europe, a significant number of scholars are now redressing this imbalance by examining such questions in other religious groups and cultural contexts(Abu-Raiya & Pargament, 2015). Asia, and particularly Southeast Asia, have been at the forefront of these developments, owning in no small part to the incredible richness and diversity of religious beliefs in this part of the world (Brennan, 2014). While subtle differences are inevitable, it also seems that religious belief and affiliation do have some consistent implications for thought, feeling, and behaviour. This is reassuring for researchers and policymakers seeking to leverage the global academic output when planning and implementing evidence-based interventions based on religious coping.

The list of findings and recommendations covered in this chapter is not exhaustive. Nevertheless, it does focus on the most well-established findings, as well as those that translate most readily into actionable policy changes. While some may be more appropriate in certain jurisdictions, it is hoped that researchers, practitioners, and policymakers can all derive some valuable from the key points contained herein.

Religion, the Search for Meaning, and Well-Being

Religious beliefs provide answers to existential questions; they are a framework for deriving meaning from life experiences in the absence of proof that such meaning truly exists. This property and function of religious belief has long been acknowledged by philosophers and theologians alike (Neville, 2018), and pervades the language used by religious believers to describe their lives and their attempts to make sense of them (Fletcher, 2004). When confronting the big issues—such as morality, life and death, purpose, and creation—religious individuals can take comfort from a set of beliefs, shared among fellow adherents, that provide a sense of certainty and significance. While different religions diverge significantly in their teachings on existential issues such as free will, the afterlife, and the means by which salvation can be achieved, they are united in their view that our lives, and the way they are lived, actually matter. This has profound implications for the way that religious believers interpret and respond to events throughout their lives.

One of the most well-established findings in the psychology of religion is the positive association between religiousness and well-being (Koenig et al., 2012). Religious individuals tend to be happier and more fulfilled than those people who do not identify as religious, although spirituality outside of organised religions has also been found to engender similar benefits (Ivtzan et al., 2013). The ability to derive meaning has been identified as a possible link in the causal chain between religion and enhanced well-being (Steger & Frazier, 2005), along with other potential mediators such as positive emotions and need satisfaction that will be discussed in subsequent sections. While research has shown that religious individuals see divine purpose and significance in day-to-day events (Ramsay et al., 2018), this ability to derive meaning is even more striking in the case of highly impactful events (Lupfer et al., 1996). This suggests that religion should serve a psychologically protective function when confronted with an unprecedented global emergency such as COVID-19.

Research has shown that religious individuals often invoke divine forces and will when seeking to explain negative, unanticipated, and highly impactful events such as natural disasters (Riggio et al., 2018). While this has previously been investigated in the context of earthquakes (Sibley & Bulbulia, 2012) and hurricanes (Aten et al., 2012), pandemics such as COVID-19 seem likely to function in a similar way. Associating such terrible events with divine will or purpose may seem like a recipe for spiritual crisis, yet ostensibly negative explanations (from a psychological sense) may nevertheless serve an important purpose. Some scholars have gone so far as to suggest that the prevalence of natural disasters may play an important role in maintaining or enhancing aggregate religiosity over time (Bentzen, 2019), as less religious individuals turn to religion to help them explain events that otherwise seem inexplicable. This is the essence of religious coping: one of the most widely researched topics in the psychology of religion.

Religious Coping

This use of religion—as a coping mechanism to deal with hardship and adversity—is widespread among members of many different faiths. Unsurprisingly, religious coping is positively associated with religiosity, with those who are more religious utilising religious coping methods more than those who are less religious (Harrison et al., 2001). Differences also exist between religious groups (Bhui et al., 2008), with members of the Abrahamic, monotheistic faiths (e.g., Christianity, Islam, Judaism) employing it more than adherents of Eastern religions (e.g., Buddhism, Hinduism, Taoism). Religious coping is also heterogeneous, in that certain religious coping methods or strategies are psychologically beneficial and lead to better outcomes, whereas others have a detrimental effect. This key distinction between positive and negative religious coping is a fundamental one and has been documented across many different cultural and religious groups (Abu-Raiya & Pargament, 2015).

Positive religious coping encompasses those strategies that allow an individual to maintain (a) a secure and positive relationship with their God(s) or the divine, (b) belief that there is greater meaning to be found, and (c) a sense of spiritual kinship and connection with other people (Abu-Raiya & Pargament, 2015). Such strategies include benevolent reappraisals, in which the negative event is reappraised as serving a positive purpose (e.g., a strengthening faith, spiritual growth), and seeking spiritual support, in which the negative event prompts the individual to seek comfort in their relationship with the divine. These coping methods and others like them have been found to serve a protective function, buffering believers against the worst psychological consequences of the negative experience (Pargament et al., 1998). Employment of positive religious coping strategies has been found to predict better psychological adjustment across many different studies, although the majority of these have been conducted in Western Christian populations (Ano & Vasconcelles, 2005).

Negative religious coping represents the opposing possibility: that religious coping strategies may weaken relationships with the divine, call meaning into question, and disrupt relationships with other people. Such strategies often represent the negative mirror image of a corresponding positive religious coping strategy (e.g., punishing reappraisals, interpersonal religious discontent), but can also represent a distinctive approach (e.g., demonic reappraisal; in which the event is attributed to evil spirits or other malevolent supernatural forces). Negative religious coping strategies have unsurprisingly been found to exhibit a negative relationship with mental health outcomes (Faigin et al., 2014; Lee et al., 2013), although evidence gathered across a variety of different contexts and populations indicate that negative religious coping is significantly less prevalent than positive religious coping (Harrison et al., 2001). This would explain the net positive association between religion and well-being despite evidence that the relationship may be negative for some individuals under certain circumstances (Lau & Ramsay, 2019).

Islamic Religious Coping

As in many other areas of the psychology of religion, the elephant in the room of religious coping is the cross-cultural replicability of the key findings and the cross-cultural validity of the key measures. The lion's share of religious coping research has been conducted in Christian populations in North America (Abu-Raiya & Pargament, 2015), although the past decade has seen a significant increase in the volume of published research examining religious coping among Muslims, often conducted by scholars based in Asia (e.g., Khan et al., 2012; Nurasikin et al., 2013). These studies are an important extension beyond those that examine religious coping among minority or immigrant groups in Western contexts. While

such research is still relatively rare, it has already uncovered some interesting differences and nuances in the way religious coping manifests across different religious groups and affiliations.

One consistent finding is that Muslims tend to report using positive religious coping methods more than Christian populations (Abu-Raiya & Pargament, 2015), although there remains the possibility that this may reflect religious differences in the acceptability of expressing doubts regarding faith or disagreement with religious authorities (Banu, 2020). Further work will be required to tease apart these different possibilities. A recent study of Muslim youth in Indonesia found that positive religious coping protects against loneliness (French et al., 2020), while a multinational study of Islamic religious coping, which included a Malaysian sample, found that positive religious coping predicted better satisfaction with life but did not predict lower depression (Abu-Raiya et al., 2019). Interestingly, reported levels of positive religious coping and the strength of the association with satisfaction with life were greatest among the Malaysian sample. Specific investigations of Muslim religious coping outside of Southeast Asia's three Muslim-majority nations are rare, although qualitative (Hassan & Mehta, 2010) and quantitative studies (Banu, 2020) suggest the importance of religious coping strategies amongst Muslims in countries where Islam is a minority religion.

One hallmark of the nascent Muslim religious coping literature is the occasional presence unexpected relationships between positive religious coping and various outcomes. While Khan et al. (2016) observed unexpectedly positive relationship between positive religious coping and distress in a sample of Pakistani Muslims, the same authors (Khan et al., 2011) also found a positive relationship between positive relationship and poorer psychological functioning in a sample of Pakistani Muslim hospital patients. However, given that both these studies used the method of measuring coping, there remains a possibility that these findings could be specific to the measure used. The need to adapt and validate more detailed measures of non-Christian religious coping, as well as to replicate findings across multiple measures, is a pressing concern in the study of non-Christian religious coping.

It has also been documented across several studies that negative religious coping, although less widely reported among Muslims, is equally, if not more, predictive of relevant mental health outcomes (Banu, 2020; Gardner et al., 2014). Tentative evidence suggests that spiritual discontent—the form of negative religious coping pertaining to confusion over divine purpose and dissatisfaction with the quality of the relationship with the divine agent—may be predictive of worsened mental health outcomes for Muslims (Banu, 2020). Researchers have also found evidence for greater death anxiety, obsession, and depressive symptoms among Muslims that employ negative religious coping (Mohammadzadeh & Najafi, 2018). These findings suggest a need to identify instances of negative religious coping with crises among Muslims, and to intervene in such a way that positive religious coping strategies are encouraged.

Religious Coping in Eastern Religions

The literature surrounding religious coping among Buddhists and Hindus is sparse. The little research that has been conducted often involves minority samples from Western nations, a problem previously noted by Abu-Raiya and Pargament (2015), although there has been a notable improvement in the past few years, with studies conducted in Buddhist majority nations such as Sri Lanka (de Zoysa & Wickrama, 2011) and Singapore (Xu, 2019), as well

as nations with strong Buddhist cultural influence such as China (Pan et al., 2017) and South Korea (Noh et al., 2016).

In an important early quantitative study, Phillips et al. (2012) developed a measure of Buddhist religious coping (the BCOPE), which comprises 14 distinct coping strategies: 10 that can be characterised as positive religious coping, three that represent negative religious coping, and one that is mixed or ambivalent in its implications. The positive religious coping factors were generally found to be related to better psychological adjustment whereas the negative religious coping factors were associated with worse outcomes. Similar results were observed in a sample of palliative care providers by Falb and Pargament (2013). Unfortunately, this method of measurement has not been widely used and has not yet been validated (i.e., checked for appropriateness and functionality) outside the Western Buddhist context in which it was developed. Such research is an urgent priority if religious coping is to be leveraged in response to major regional crises such as COVID-19.

Studies of Buddhist coping in Asia are tend to be either qualitative (e.g., de Zoysa & Wickrama, 2011; Xu, 2019) or use general religious coping measures that do not take into account the major theological differences between Buddhism and monotheistic faiths (e.g., Noh et al., 2015). Evidence from qualitative research suggests some similarity with Christian and Muslim religious coping (e.g., positive coping methods the rely on finding meaning in adversity), yet also highlights stark differences in the reliance on meditative coping and ego transcendence (Xu, 2019). Further research will be required to construct appropriate measures of these coping practices, with a view to documenting their prevalence and effectiveness in dealing with stress and trauma. Researchers should also take inspiration from qualitative research on Buddhist coping in the aftermath of the 2004 Indian Ocean Tsunami (e.g., Silva, 2006; Falk, 2012), with a view to incorporating these insights into new measures of Buddhist coping.

Studies of religious coping in other Eastern religious traditions are even more rare. Tarakeshwar et al. (2003) conducted one of the few explicit examinations of Hindu religious coping, developing and initially validating a measure comprising three sub-scales—God-focused coping, spirituality-focused coping, and religious guilt, anger, and passivity—with the first two associated with better mental health outcomes and the third being associated with poorer functioning. As with the BCOPE (Phillips et al., 2012), this measure has not been widely used since its development and suffers from the limitation of having been developed in a relatively small sample of American Hindus that are unrepresentative of the larger corpus of the Hindu faith.

Studies of religious coping in Asian Hindus have tended to assume the applicability and validity of religious coping measures developed for use in American Christian populations. Pandey and Singh (2019) examined positive religious coping using in a sample of Indian community health activists, observing a buffering effect with respect to the detrimental effects of work-family conflict, while Grover et al. (2016) found evidence of increased negative religious coping and decreased positive religious coping among self-harm attempters in India. While such studies are important, it is regrettable that only one study to date has attempted to characterise the forms and aspects of religious coping that are unique to Hinduism, or attempted to draw parallels with other Eastern religions such as Buddhism.

IMPLICATIONS AND RECOMMENDATIONS

The literature surveyed in the preceding section is notable for its imbalance. Nevertheless, while most of the research on religious coping has focused on Western Christian samples, there is scope for the application of the resulting findings. The present section will summarise the key findings to date with respect to religious coping in Southeast Asian populations, before making five recommendations for policy and practice considering the risks posed by COVID-19 and possible future pandemics.

One clear convergence in the literature is the distinction between positive and negative religious coping. Across different religions, it seems that some religious coping practices are psychologically beneficial whereas others are harmful. Another consistent thread is the importance of views of the divine—specifically whether God(s) are deemed to be benevolent or punitive—although this is likely to be more important (and certainly more straightforward) in the Abrahamic faiths than in Eastern religions. It is also true that reliance on religious coping varies substantially across religious populations, with groups characterised by greater religiosity employing it to a greater extent that those exhibiting lower religiosity. It is therefore important that interventions seek to enhance positive religious coping and reduce negative religious coping, particularly among groups characterised by high religiosity. The negative impact of future pandemics on collective metal health may be lessened if these general principles are used to guide the development of policy and practice.

Enactment of these general principles will nevertheless require specific actions. Below are five recommendations for leveraging religious coping in the fight against COVID-19 and future pandemics:

1. Encourage Development of Religious and Spiritual Competencies

There is a clear disconnect between the prevalence of religious coping and the secularised nature of mental health service delivery in many countries. If religious belief provides both a framework for interpreting trauma and a toolkit for responding to it, then it is important for mental health practitioners to be (a) comfortable discussing religious and spiritual matters with their clients, and (b) sufficiently knowledgeable of major religions to be able to productively (and sensitively) engage in such discussions.

There have been longstanding calls for greater recognition of religious and spiritual issues in psychotherapy (e.g., Zinnbauer & Pargament, 2000), and recent attempts in Western settings to develop a training programme for developing related competencies (Pearce et al., 2019). Such efforts are aligned with a wider movement towards recognising and respecting diversity in mental health settings, as well as considering the specific needs of minority groups in treatment (Mayer et al., 2008). While this movement has gained the greatest traction in the West, there is an increasing recognition of this need in Southeast Asia (Suthendran, 2017). As such, governments and relevant professional bodies should conduct a religious and spiritual competency needs analysis for the mental health services, with a view to developing a training programme that develops these skills and competencies.

2. Attend to the Risks Associated with Negative Religious Coping

Although there is much work to be done in replicating and consolidating key findings in the religious coping literature, a consistent theme is that negative religious coping predicted worsened mental health outcomes. While it is more common than positive religious coping,

the limited research in the regional context suggests that the links with mental health seem stronger.

Mental health professionals equipped with the aforementioned religious and spiritual competencies should therefore be particularly watchful for the presence of negative religious coping strategies such as punishing God reappraisals and spiritual discontent, which have been implicated in worsened mental health in both Christians (Pargament et al., 2000) and Muslims (Ghorbani et al., 2016). Such strategies are more likely to manifest in anxious individuals with personalities that predispose them to rumination and worry (Lau & Ramsay, 2019; Silton et al., 2014). It is therefore recommended that policymakers and practitioners, working with religious authorities, strive to develop and pilot test interventions designed to reduce negative religious coping.

3. Recognise the Social Aspects of Positive Religious Coping

The need to affiliate and belong is thought to be a key component of religious experience (Graham & Haidt, 2010), and it should come as no surprise that many religious coping methods—particularly the positive ones—involve seeking and gaining support from the religious community. This is well-established in both Christian and Islamic religious coping (Abu-Raiya & Pargament, 2015), although while this remains an empirical question for members of Eastern religions, it is hard to imagine this aspect of religious coping being unimportant.

This represents something of a conundrum when dealing with a pandemic. On the one hand, religious communities provide critical coping resources for individuals coping with personal loss or more generalised distress, yet on the other hand religious congregation has been heavily implicated in the spread of the virus in several Southeast Asian nations (Pung et al., 2020; Quadri, 2020). To balance these concerns, elected officials and policymakers should work with religious authorities to provide and champion alternative methods of social support (e.g., video conferencing, online social networks) when large physical gatherings are prohibited.

4. Remove Barriers to Discussing Religion in Healthcare Settings

Training mental health professionals to be comfortable and competent in discussing religious and spiritual matters only addresses one part of a complex issue. It has been documented that religious individuals can be reluctant to discuss matters of faith in non-religious settings (Pirutinsky et al., 2009), although other research suggests that many patients desire such discussions yet feel unable to have them (Best et al., 2015; Williams et al., 2011).

These issues can be exacerbated in secular multireligious societies where clear demarcations between religion and the public sphere have been deemed necessary to avoid religious enmity and conflict (Thio, 2009). While it is necessary to tread lightly when considering the discussion of religion in traditionally secular spaces, collaborations between healthcare providers and religious bodies may reduce the perception that religious discussions should be restricted to the temple, mosque, or church. In turn, this should facilitate referral from religious counselling services to mental health service providers.

5. Enhance Research in Understudied Populations

While there do seem to be common coping themes that run across religious groups, there are likely to be at least as many divergences. Assessing the extent of consistency or inconsistency will not be possible until more religious coping research is conducted in understudied religious groups, particularly Hindus, Sikhs, Buddhists, and Taoists. This is especially important in Southeast Asia, which exhibits a tremendous religious diversity both across and within nations (Brennan, 2014), as well as a prevalence of non-doctrinal folk religion and incorporation of elements from other faiths (Sinha, 2008). Psychologists interested in facilitating the development of evidence-based interventions based on religious coping will need to adopt a more contextualised approach if they are to cater to the populations of Southeast Asia.

CONCLUSION

It is widely recognised that we will be living with the SARS-CoV-2 virus for the foreseeable future (Denworth, 2020), and the risk of pandemics more generally has been brought into sharp focus by the previously unimaginable suffering and disruption caused by COVID-19. Psychology and the behavioural sciences have a critical role to play in mitigating the spread of such diseases and helping people to live with their consequences, yet these contributions will only be possible through partnerships with practitioners, policymakers, and religious leaders. Religious coping can be a powerful tool to promote resilience in individuals and communities, but effective implementation will require a collaborative and joined-up approach to mental health service provision. This may be the silver lining to the dark cloud of COVID-19.

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