

## **The Role of the Religion Vis-à-vis the 'Health Challenges' of Covid-19**

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[Doi: 10.19044/esipreprint.3.2023.p418](https://doi.org/10.19044/esipreprint.3.2023.p418)

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Approved: 25 March 2023  
Posted: 27 March 2023

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*Cite As:*

Anastasiadou P., Cheristanidis S., Andreadis D., Pouloupoulos A. & Tsironis C. (2023). *The Role of the Religion Vis-à-vis the 'Health Challenges' of Covid-19*. ESI Preprints.  
<https://doi.org/10.19044/esipreprint.3.2023.p418>

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### **Abstract**

**Aim:** In the midst of the Covid-19 pandemic, the aim of the present study was to investigate to what extent the undergraduate students of the Department of Dentistry, Aristotle University of Thessaloniki felt the need to come closer to their own religiosity, spirituality or faith. **Materials and methods:** Empirical research was conducted by means of an anonymous questionnaire, comprising demographics and items focusing on religiosity, spirituality and faith. The results of the survey were processed using MICROSOFT EXCEL IBM SPSS STATISTICS 24 statistical processing software. **Results:** To overcome health dilemmas, the wide majority of

students did not focus on religious & spiritual practices (70% & 66.7%) while at the same time their religiosity & spirituality was not enhanced (74% & 78%). However, for the same period 53% of the students stated that their faith was enhanced. Conclusions-Discussion: While overall students' religiosity & spirituality indicators were low, for the same period they stated that their faith in overcoming health distress was strengthened, which triggers new questions and prompts further research in the field of humanities.

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**Key words:** Religiosity, Spirituality, Faith, Pandemic-Covid-19, Dentistry, Aristotle University of Thessaloniki

### **Introduction**

Coronavirus (Covid-19) is an infectious disease caused by the SARS-CoV-2 virus. The virus can be spread through small oral particles dispersed when an infected person coughs, sneezes, talks, or sings. Most people infected with the virus experience mild to moderate respiratory illness and recover without any special treatment. However, it is noteworthy that some of them, such as the elderly and patients with underlying medical conditions (i.e. *cardiovascular disease, diabetes, chronic respiratory disease, or cancer*), get severely ill and require medical attention. However, it is noted that anyone at any age can be infected with Covid-19, get severely ill or even die (WHO, *Coronavirus disease 2019*). The first cases of the disease were first reported in the city of Wuhan, China, in December 2019, and shortly afterwards, states adopted a social distancing policy (quarantine) to avoid infection (Vali et al., 2020).

However, apart from the medical data, the psychosocial impact of the pandemic is now the focus of recent studies (Sher 2020, Linnavalli & Kalland 2021, Bland et al., 2022), as there is a direct correlation between quarantine and the imposition of strict social distancing on the one hand and the disruption of human mental health, as well as the overall disruption of everyday life (Omer et al. 2020, Khanna et al. 2020, Khoo & Lantos 2020). This disorder also affected younger people, including university students, who experienced stress during quarantine (Fawaz & Samaha, 2020) as they were required to pass prolonged periods of abstinence from their student life (Leal et al. 2021). During quarantine, negative emotions such as anxiety, irritation, fear, frustration, boredom, disorientation, confusion, anger, stress, loneliness were experienced (Khoo & Lantos 2020) while a U.S. university study by the Department of Mental Health even reports suicidal tendencies in people with a history of mental disorders (Sher, 2020). Such negative psychological signs are exacerbated by certain factors, such as fear of infection, difficulty in accessing medical care (Boccia et al. 2020) as well as

the possible social stigma of being infected with coronavirus-19 (Khoo & Lantos 2020).

Due to Coronavirus-19 a newly-emerging phenomenon in the field of healthcare is the expression of patient spirituality and its link to clinical outcome. Kowalczyk et al.(2020), based on their research, testify that people experiencing fear, suffering or illness often come closer to the dimension of spirituality (Kowalczyk et al., 2020) as it is the latter, as well as religious practices can constitute a source of comfort and strength at critical stages of a person's life (Paul Victor & Treschuk, 2020). For Fontana (2003), those who follow religious and spiritual paths may possibly exhibit better health levels for the following reasons: (1.) They resort to less alcohol, tobacco and other harmful substances abuse; (2.) they may be less likely to engage in risky sexual encounters; (3.) they may be less inclined to stressful extramarital relationships; (4.) they may be less prone to overeating; (5.) they may spend more time in nature, engaging in physical exercise; (6.) they may have harmonious relationships with friends and family; (7.) they may to a lesser extent be perpetrators or victims of violent incidents at home, and (8.) they may avoid confrontation and be less frustrated (Fontana, 2003). In a more general context, therefore, the terms religiosity and spirituality are linked to the physical and mental health of individuals as they offer: 1) inner peace and strength to adequately deal with life issues with less stress; 2) a social support network among individuals; 3) guidance (*drawn from tradition*) regarding daily life management (Goudinoudi et al., 2020); 4) the ability to cope with the disease; 5) recovery following hospitalization; 6) strength to overcome mental crisis; 7) facilitated adaptation to the disease or its limitations resulting ; and 8) positive attitude towards demanding situations, including health issues (Kowalczyk et al., 2020).

The above mentioned pandemic fear management, with a possible focus on faith and religious/spiritual practices, is what the present study aims to explore through the questionnaire given to the students of the Department of Dentistry, Aristotle University of Thessaloniki, Greece.

### **Materials and methods**

This study aims to investigate the extent to which students of the Department of Dentistry, Aristotle University of Thessaloniki, during academic year 2020-2021, experiencing social distancing and curfew due to Covid-19, focused on the parameters of religiosity, spirituality, or faith. Empirical research was conducted by means of an anonymous questionnaire consisting of demographics and the following items:

I experience curfew:

- |   |
|---|
| 1. In sorrow, as in tough situations my need to actively participate in the life and worship of the religious community, to which I belong, increases; yet such participation becomes difficult due to Covid-19 [Item A1] RELIGIOSITY |
| 2. In patience, calmness, serenity, hope and optimism, which I draw from the power of prayer. [Item A2] SPIRITUALITY  |
| 3. In faith, which helps me overcome life's distress. [Item A3] FAITH   |

In the midst of the *Covid-19* pandemic:

- |   |
|---|
| 4. Was your need to get closer to the parameter of religiousness strengthened? ( <i>Church attendance, worship participation</i> ). [Item B1] |
| 5. Was your relationship with the parameter of spirituality strengthened? ( <i>prayer, fasting, study of religious texts</i> ). [Item B2]     |

This questionnaire was integrated into a special Google Form and dispatched in February 2021 to the students, who attended the course "History and Evolution of Oral Health" at the Department of Dentistry, Aristotle University of Thessaloniki (158 students) [course code 100104S Associate Professor Mr. Dimitrios Andreadis, Department of Dentistry, Aristotle University of Thessaloniki]. The results of the survey were processed with MICROSOFT EXCEL IBM SPSS STATISTICS 24.

The Ethics Committee of the Department of Dentistry, Aristotle University of Thessaloniki, after studying the survey data, confirmed that the survey complies with the principles of the Ethics Regulation of the Research Committee of the Aristotle University of Thessaloniki, regarding the prescribed standard practices for social research (*Ref. No.: 104/27-01-2021*). At the same time, participants were informed that the research is drafted in compliance with GDPR (General Data Protection Regulation) and it was underlined that the results will be used exclusively for scientific purposes.

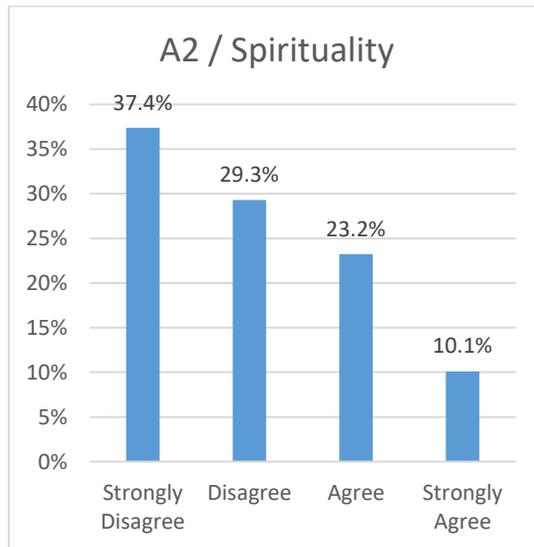
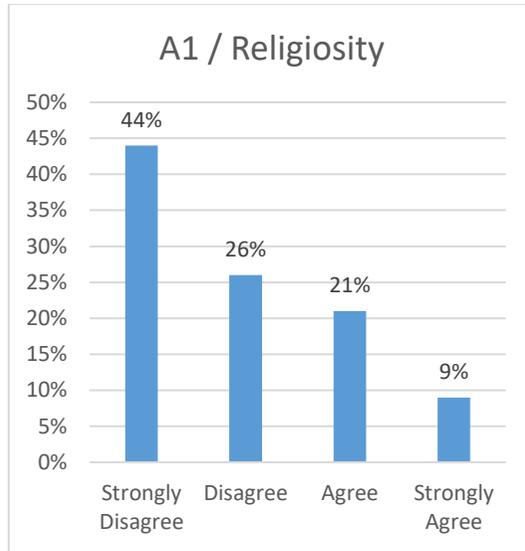
In the limitations of the survey it is stated that the questionnaire reflects the views of the students of the specific department, so it is understood that an attempt to generalize the conclusions would be unfair, as the research sample was not representative of the majority of students.

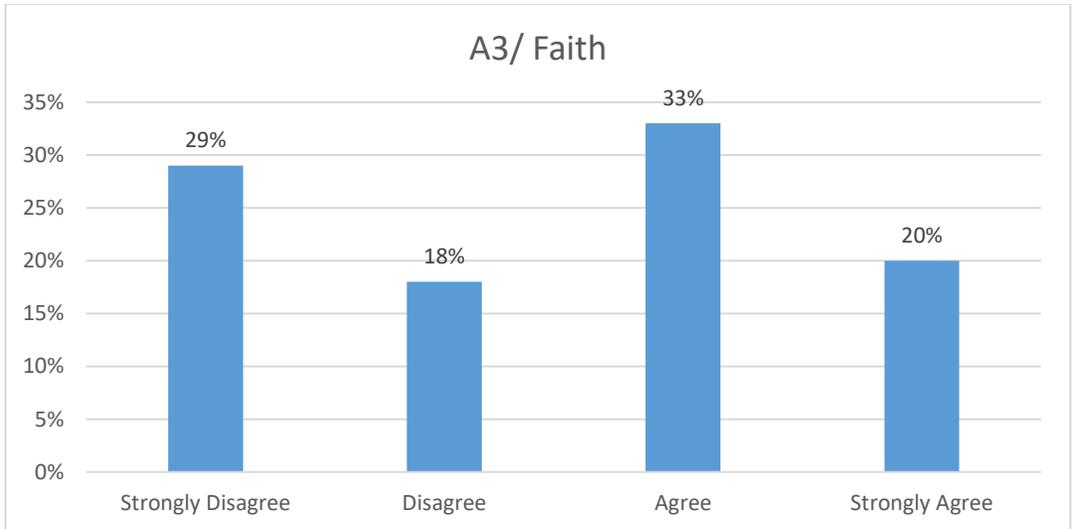
## Results

100 students out of 158 agreed to participate in the survey. From this sample, the following results were obtained: [1] There were 76 female (76% of the sample) and 24 male students (24% of the sample); [2] 58% of the

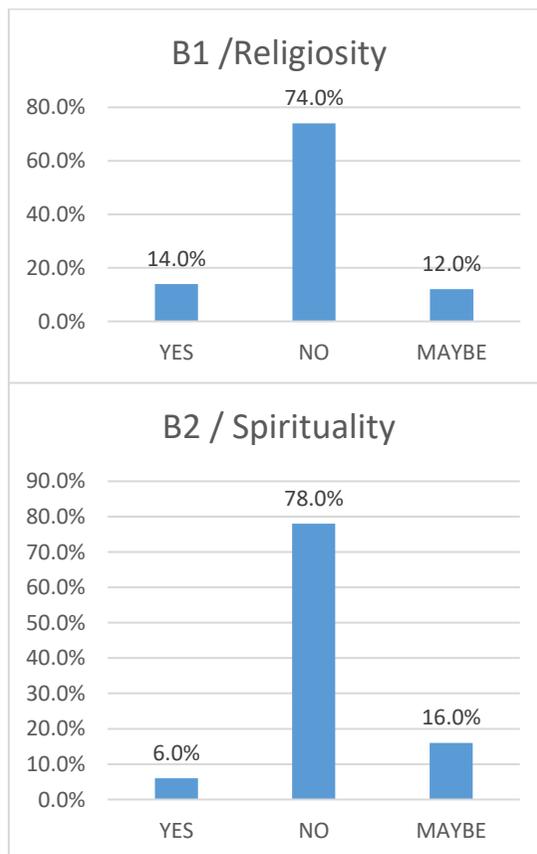
female students were 18- 21 years old while 42% were 22- 24 years old; [3] 60% of the students permanently reside in Thessaloniki, while 40% in other cities in Greece and Cyprus; [4] 91% of the students stated they are Greek nationals and 9% of them Greek and other nationals; [5] 72% of the students stated they are at the 1<sup>st</sup> and 2<sup>nd</sup> year of studies, while 28% minimum in the 3<sup>rd</sup> year; [6] During the curfew they lived: 38% with 2 to 4 persons, 20% with 1 person, 18% with parents, 14% lived alone and 10% with minimum 5.

1. In item A1: *I EXPERIENCE CURFEW*: In sorrow, as in tough situations my need to actively participate in the life and worship of the religious community, to which I belong, increases; yet such participation becomes difficult due to Covid-19: 70% disagreed/strongly disagreed, while 30% agreed/strongly agreed. [Graph 1]
2. In item A2: *I EXPERIENCE CURFEW*: In patience, calmness, serenity, hope and optimism, which I draw from the power of prayer: 66.7% disagreed/strongly disagreed, while 33.3% agreed/strongly agreed. [Graph 1]
3. In item A3: *I EXPERIENCE CURFEW*: In faith, which helps me overcome life's distress: 47% disagreed/strongly disagreed, while 53% agreed/strongly agreed. [Graph 1]
4. In item B1: "Was your need to get closer to the parameter of religiousness strengthened?" resulted in: 14% Yes it was strengthened; 74% No, it was not strengthened; and 12% maybe it was strengthened. [Graph 2]
5. In item B2: "Was your relationship with the parameter of spirituality strengthened?" resulted in: 6% Yes it was strengthened; 78% No, it was not strengthened; and 16% maybe it was strengthened. [Graph 2]





**Graph 1.** Focus on Religiousness A1, Spirituality A2 & Faith A3



**Graph 2.** Emphasis on Religiosity B1 & Spirituality B2

## Conclusion & Discussion

The reality of the citizens' loss of life due to the Covid-19 pandemic, led the Greek Ministry of Education, following the recommendation of the "*National Committee for the Protection of Public Health*", to temporarily ban the performance of all kinds of services and rituals in religious places of worship, for the period from 12. 4.4.2020 to 20.4.2020 (GG 1178/B/06/04/2020) as well as the extension of such ban until 28/04/2020 (GG 1471/B/16/04/2020). As a result, the pandemic has also caused disruptions in the holy services, since during the Great Lent of 2020 the church the gathering of the congregation was forbidden (Tsironis, 2022). However, the services of Holy Week and Resurrection were held behind closed doors, with only those persons absolutely necessary for their celebration, while the bells were silenced except for Good Friday and Resurrection. The above actions, driven by the logic of public health protection, overturned the facts of the long-standing religious tradition (Karekla, 2021).

However, religion can play a particularly important role in helping people to deal more firmly with any threats anticipated (Boguszewski et al., 2020). As Papazoglou et al. (2021) indicate in their research it is important to better understand how religious faith and practices might enhance personal and social resilience since "Participation in religious ceremonies, rites, and pilgrimages may consolidate social bonds and the sense of belonging to a community which are essential for enjoying total health and well-being." Under the current circumstances, the complex role of religion in times of crisis is something that must be further discussed in the context of the wider societal transformation in Second modernity (Tsironis, 2018). More specifically, the concept of Second Modernity frames the social developments at the global level from the 1970s onwards and suggests that a global cultural shift from the first phase of modernity to the era of a second phase of modernity is currently taking place. These are developments that bring to the fore global interconnectedness, constant movement of people, goods and ideas/images, facts that might produce new and non-linear risks. Rapid changes in one part of the world are constantly mirrored at a global level and might need a systematic and immediate response (Tsironis et al. 2022). In such uncertainty caused by epidemics – over the centuries – according to Christakis (2020), religious zeal was increasing due to the need for people to anticipate their fear along with the countless deaths (Christakis, 2020).

On an international level, Otanga et al. (2022) in their study reported that, in a broader context, a large proportion of Kenyan (sub-Saharan African) students tried to cope with the pandemic relying on the following strategies: 1. Ignoring news about Covid-19; 2. Sleeping more; 3. Distracting

themselves by performing other tasks; 4. Drinking or smoking; 5. Doing meditation and breathing exercises; 6. Seeking support through spirituality/religion; 7. Keeping their routine; 8. Engaging in their hobbies; 9. Performing physical exercise; 10. Using social media; 11. Listening to music; 12. Watching TV; 13. Telecommunicating with family and friends; 14. Playing online games; 15. Seeking emotional support; 16. Reading books (Otanga et al., 2022). Another study at the University of **Pretoria** in South Africa involved 2,213 undergraduate students from all departments. The subject of the research in the form of an open-ended question was about “*how each student tried to mitigate distress to feel better in the midst of the Covid-19 pandemic*”. The result maintained that students: (1) primarily sought support – via the internet – from friends, family and professors, and (2) sought support through spirituality, so that they could generally manage feelings of despair, social distancing and telecommunication due to Covid-19. Responses in spirituality option shaped the following themes: 1. the role of meditation (e.g., *contacting a spiritual community, talking to my pastor*), and 2. the role of prayer (e.g., *God, faith, spirituality, church, prayer, regular Bible reading*). Irma (2021) concludes by stating the following: although the link between wellbeing and spirituality is well established in literature, the extent to which it has emerged as an issue among students at this University of South Africa is remarkable. However, she emphasizes the fact that for each student, spirituality takes different forms (Irma, 2021).

The DeRossett et al. (2021) study included 970 participants from the U.S.A. This study investigated the management of anxiety due to the Covid-19 pandemic through religiousness. Their results reported that people with high anxiety exhibited low religiousness, while people with low anxiety exhibited high religiousness. The same researchers report that religiousness is both a plausible strategy for managing stressors and has been linked to better physical and mental health outcomes (DeRossett et al. 2021).

Chirico (2021) from Italy reports that mental health disorder issues such as anxiety, depression, burnout and post-traumatic stress disorder are observed in the general population, as well as in vulnerable populations such as the elderly, the sick, the mentally ill, health workers and the marginalized groups. However, during the Covid-19 pandemic, high levels of spirituality have been associated with lower levels of mental disorders in the population (Chirico, 2021).

For Taiwanese students, there is a deep trust that the Divine offers protection even in the current situation of the Covid-19 pandemic (Edara et al., 2021). In Indonesia, the greatest contribution to students’ mental well-being during the pandemic came from religiosity and spirituality. More specifically, the largest contribution to students’ mental well-being during the Covid-19 pandemic came from the variable of religiosity (39.64%), while

spirituality – *in part* – contributed by 19.81%. However, it is noted by the researchers that religiosity and spirituality as a whole scored 59.5%, while the remaining 40.5% was related to other factors – *mental well-being* – which were not studied in their present research (Suprianta & Septian, 2021).

Focusing on the specific role of religious practices, spirituality and faith on dentistry students in Greece during the lockdowns, an overall significant role of religious practices in dealing with the pandemic stress at the first pandemic wave is not recorded because the wide majority of students did not focus on religious & spiritual practices (70% & 66.7% - Graph 1) while at the same time their religiosity & spirituality was not enhanced (74% & 78% -Graph 2). There is still a lot of data to collect and compare in order to draw more reliable conclusions. At the same time, however, in the results of the Greek survey, of students stated that: “I experience curfew in faith (53% -Graph 2), which helps me to overcome distress of life”, although the same students overwhelmingly stated that for overcoming the health distress of Covid-19 they did not focus on the parameters of religiosity & spirituality. This result may open new fields of research in the field of human sciences, such as the search for the source from which young people draw faith to overcome life distress, especially when these involve a threat to their lives or the lives of their loved ones due to a global lethal pandemic. Such research could be extended to universities abroad by recording the students’ interfaith attitudes in the face of the above research item, the results of which may shed light on unseen and deep aspects of human practice as well as on the contemporary role of religion.

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