

RELIGIOSITY AS A COPING RESOURCE DURING THE COVID-19 CRISIS AMONG CATHOLIC UNIVERSITY STUDENTS

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Abstract

This study focused on university students, mostly young adults, coping with the challenges of academic learning, part time work and interpersonal adjustment, and on top of that – the abrupt change in learning methods and routines during the COVID-19 pandemic. Fear of an unknown future, social isolation, the need to quickly acquire new technical skills necessary for remote teaching are major factors associated with stress, anxiety and in the longer run – depression and other negative outcomes. 159 pedagogy students from a Catholic university took part in an online study in April 2020. The results revealed that being Catholic provided participants with a deep sense of hope understood as the expectation of ‘good things’ and goal-directed energy. Religiosity was negatively correlated with depression but not anxiety. The results support the role of hope in young adults coping with stressors, and even more than that offer a new insight into the role of religiosity as a coping resource, a buffer against depression in times of the pandemic.

Keywords: digital education, personal resources, distress, well-being, religiosity, COVID-19

Introduction

The first case of coronavirus infection in Poland was found on 4 March 2020. From 15 March, restrictions on border traffic have been introduced. From 11 March, all schools and universities implemented only remote teaching. From 20 March 2020 up to date, an epidemic state has been in force in Poland. Along with the announcement of the epidemic, a number of restrictions related to social contacts were applied, e.g. a number of public institutions, shops, schools were closed, access to the doctor was mainly through e-advice. Churches were closed (this was particularly painful during the

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Easter holidays). Polish bishops granted dispensations from the obligation to attend mass, and even encouraged people to stay at home. Only after 20 April the possibility of worship gradually restored, e.g. in a church there had to be at least 15 m² of space per person. Such restrictions limited religious practice. At the same time, new opportunities emerged in the media - participation in Mass via radio, television or the Internet. Many parishes organised online broadcasts, thanks to which Poles could "be" in their church and listen to their priest. Religious worship moved into the home has intensified a phenomenon referred to as the mediatisation of religion (Przywara, et al., 2021). While some predicted that many religion followers would never attend churches again because they would realise that they did not need religious practice or would become accustomed to 'watching' services, others perceived it as an opportunity for religious awakening and more fervent participation in services.

Research conducted in April 2020 by the Public Opinion Research Center on a sample of 1,309 Poles found that 75% of respondents had not changed their religious commitment and 12% were spending more time in prayer and other religious practices. Three-fifths of the public (60%) had attended Mass at least once via television, and two-fifths (40%) felt a lack of community prayer in church. Those with above average religious commitment prior to the national self-isolation during its time prayed more, went to church or attended online services and those who practiced regularly maintained their level of religious commitment. In contrast, those with little previous practice showed even less religious interest during the pandemic (Bożewicz, 2020, p. 9).

Research project description

The study has been conducted as a part of the general project focused on exploring psychological functioning of undergraduates during the outburst of the COVID-19 pandemic. We aimed to investigate social aspects of 'new reality' which was created as a consequence of major restrictions imposed by Polish government due to the spread of Sars-Cov2 virus. Our research was carried out in April 2020 (namely during which the government's strictest restrictions were in force) on the sample of 159 undergraduate students of the John Paul II Catholic University of Lublin.

First stage of research during the onset of the pandemic - wearing masks

At first, our research focus was placed on wearing protective masks as a psychological experience, considering the psychological, cognitive and cultural aspects. The aim was to analyze the associations and attitudes of students towards the restrictions related to COVID-19, including their attitude towards wearing protective masks in contact with others. The research was conducted soon after the regulations

were issued by the Minister of Health, Łukasz Szumowski - April 10, 2020 which resulted in the government launching a campaign to purchase masks and protective clothing.

The research questions explored the associations and emotions evoked by protective masks, the level of observance of the regulations concerning COVID-19 safety, as well as the factors affecting a positive or negative attitude towards wearing protective masks (Kornas-Biela, Martynowska, Biela-Wołośńiej, 2021).

The main results revealed that respondents who experienced a worsening health condition approved of wearing masks. Covering the face evoked positive feelings related to the safety the mask provides. However, negative aspects of wearing protective masks were generally predominant, caused not only by the physical discomfort, but also by a sense of threat that they evoke and feelings of isolation caused by the interpersonal barrier they create. Willingness to comply with the restrictions associated with the pandemic was linked to a higher level of hope for the future, the feeling that 'it will be fine'. A mask worn on the face as a means of personal protection in the COVID-19 pandemic turns out not to be a neutral hygienic object, but has a strong psychological and social significance, taking over the functions that the mask plays in people's culture in the literal, psychological and social sense. Colorful prints on the masks have not merely a decorative or humorous role, but are also a coping strategy with the psychological difficulty. This study was of significant value as it showed that it is worth considering the role of protective masks as a barrier in interpersonal relations in the process of establishing psychological support and coping strategies with the negative results of the COVID-19 pandemic.

Second phase of research during the onset of the pandemic - mental resources

The second part of the research project pertained to coping resources of students in the face of threat and high-risk situations on the example of COVID-19 pandemic. The rapid spread of the SARS-CoV-2 virus in spring 2020 imposed also for students many restrictions which in turn exposed individuals and groups to stress resulting from the fear of contracting the virus, anxiety about uncertain future, unemployment (the loss of financial support and the loss of employment of their parents and other relatives), and the constraints related to lockdown measures such as social isolation. Most students left the dorms and the cities where they studied and returned to their family homes, which resulted in isolation from peers and friends and exposure to experiencing all the problems that families faced, e.g. difficulties in organising remote learning for several children in a family, staying together all day without being able to leave, fear for the health and life of a loved one, illness or death). The functioning of families has then changed. In many families, not only the previously dysfunctional ones, conflicts, forms of various violence and mental health breakdowns of parents and children increased (eg. Kornas-Biela, 2020). On the other hand, students who remained away from their families experienced longing,

helplessness due to the impossibility to help, fear for the health of their loved ones, sometimes mourning after the death of someone, especially because most often they could not say goodbye to them. In such 'new reality' students also have to cope with the challenges of digital learning which required developing new technical skills necessary for remote teaching.

On top of that students faced loss of part time employment, limited social interactions which altogether triggered stress, anxiety and depression. Therefore, the COVID-19 pandemic has created an urgent need to understand the protective factors that can buffer students against psychological distress experienced in the digital age.

Background of the study: Individual resources

In the face of challenging situations which often adversely influence daily functioning, an individual absorbs their resources to cope with the stressor. Positive psychology has widely researched this perspective primarily on the basis of the salutogenic approach (Freedy and Hobfoll, 1994) which has been adopted in the following study. This approach concentrates on factors which facilitate health and wellbeing, beyond a more traditional, 'pathogenic' focus on risk and problems. It may be assumed that the individual when faced with a risky, threatening situation is able to engage psychological resources which are at hand. These individual capacities relate to coping resources which includes e.g. resilience, mental toughness, hardiness or a sense of coherence. Individual resources become personal strength which enables better coping with challenges and life difficulties. As a consequence, due to effective coping, the individual boosts and expands the capacity of such resources (Seligman and Csikszentmihalyi, 2014).

Religiosity

In the last two decades, a body of evidence has linked religiosity with effective coping in the face of life challenges and stress in diverse settings (Wright, Yendork, and Kliewer 2018; Reutter 2012; Aukst-Margetić and Margetić 2005; Maltby and Day 2003; Stefanek, McDonald, and Hess 2005). Religiosity understood as subjective influential experiences may buffer the adverse effects of stressor. Theoreticians and empiricists alike presented models associating spirituality, and religious belief with more effective coping with challenges and hardships. While various models emphasize different aspects of the process, they seem to agree on the pivotal role of religious belief as means of finding meaning and significance, regain sense of control and gaining comfort through closeness to God and peers in the community (Pargament, 2011). Most prominent in this field is the theory of religious coping (Abu-Raiya and Pargament, 2015): the theory defines 'religious coping' as a dynamic process by which

individuals (and potentially groups) discover meaning, generate a subjective sense of control, to gain social support and use faith to experience comfort (Pargament, Koenig, and Perez 2000). People often turn to religion and spirituality in times of challenge, hardship or stressful life events (Ano and Vasconcelles 2005).

Religiosity is a difficult concept to define in the context of empirical research. It is a general term reflecting the extent to which individuals or groups adopt and internalize a set of perceived assumptions, rules, ideals and dogmas typically derived from an organized religion (Holdcroft 2006). But religiosity goes beyond the acceptance of a rule system or specific doctrine. It includes adopting a belief in a given world order and the powers that govern it. As such, it may establish a psychological frame of reference that provides a sense of understanding of the world and events that take place in it and offer opportunities for introspection and self-learning (Fancourt 2010). On a deeper psychological level, the internalization of religious beliefs provides a sense of purpose, a sense of clarity and a subjective sense of ‘understanding how the world works’ which may serve to reduce sense of helplessness and help with meaning-making, especially when coping with challenging events (Lichtenthal, Burke, and Neimeyer 2011).

At the social level, being a member of a religious community gives a sense of belonging through mutual support (Aneshensel 1992). At the same time, on the individual level, religiosity may empower an individual to take control of challenging life events by adopting rules of conduct embedded in a specific doctrine. Religiosity influences the choice of general life goals as well as more specific priorities, decisions and choices in everyday life, hence it is related to what tasks we undertake, what motivation we have, how determined we are to achieve the chosen goals, e.g.our study joins a developing body of knowledge using a more complex lens through which to explore the role of religiosity in coping with life challenges, in our case, college achievement. Our previous research results suggests that the extent to which students adopt religious practices may be associated in a complex manner with individual resources that, in turn, help them obtain their academic goals (Kornas-Biela, Martynowska, Zysberg, 2020).

Other authors pointed out how religious faith provides both the acceptance of the existence of higher beings who may protect individuals and groups from harm, as well as the belief in afterlife, which through the lens of terror management theory may serve to reduce existential threat and stress in times of challenge and trial (Vail et al. 2010). It is an important resource in individuals and groups’ coping with stress and psychological challenges, promoting a sense of well-being even in dire conditions (e.g.: Braam et al., 1997; Sakellari et al., 2018). However, the empirical results regarding the role of religiosity as a protective factor against stress are inconsistent (Kutcher et al. 2010; O’Connor, Cobb,

and O'Connor 2003). It may actually be positively associated with stress and depression (e.g.: Khoo et al., 2021), which, from a psychological point of view, is regarded as a negative effect of religiosity on the psyche. However, it should be mentioned that this is a reductionist approach to the spiritual life, because a decrease in well-being, anxiety and inner conflict can be a stage on the path of growth. The spiritual life is characterised by religious crises accompanied by stress and depression which are necessary for not only spiritual, but also psychological development (cf. the theory of positive disintegration by Dabrowski, 1964; Dabrowski, Kawczak, Sochanska, 1973).

Hope

Hope is a relatively difficult construct to explore in a one-dimensional manner. From one side, it may be examined through the lenses of spirituality providing a deep sense of meaning to believers or religious followers. On the other hand, there is a considerable vast amount of research which captures hope as a cognitive process. A prevailing theoretical framework of such perspective constitutes hope theory developed by Snyder, Irving and Anderson (1991) where hope is understood as goal-directed thinking. As a positive emotional state hope enforces individuals to determine and pursue a personally relevant goals which ought to be significant enough to occupy a person's conscious thought. In this cognitive process, goals become the outcome and at the same time are essential to 'launch' the whole process.

The hope theory (Snyder, et al. 1991a) treats hope as a two-dimensional construct encompassing goal directed energy – called as agency, and the mental capacity to plan referred to as pathway thinking. Agency understood as will-power relates to self-beliefs and perceptions regarding one's personal abilities to achieve a given goal. Those beliefs serve as a fuel which produces cognitive energy necessary to take some actions. To be more precise, the individual would develop a specific mental state issuing thoughts such as "I believe things will go right for me". On the other hand, pathway thinking is more focused on precise planning of how to meet goals. It is more of generating various ways, creating possibilities, finding paths leading to goal attainment. In a sense, we may refer this dimension of hope as more productive and action-focused mental ability.

Negative psychological outcomes of prolonged stress

A rich vein of contemporary research investigates negative psychological outcomes such as depression which is one of the most prevalent and incapacitating forms of psychopathology (Kessler et al., 2005). More recently, in the face of COVID-19 pandemic, emerging evidence from across the globe shows

that posttraumatic stress disorder (PTSD) and depression symptoms are common in the general population during the early phase of this pandemic outburst.

Major depressive disorder (MDD) is classified by DSM-5 with strict conditions of symptoms frequency and intensity such as depressed mood or loss of interest or pleasure (anhedonia) during the same 2-week period (APA, 2013). Delving deeper into the theoretical framework of depression, it is essential to mention that over the last 50 years researchers have supported the stance that depression is characterized in cognitive terms, that is the occurrence of negative biases, and often by a lack of positive biases, in self-referential processing, interpretation, attention, and memory, as well as the use of maladaptive cognitive emotion regulation strategies (LeMoult and Gotlib, 2019). Generally speaking, depression may be understood as a disorder of impaired emotion regulation (Joormann and Gotlib, 2010) captured as cognitive processes that individuals use to manage their emotional responses to environmental stressors.

The literature states that psychosocial responses to infectious disease outbreaks such as COVID-19 may also involve the feelings of anxiety or weakness, an overestimation of the likelihood of infection reflected in the excessive and inappropriate adoption of precautionary measures (Choi et al., 2020). Thus, it is of prime importance for our research to investigate the role of anxiety in coping strategies. From the theoretical point of view, anxiety encompasses physical, behavioral, and cognitive symptoms such as nervousness or shakiness, tension, fear, feeling restless or being scared. More importantly, bearing in mind the cognitive aspects of this disorder, the individual may experience low emotional clarity, inability to process and regulate emotions, and difficulty in managing relationships (Aderka, et al., 2012).

Taking depression and anxiety into account, the major underlying aspect of both constructs pertain to a cognitive impairment of emotional regulation. This process is based on identification and managing emotions experienced as overwhelming at a given point of time or psychological crisis. Thus we found it imperative to explore these negative psychological outcomes during the COVID-19 pandemic.

Research sample It's a sample of what universe? Or it's a full set of subjects?

The study was carried out in a mid-sized Catholic university, with 12,000 students, located in Poland. The majority of students are Catholic, but they vary in the extent to which they perform religious practices. The sample was derived from the Institute of Pedagogy at the Faculty of Social Sciences. It was an online study carried out in April 2020. Around 220 pedagogy students received a link with the invitation to take part in a study about student life during the pandemic. Finally, a convenience sample

of 159 pedagogy students agreed to participate in the study, there were no missing data. The mean age was 21 (sd=3.40), 95% of which were women.

Measures

The outbreak of the pandemic caused great fear and anxiety about one's own health and that of one's loved ones, about the material basis of one's existence and further personal fate and that of one's loved ones for the next few years (it was announced that the vaccine would not be available so soon). The stressful situation lasting for several weeks in spring 2020 and the lack of prospects for improvement of the situation in the nearest time space caused not only anxiety, but also lowering of mood, breakdown of well-being, appearance of symptoms of chronic sadness, apathy, sense of helplessness and even depression. Therefore, the research undertaken sought to examine the level of these psychological variables by using The Brief Symptom Inventory (BSI) (Derogatis, 1975), in particular two subscales measuring the levels of depression and anxiety on the basis of self-report.

At the same time, a question was asked about the psychological resources that might be important for Catholic university students in coping with a difficult situation, so two variables and thus two instruments were chosen to examine religiosity and hope. To assess the degree of religious commitment, The Duke University Religion Index Index (DUREL) was used. It consists of five items measuring religious involvement (Koenig et al. 1997). The scale has high test-retest reliability, high convergent validity with other measures of religiosity and “has been used in over 100 published studies conducted throughout the world” (Koenig, Büssing, 2010).

To explore hope the Snyder's trait hope questionnaire was adopted. This scale measure hope as a cognitive process according to hope trait theory presented by Snyder (1991a, b, 1994). The Scale constitutes two subscales: ‘agency’ (four items) and ‘pathways’ (four items). Additionally four items are fillers. Participants respond to each item using a 8-point scale ranging from definitely false to definitely true. (original worksheet see: https://booksite.elsevier.com/9780123745170/Chapter%203/Chapter_3_Worksheet_3.4.pdf.)

Procedure

Around 220 pedagogy students received a link directing them to the university platform where they could fill out the questionnaires. The drop-out rate comprised 28% and finally 159 students agreed to take part in the study. The right to withdraw from the study at any point of time was presented to the participants at the very beginning of the study. Participants were volunteers who were ensured about the anonymity. The university's Ethic Committee granted a consent to conduct the study.

Results

The study employed the Pearson correlation analysis to explore associations between research variables. Some descriptive statistics (*Mean* and *SD*) along with Cronbach's *alpha* for each scale are presented below (Table 1.) The results show a strong significant correlation between two subscales of hope, namely agency and pathway thinking ($r=.73$, $p<.01$). A positive relationship between religiosity and hope in both dimensions was also found ($r=.23$, $r=.26$, $p<.01$) indicating that being Catholic provides them with a deep sense of hope. Religiosity also significantly correlated with a negative mental state of participants – that is depression ($r=-.24$, $p<.01$). Religious subjects experienced a lower level of depression. Another negative relationship was also found between depression and hope captured two-dimensionally ($r=-.37$, $r=-.24$, $p<.01$). Depression as a negative psychological outcome correlated with anxiety quite strongly ($r=.63$, $p<.01$) which implies a unified construct comprising of these two variables. The only significant correlation of anxiety was found with agency ($r=-.22$, $p<.01$) understood as a goal directed energy. Feeling anxious decreased the level of energy necessary for goal attainment.

Table 1. Descriptive statistics and zero order correlations among the study variables

		Mean SD	Chronbach's Alpha/ value range	1	2	3	4	5
1.	Religiosity	18.45 5.95	.88 5-27	--				
2.	Hope agency	20.90 4.67	.71 4-32	.26**	--			
3.	Hope pathways	23.19 4.59	.78 11-32	.23**	.73**	--		
4.	Anxiety	9.49 6.12	.90 0-24	-.05	-.22**	.09	--	
5.	Depression	8.27 5.72	.89 0-24	-.24**	-.37**	-.24**	.63**	--

* $p<.05$ ** $p<.01$

Discussion

With the number of people in the world infected with coronavirus rapidly increasing in February 2020, indications in Poland were made as early as March that quarantine, social distancing, protective clothing (including masks), and isolation could counteract the emergence of a COVID-19 pandemic. Government communication strategies on how to avoid infection, as well as support in managing the

economic downturn, were paramount (Anderson, et al. 2020). Yet, these strategies focused primarily on physical health not addressing the psychological consequences of social isolation.

The following paper addressed the issues of mental health of young Polish students and their coping strategies in the face of abrupt challenge of individual and social functioning in the new “COVID-19” reality. As a Catholic university researchers we intentionally focused on religion as a coping resource.

Religiosity that is associated positively with the perception of hope, or the expectation of ‘good things’ even in times of trouble may undermine most of the factors associated with psychological distress (e.g.: learned helplessness, loneliness, perception of randomness in life, etc.). A rich vein of contemporary scholarship examined such association, for instance a review examining over 3000 academic articles for the International Journal of Emergency Mental Health and Human Resilience, found a “positive effect” of religion/spirituality on various health outcomes, including minor depression, faster recovery from depressive episodes, lower rates of suicide, less use, abuse and substance dependence, greater well-being, and self-reported happiness (Lassi and Mugnaini, 2015).

Indeed, our research proved that religiosity was negatively associated with depression. Our research showed that religious students experienced a lower level of depression. This result stands in line with another study which showed that religious coping reduced anxiety and depression among healthcare workers amid the pandemic (Chow et al., 2021). Such association has been also reflected by some statistical data retrieved from the study carried out by Boguszewski et al., (2020) on the sample of 1001 adult Polish respondents in the April 2020. The study revealed that 21.3% of respondents answered “definitely yes” or “probably yes” to the statement “I now devote more time than before to prayer and other religious practices”. Those who had usually practiced more than once a week before the pandemic increased their religious commitment during the pandemic. In accordance with the theory of religious coping developed by Abu-Raiya and Pargament (2015) it may seem that individuals (and potentially groups) sought for meaning, subjective sense of control, and used faith to experience comfort in the face of the pandemic.

Nevertheless, our research revealed that religious participants did not experience a significantly lower level of anxiety. Thus, religiosity may not be captured as a bullet-proof vest against unexpected and extreme life challenges. There may be a two-fold explanation to such finding.

Firstly, religiosity may be perceived and interpreted differently across different individuals and that these differences in how people interpret their beliefs may account for the discrepancy in results. Moreover, religion as an important element of personality cannot be treated in a one-dimensional and utilitarian way, as a means for well-being and protection against mental disorders. The goal in a person's

life is not the absence of stress and the experience of anxiety and lowered well-being can ultimately serve the development and mental health (cf. anonymous review to the article by Szałachowski, Tuszyńska-Bogucka, 2021, https://www.mdpi.com/2077-1444/12/4/267/review_report). Of course, a religiously immature way of coping with stress that involve a passive shift of problem-solving responsibilities to God may imply poorer adjustment (Pargament, 2002), but in mature religiosity a person does what he or she can to solve problems, leaving to God only what is beyond the scope of human action.

Secondly, in accordance with the theory of positive disintegration developed by Dąbrowski (1964) the individual may experience anxiety and stress as a crucial aspect of spiritual development understood as a growth characterized by periods of crisis. Building on this insight it may be possible that during the pandemic individuals might experience such periods while questioning the sense of their religion in the face of many deaths and unforeseen future.

Study limitations

The limitations pertain to the generalizability of the research results as a relatively small sample included a group of students from one Catholic university in one country, and it consisted almost exclusively of women. The time of the study was specific - in the first weeks after the outbreak of the pandemic, therefore the study is not replicable, and the method used to study religiosity is more suitable as an epidemiological survey to examine relationships between religion and health outcomes (Koenig, Büssing, 2010). The results of studies always depend on the research tool e.g. a systematic review of quantitative studies conducted by Kucharska (2020) to examine the patterns of relationships between religiosity and psychological outcomes of trauma revealed that these relationships depend on the construct of religiosity as it is understood, the research tool, and the type of trauma studied (e.g. related to a state of war, traffic disaster, natural disaster). In this situation of a pandemic, it is difficult to compare it to any other natural disaster, as it has spread all over the world and caused a widespread feeling of fear and helplessness, deterioration of material and health situation, social isolation, change in lifestyle, domination of the functioning of individuals and families by the media and the Internet. It is not possible to repeat this research, e.g. on a wider group of people, using a different tool to study religiosity or psychological variables), because the pandemic situation changed dramatically after the introduction of universal vaccination, so capturing this narrow aspect in this geographical-historical context will remain scientifically interesting.

Conclusions

To summarize the results of this study, it may be concluded that there is a statistically significant relationship between religiosity and a sense of hope, or more specifically, between being Catholic and a sense of deep hope that things will go well, that one has the ability to achieve goals that can be influenced and the energy to plan ways to achieve those goals. Because of this hope, more religious people experience less severe depression in stressful situations. Although religiosity did not prove to be a significantly protective variable against anxiety, more religious people are, thanks to hope, less prone to the destructive effect of anxiety, which lowers energy for action and thus are more efficient in achieving goals.

From the pedagogical point of view, the research suggests that the psychological variable of hope should be strengthened in young adults, who will be able to cope better with the stresses of life, such as those caused by the COVID-19 pandemic. A follower cannot treat his faith instrumentally or God as someone who has to rescue him from various difficulties and oppressions. The fact that religion gives strength to overcome adversity does not mean that it has to be treated instrumentally (as various sociological, psychological theories treat it), i.e. as a tool to provide the individual with a sense of meaning in life, hope for the future and strength in the face of various events that may occur.

From a religious point of view, faith in God gives this strength as God enables the person who has placed his hope in him to trust him in everything, hence the person is more emotionally stable and less fearful of an uncertain future. A human ought to believe in God because God is God and deserves to be honoured and trusted, and not because he will gain something from it, e.g. greater emotional stability and hope for the future. This is an attitude consistent with the thought of St. Augustine of Hippo: "Work as if everything depended on you, but trust as if everything depended on God." Thus, an individual's religious faith will promote their mental health, and emotional stability and a mature personality will promote a mature experience of religious faith.

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