

RELIGIOUS COPING AND PSYCHOLOGICAL WELL-BEING AMONG COVID-19 BEREAVED FAMILIES

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ABSTRACT

COVID-19 pandemic led to an unparalleled worldwide loss of life with many families grieving under highly unusual social and health strains. Grief in this crisis took on special dimensions due to hospitals forbidding visitors, loss of mourning rites and increased uncertainty. Religious coping has been demonstrated with this own research and those of others, to be a significant factor in reducing the impact of psychological distress as well as increasing resilience during times of crisis). In families bereaved by COVID-19, religious coping strategies and psychological well-being were investigated. Through a mixed methods design, quantitative data were collected from 2,000 survey respondents purposively selected to represent different religious and cultural groups, augmented with 40 in-depth interviews. Regression-based analyses (i.e., multiple regression and structural equation modeling) ascertained coping outcomes, whereas qualitative thematic coding documented spiritual narratives more richly. Findings were consistent with the overall model that positive religious coping (seeking spiritual support, benevolent religious reappraisals) related to greater well-being and lower complicated grief responses versus negative religious coping (spiritual discontent, punitive God reappraisals), which were associated with greater distress (Pargament et al., 2011). These results highlight the need to incorporate faith-sensitive mental health interventions in pandemic recovery responses. The study contributes to the literature by grounding religious coping in the exceptional circumstances of global health threats and also includes useful implications for social science, psychology, and public health.

Keywords: religious coping, bereavement, psychological well-being, COVID-19, grief, resilience, spirituality

INTRODUCTION

The pandemic of COVID-19 is not only a global health emergency but it has also been a serious psychosocial crisis, especially for families with members who have died. The pandemic has so-far claimed over six million lives worldwide and produced widespread grief, as well as disrupted the ceremonial and cultural rituals that have been maintained for centuries (World Health Organization [WHO], 2021). In contrast to previous health crises, COVID-19 involved the restriction of access to hospitals, enforcement of social isolation and prohibition on burials, interfering with normal grieving practices (Wallace et al., 2020). Communal prayers, burial and memorial include religious and culturally important rituals most families could not be part of. It has been suggested that not being able to engage in such collective practices makes psychological distress worse, with survivors at risk of prolonged grief disorder and depression (Eisma et al., 2020; Lee & Neimeyer, 2020).

Religion and spirituality have long been acknowledged as being integral to the human reaction to loss and suffering. Religious belief systems offer meaning-making systems that facilitate the interpretation of suffering, its purpose and allow for hope in the midst of uncertainty (Pargament, 1997; Park, 2005). Prayer, scripture, and religious communities can provide emotional consolation and a feeling of connection with the deceased, as well as spiritual reassurance about an afterlife (VanderWeele 2020). Nonetheless, religious coping is not always beneficial. Positive religious coping consists of favorable perceptions of God and seeking spiritual support, while negative religious coping is comprised of anger at God, spiritual disconnection; or feeling deserted by the divine (Pargament et al. Both types have important implications for psychological well-being, with correlations that support resilience in one and heightened distress in the other (Pargament, Feuille, & Burdzy, 2011).

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The pandemic presented an unprecedented backdrop that tried religious coping practices. On the one hand, religious practices that transitioned to digital formats (e.g., virtual services or online prayer groups) may have functioned to maintain spiritual connections for some people (Kowalczyk et al., 2020). Conversely, the closure of houses of worship and restrictions on group gatherings had also shaken centuries old practices of group mourning, with many feeling cut-off spiritually (Walsh 2020). This raises an essential question: how did religious coping operate within the exceptional confinements of COVID-19 and to what extent did it buffer or intensify the psychological burden of bereavement?

Significance

The significance of examining religious coping in COVID-19 bereavement is striking for a number of reasons. First, the phenomenon of loss and grief is a central topic in psychology and social science because bereavement is an integral part of being human, with far-reaching individual and societal implications (Stroebe & Schut, 2021). Bereavement during the pandemic was not only extensive but also associated with traumatic aspects like sudden deaths, being physical ones from dying relatives and stigma in some communities (Kokou-Kpolou et al., 2020). These novel stressors indicate that current grief and coping models should be modified for consideration of the pandemic.

Garo Basmajian (2011) has described how religious coping is especially pertinent in multicultural societies, where diverse faith traditions profoundly influence the meaning and processes of mourning. Knowledge of the ways different community members in these varied contexts could and did deploy (or not) strategies of religious coping with COVID-19 offers insights into culturally appropriate bereavement counseling and public health action (Counted et al., 2022). For example, communal ceremonies take precedence in collectivist cultures and the extent of destruction to religious rituals of bereavement might have been more psychological damaging than for individualistic societies where death is managed more privately.

Third, the issue is able to narrow the gap between theory and practice. From a conceptual perspective, an investigation into religious coping during COVID-19 continues to construct and expand the literatures on meaning-making models, resilience frameworks, and stress-coping theories (Park, 2005; Wortmann & Park, 2009). Operationally, results can provide Mental Health Practitioners, Chaplains and Policy Makers key components in holistic grief counseling. For example, the involvement of faith leaders in bereavement support networks or establishing online religious rituals might increase access to and cultural appropriateness of care (Koenig, 2020).

Finally, the study of religious coping in this context emphasizes again the overlap between religion, health and social science under conditions of global crisis. Religious perspective As researches suggested, religion can be a “two-edged sword” and it can bring relief to some people or exacerbate stress to the others (Zwingmann et al., 2020). Through examining the impact of religious coping on psychological well-being among COVID-19 bereaved families, this study fills a significant gap in our understanding about how spirituality plays out during health crisis. In the end, as they provide valuable information not only to bereavement studies but also to wider conversations about resilience, community care and public health preparedness in future pandemics.

LITERATURE REVIEW

Pargament's (1997) theory has made a major contribution to the development of our understanding of religious coping, by its negative and positive differentiation. Positive religious coping constitutes active endeavors to find spiritual support, maintain religious routines, and reframe stressors into a benign theological context (Pargament, Smith, Koenig, & Perez, 1998). In contrast, negative religious coping entails forms of spiritual struggle—e.g., directing anger towards God, questioning one's faith, believing that God is punishing—who tend to deepen psychological distress (Pargament et al., 2011).

It has been widely used in bereavement research and meta-analyses have demonstrated predictors of positive religious coping are resilience, psychological adjustment, and post traumatic growth, while negative religious coping is associated with depression, anxiety, complicated grief (Ano & Vasconcellos 2005; Wortmann & Park 2009). In the context of mortality and loss, religious coping was especially pertinent as it offered avenues for meaning-making, connection with the deceased, and community support via shared rituals (Stroebe & Schut, 2021). For instance, bereaved individuals for whom an understanding of their loss as part of a spiritual continuum results in feelings of acceptance and lower levels of despair are frequently reported (Smith, McCullough, & Poll, 2003). On the other hand, individuals who view the death as God's punishment or withdrawal may experience greater anger, existential questioning, and more enduring grief symptoms (Exline et al., 2011).

The COVID-19 pandemic set a special stage for testing the function of religious coping. Traditional supports like extended families, funerals and community rituals that could be face to face were limited or unavailable (Eisma et al., 2020). In this scenario, religion often functioned as a replacement coping process or compensatory surrogate for disrupted coping mechanisms. Studies in Orthodox Jewry, for example, found systematic leverage of religious coping to negotiate distress due to the pandemic; prayer and scripture are a crucial source of stability (Pirutinsky et al., 2020). Similarly, cross-cultural research studies have found that religious faith leads to increased resilience, hope and psychological well-being during COVID-19 infection (Counted et al., 2022).

The association was not uniform, however. Spiritual disillusionment—"a faltering of faith or feeling abandoned by the divine when confronted with suffering on this scale"—was observed in some people as a result of the level of distress brought about by COVID -19 (Lee & Neimeyer, 2020). For instance, survivors who experienced losing several family members in quick succession described feeling a betrayal by their faith traditions as not being capable of addressing mass suffering (Kowalczyk et

al., 2020). These harmful coping patterns are consistent with previous results that the religious struggles increase psychological distress, particularly in cases of traumatic or disinhibited grief (Exline et al., 2014).

What's more, the pandemic has sped up novel adaptations of religion. Virtual worship (live-streamed services, virtual funerals) provided alternatives to in-person gatherings that preserved spiritual relationships through novel approaches (VanderWeele, 2020). These adaptations underscored the resilience of religious traditions, but also accentuated unevenness bordering on injustice: Not every community enjoyed equitable access to digital resources. Walsh (2020) highlights that for some families' virtual rituals were valued, whereas others found them to be inadequate replacements for embodied communal practices. This illuminate's religion's Janus face in the time of Covid-19: for some a source of resilience, while a site of alienation and struggle for others.

Religious coping in bereavement research has utilized various methodological approaches, including quantitative survey research to qualitative narrative analysis. Among them is the Brief RCOPE scale, developed by Pargament et al. (2011). The Brief RCOPE assesses the two dimensions of positive and negative religious coping styles and its reliability and validity have been demonstrated in various cultural, clinical samples (Zwingmann, Klein, Büssing & Pargament, 2020). In COVID-19 studies, the Brief RCOPE has been used to measure the mediating role of religion in anxiety, depression, and grief (Pirutinsky et al., 2020).

Other established instruments such as the WHO-5 Well-Being Index and the Inventory of Complicated Grief have also been combined with religious coping scales to assess more than one variable related to the loss (Bonanno & Malgaroli, 2020). "It enables scientists to statistically test hypotheses on the relation between coping strategies and beneficial mental health effects, thus serving as a reference" for generalization.

On the other hand qualitative methods have provided richer understandings of the experience of bereavement. Narrative and thematic work has shown how bereaved families use symbols, rituals, and collective narratives to make sense of loss and maintain a meaning system (Wortmann & Park, 2009). For example, interviews during COVID-19 revealed that some people saw the pandemic as both a divine trial or a spiritual opportunity and others described it as a disruption to their spiritual identity (Kokou-Kpolou et al., 2020). Walsh (2020) suggested religion and stories can contribute to resilience, with the use of loss narratives serving as a coping tool for families even when traditional grieving behaviours were altered.

For several years, the best way to study religious coping has been by using a mixed methods approach (combining quantitative scales with qualitative interviews) Base in: Creswell and Plano Clark, 2017). They take into account not only the tangible effects of coping strategies but also pay attention to the varied and delicate performative expressions of faith being enacted. Nevertheless, despite increasing evidence for such an approach, few studies have specifically studied religious coping among families of COVID-19–deceased relatives, thus leading to a lack of insight. Pandemic research has predominantly considered psychological distress in the broader scope, and the crossroads between bereavement, religion, and coping remains under-researched (Stroebe & Schut, 2021).

While the literature stresses the importance of religious coping in grieving, three gaps persist. First, cross-cultural comparative study is lacking that explores the way religious coping works through across traditions and social locations during a global crisis. Second, while there has been clear documentation of positive and negative ways to cope with loss, far less is understood how the two interrelate - how people may move back-and-forth between spiritual support and spiritual struggle throughout the bereavement process. Third, digital forms of religious practice which are common during COVID-19 have not been comprehensively incorporated into models of coping

in previous research. It is essential to fill these gaps and obtain a comprehensive understanding of religious coping during major global adversity.

Research Objectives & Hypotheses

This paper seeks to:

Investigate the association between religious coping methods with mental health in COVID-19 bereaved Ness families.

Examine cultural and denominational variances in coping patterns.

Assess for positive versus negative religious coping in predicting grief outcomes.

Hypotheses:

H1: There is a positive relationship between religious coping and psychological well-being.

H2: Negative religious coping is positively related to psychological distress and complicated grief.

METHODOLOGY

To focus on both the measurable associations between religious coping and psychological well-being and the lived experiences of bereaved families, this study was designed as mixed-methods research. Mixed methods are well-suited to the study of grief and coping as they permit the integration of statistical generalizability with rich narrative depth (Creswell & Plano Clark, 2017). Quantitative methods offered comparative insights regarding coping strategies and psychological aftermaths whereas qualitative data helped to understand of how the losses were interpreted in terms of their religious and cultural materialization. The inclusion of these methods is further in line with contemporary pleas within bereavement exploration to involve multiple perspectives into a comprehensive understanding of grief (Stroebe & Schut, 2021).

The study sample consisted of families who lost a loved one to COVID-19 from 3 regions of the world - North America, Asia and Africa. We recruited a total of 2,000 respondents who were selected by purposive and snowball sampling (a representative

study where the population is more difficult to reach by random sampling) techniques (Etikan, Musa, & Alkassim, 2016). Participants inclusion criteria were the loss of an immediate family member for COVID-19 by up to two years ago. Amongst others, 40 semi-structured interviews were also performed with participants being chosen to represent a variety of religious, cultural and socio-demographic backgrounds. This tactic allowed for the coverage of a range of participants as well as the depth necessary to conduct best-practice grief and coping research (Bonanno & Malgaroli, 2020).

Semi-structured interviews were used to obtain qualitative data on the individual experiences of the bereaved, religious meaning-making and community support. Transcriber data were analysed in NVivo 12, which is commonly used for thematic analysis (Jackson & Bazeley, 2019).

Hypotheses were examined in both the forms of positive and negative coping predicted well-being outcomes using Mult regression(multiple regression) analyses and structural equation modeling (SEM) from quantitative data. These methods have been proven useful within coping and mental health research as a means to evaluate complex relationships among latent variables (Kline, 2015). The qualitative data were examined through an inductive thematic analysis identifying prominent patterns and contextual subtleties that emerged (Braun & Clarke, 2006). Integration of results was achieved through triangulation to provide convergence and corroboration across data types (Fetters et al., 2013).

The study received the approval by an internal review board before conducting research. All participants gave informed consent and confidentiality was assured through anonymization of the datasets. Quantitative instruments were rigorously reliable, being based upon established scales having high internal reliability (e.g., $\alpha = .86$ for the Brief RCOPE; Pargament et al., 2011). For qualitative assessment, an inter-coder reliability was performed using Cohen's kappa ($\kappa = 0.82$) which suggested good

accord (McHugh, 2012). These precautions helped to maintain ethical standards and methodological validity in the study.

RESULTS AND EVALUATION

The results of analyses of survey data showed that specific aspects of religious coping were related to psychological adjustment. Positive religious coping (praying, leaning on faith support and benevolent spiritual appraisals) emerged as a significant predictor of PWB scores ($\beta = .41$, $p < .001$) and lower levels of grief severity, as determined by the Inventory of Complicated Grief. It is in line with former research suggesting that positive coping serves an important role as a protective factor against depression, anxiety, and maladaptive grief (Ano & Vasconcelles, 2005; Pargament et al., 2011). Negative religious coping, on the other hand—defined by feelings of divine punishment, anger towards God and spiritual abandonment—was significantly related to worse outcomes ($\beta = -.38$, $p < .001$). This is consistent with previous research linking negative religious coping to psychological vulnerability and prolonged grief disorder (Exline et al., 2011; Zwingmann et al., 2020). Remarkably, cultural differences were detected in a subgroup analysis: collectivist (parts of Asia and Africa) respondent's scores on communal prayer and spiritual networks were higher, while those from more individualistic contexts (North America) had more variability regarding coping outcomes.

Interview data offered a holistic understanding of the experiences of families bereaved from COVID-19. For many forum posters, faith was seen as a “lifeline” during times of solitude and when physical contact with family or community was not possible. Rituals, like virtual prayer circles and scripture readings were mentioned often as providing a source of constancy and hope. These stories resonate with Walsh's (2020) claim that religious traditions offer resources for making meaning in the context of shattered mourning.

Meanwhile, some also shared spiritual struggles: Quarantines are causing them to become more religious and entrusting their lives to God during a time of global

suffering but riddled with anger that he is doing little about it or feeling abandoned when faith leaders fall short at acting as sources of support in the lockdown. These stories highlight the theme of religious disillusionment proposed by Lee and Neimeyer (2020) where traumatic bereavement threatens rather than tools one's spiritual meaning system.

Taken together, these findings underscore the double movement of religious coping. For many, religion served as a balm against despair, promoting resilience, community belonging and meaning-making. For the others faith proved to be a premise of discord as well, as it generated suffering through thoughts of being abandoned or even punished by God. This paradox highlights the “double-edged sword” character of religious coping (Pargament, 1997; Exline et al. Most importantly, the synthesizing of quantitative and qualitative findings supports the assertion that the efficacy of religious coping is contingent upon not just kind of RC strategy being utilized but also certain contextual and cultural factors. These results indicate the demand for faith-sensitive bereavement interventions which may capitalize on positive coping and ameliorate negative coping trajectories.

DISCUSSION

The results of this study highlight that religious coping plays a main role in the mental health of families experiencing bereavement during the COVID-19 pandemic. In line with previous meta-analytical results (Ano & Vasconcelles, 2005), positive religious coping was found to appear as a protective factor in the face of depressive symptoms and complicated grief. For instance, prayer and reliance on faith communities and the process of reinterpreting the loss inside an overarching benevolent theological frame contributed to a sense of coherence, meaning and existential robustness in relation to major disruption. This is consistent with the meaning-making model of bereavement (Park, 2005; Wortmann & Park, 2009) positing that finding purpose in suffering promotes psychological well-being.

On the negative side, religious coping was related to increased vulnerability, probably because findings of perceiving as worse divine punishment never having been experienced (Exline et al., 2011; Zwingmann et al., 2020) or spiritual discontent and feeling abandoned increase bereavement reactions and psychological distress. Crucially, the backdrop of pandemic extended these dynamics: obstacles to communal mourning and the disruption of customary practice commonly increased this sense of aloneness and spiritual disconnection, especially for persons troubled in prior times by their faith (Lee & Neimeyer, 2020). These observations underscore the two-faced aspects of religion in crises—as a resources for resilience or as a place of conflict, depending on coping modality (Pargament, 1997).

The findings have important implications for policy and practice. Psycho-social programs dealing with pandemic-related grief should go further than clinical myths and take into consideration the spiritual and cultural practices of coping. Research has also identified the benefit of incorporating chaplaincy, pastoral counseling, and interfaith spiritual support into bereavement interventions for individuals located in psychosocially diverse settings (Koenig, 2020; VanderWeele, 2020). For instance, community-based programs collaborating with religious leaders have been effective in lowering the stigma and enhancing access to grief services for disadvantaged groups (Counted et al., 2022).

Furthermore, the results underscore the importance of tailored interventions. In collectivist cultures, dis-rupted collective rituals could have aggravated grief highlighting the need to include virtual or hybrid religious meetings in disaster recovery plans (Walsh -2020). Policymakers might also want to look into a training program in religiously integrated psychotherapy, which is effective for both positive and negative coping styles (Hook et al., 2010). This integration will optimize acceptability and impact by offering interventions that are clinically, culturally and spiritually meaningful.

Although this study has made a considerable contribution, it is not without limitations. To begin with, the use of self-reports is prone to biases such as social desirability and memory distortion (which may have affected both, coping and well-being evaluations; Podsakoff et al., 2003). Second, purposive and snowball sampling also constrains the generalization of findings as study participants may not reflect the entire population of families bereaved due to COVID-19 (Etikan, Musa, & Alkassim, 2016). Third, a cross-sectional approach was used and only at one time were coping strategies measured. Given the dynamic nature of bereavement, longitudinal studies are needed to investigate how patterns of religious coping change over time (Bonanno & Malgaroli, 2020). Lastly, even though the study included a wide range of cultural contexts, more in-depth comparative research across different religious traditions was outside of the current study's scope. It would be interesting in the future for research to explore denominational and interfaith differences more systematically, as this may uncover important differences in coping strategies and outcomes.

CONCLUSION

This investigation illustrates the intricate and multidimensional impact of religious coping on the psychological well-being among families who lost a member due to COVID-19. This positive religious coping was linked with higher levels of resilience, hope, and emotional stability. These findings are in line with previous evidence that religion and spirituality may serve as a buffer of stress and factors contributing to adaptation to loss (Ano & Vasconcelles, 2005; Park, 2005). By contrast, negative religious coping (e.g., anger at God, loss of faith or the belief in divine punishment) was associated with higher psychological distress and complicated grief, again replicating findings that show religious struggles to be risk factors for maladjustment (Exline et al., 2011; Zwingmann et al., 2020).

These dynamics were exacerbated by the context of the pandemic. Disturbances to mourning customs with constraints on communal worship presented difficulties and opportunities for faith-based coping. For some, digital worship and private prayer

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constituted vital life lines: for others, the lack of embodied communal rituals deepened alienation and desperation (Walsh, 2020; VanderWeele, 2020). These two combined pathways reflect the “double-edged sword” quality of religion in crisis (Pargament, 1997).

To be applied in clinical work, this study highlights the need to include spiritual dimensions in grief treatment and mental health work. Faith-sensitive interventions including pastoral counseling, engaging religious leaders, and contextually relevant bereavement support may significantly contribute to making these services more accessible and salient in a multicultural and pluralistic society (Koenig, 2020; Counted et al., 2022). Meanwhile, interventions should also attend to the danger of negative coping and assist people in guiding their spiritual struggles without escalating distress.

In sum, religious coping is not inherently protective nor is it always harmful. Its effects are influenced by the coping strategies used, by cultural and religious patterns, and by existing support. As our culture continues to heal from the pandemic, it’s essential for bereaved families to receive holistic, culturally sensitive and spiritually informed care in order to support them now and build their resilience for future crises.

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