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# Assessing the Interplay of Epidemic Anxiety, Religious Coping, Spiritual Well-Being, and Tranquility During COVID-19

## COVID-19 Sürecinde Salgın Hastalık Anksiyetesi, Dini Başa Çıkma, Manevi İyi Oluş ve Huzur Etkileşiminin Değerlendirilmesi

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**Abstract**

This study examines the relationships among epidemic anxiety, religious coping (positive and negative), spiritual well-being, and tranquility during the COVID-19 pandemic. Additionally, the study investigates potential differences in these variables based on gender and age. The sample consisted of 405 participants. The data is collected using the Epidemic Anxiety Scale, the Religious Coping Scale, the Spiritual Well-Being Scale, and the Tranquility Scale. The findings reveal a positive and significant relationship between epidemic anxiety and both positive and negative religious coping, but no significant relationship with overall spiritual well-being or tranquility. Examining the subscales, positive and negative religious coping are positively and significantly associated with spiritual well-being. The study finds a weak negative relationship with tranquility and negative religious coping. Crucially, a significant positive relationship between spiritual well-being and tranquility is discovered. These results were discussed within the existing literature, highlighting the complex interplay between epidemic-related anxiety, religious coping mechanisms, spiritual well-being, and the experience of tranquility during the COVID-19 pandemic. Moreover, the implications for supporting individuals' well-being during public health crises are considered.

**Keywords:** Epidemic Anxiety, Religious Coping, Spiritual Well-Being, Tranquility

**&**

**Öz**

Bu çalışma, COVID-19 salgını sırasında salgın kaygısı, dinî başa çıkma (olumlu ve olumsuz), manevi iyi oluş ve huzur arasındaki ilişkileri incelemektedir. Ayrıca, çalışma bu değişkenlerdeki cinsiyet ve yaşa dayalı potansiyel farklılıkları araştırmaktadır. Örneklem 405 katılımcıdan oluşmaktadır. Veriler Salgın Anksiyete Ölçeği, Dinî Başa Çıkma Ölçeği, Manevi İyi Oluş Ölçeği ve Huzur Ölçeği kullanılarak toplanmıştır. Bulgular, salgın kaygısı ile hem olumlu hem de olumsuz dinî başa çıkma arasında pozitif ve anlamlı bir ilişki olduğunu, ancak genel manevi iyi oluş veya huzur ile anlamlı bir ilişki olmadığını ortaya koymaktadır. Alt ölçekler incelendiğinde, olumlu ve olumsuz dinî başa çıkmanın manevi iyi oluş ile pozitif ve anlamlı bir ilişkisi olduğu görülmektedir. Olumsuz dinî başa çıkma ile huzur arasında zayıf bir negatif ilişki bulunmuştur. Daha da önemlisi, manevi iyi oluş ile huzur arasında pozitif yönde anlamlı bir ilişki tespit edilmiştir. Bu makalede

sonuçlar, COVID-19 salgını sırasında salgınla ilgili kaygı, dinî başa çıkma mekanizmaları, manevi iyi oluş ve huzur deneyimi arasındaki karmaşık etkileşimi vurgulayarak mevcut literatür bağlamında tartışılmaktadır. Ayrıca halk sağlığı krizleri sırasında bireylerin iyi oluşlarını desteklemeye yönelik öneriler sunulmaktadır.

**Anahtar Kelimeler:** Salgın Hastalık Anksiyetesi, Dinî Başa Çıkma, Manevi İyi Oluş, Huzur.

## Introduction

The COVID-19 pandemic, an unprecedented crisis in recent history, has caused a worldwide increase in epidemic-related anxiety, affecting the mental health of the population. The negative impact on mental well-being may represent the most significant harm caused by the pandemic (Banerjee & Rai, 2020; Gashi, 2020). Due to its potential to endanger human life, it has emerged as a global threat to everyone. Currently, there is a lack of clear information and definitive results regarding preventive and therapeutic methods (Umakanthan et al., 2020). Researchers have delved deeper into the psychological impacts of the COVID-19 pandemic, and numerous studies have highlighted the widespread nature of anxiety among different groups of individuals. The pandemic has presented a major mental health challenge (Saladino et al., 2020; Mukhtar, 2020). This has led to a significant interest in studying how individuals cope with this anxiety. One area of interest is religious and spiritual practices, which have traditionally provided comfort during difficult times. It is crucial to understand how people feel about their spiritual well-being and emotional context in general, how they cope with the pandemic during this challenging process, and the relationship between their coping strategies, spiritual well-being, and sense of peace. Our research aimed to understand the complex relationship between epidemic anxiety and these coping mechanisms, exploring their effectiveness in promoting religious coping, spiritual well-being, and a sense of calm amidst the challenges of the COVID-19 era.

In cases of illness and epidemics, spiritual and mental problems emerge and gradually increase (Kaye & Raghavan, 2002). The emergence of these problems has led people to search for a variety of things. These searches are based on understanding and making sense of an event that a person is experiencing (Park, 2010). Religious convictions are believed to be the primary source of solace in comprehending and explaining things (Livingston, 2005). People feel the need

to take refuge in supernatural power in threatening situations, such as floods, earthquakes, illness, and death. In other words, it is very important to determine how religious coping, which keeps people's hope alive in times of crisis, impacts the epidemic process (Gashi, 2020).

In particular, the contributions of religious beliefs, attitudes, and behaviors are thought to be important in the processes of making sense of, accepting, and coping with negative life experiences (Işık, 2013). The process of coping with negative experiences has a significant impact on individuals and their immediate environments. What a person experiences in this process may change his or her cognitive and emotional evaluations of his or her life in a positive or negative way (Jopp & Schmitt, 2010). This process is critical to the physiological and mental health of both people and those around them. However, the meaning that people attribute to the difficulties they face and the ways they cope with these difficulties can be decisive in terms of many variables, such as well-being, satisfaction with life, etc. (Ayten et al., 2012). One of these variables is spiritual well-being, which can be defined as a manifestation of an individual's connections within one or more of four distinct realms: the self, others, the environment, and/or a higher-power or transcendent entity (Fisher, 2021). The other variable is tranquility, which refers to a state of being mentally and emotionally stable, calm, and serene without any stress or disturbance (Tissari, 2020).

Researchers have extensively investigated the effects of faith and spirituality on mental and physical health from a religious perspective. These studies have been the subject of many studies on physical health, such as cardiovascular problems, cancer, pain, and suffering, as well as mental health issues, such as anxiety and depression (Ayten et al., 2012). These studies mostly reported that religious coping has a positive effect. According to Mehmetoğlu (2005), positive religious coping includes dealing with problematic or negative situations from a more optimistic perspective; cooperative coping; seeking spiritual strength from God, clergy, or community members; providing religious help to others; and practicing religious forgiveness. Negative religious coping is characterized by a weak relationship with God with shallow or negative perception of the world in times of tension and confusion (Krumrei et al., 2013). Religious coping methods include questioning God's power, reproaching God, harboring disgruntled thoughts toward the community and clergy, and viewing negative situations as religious punishment (Pargament et al., 2000).

People believe that seeking God's support and tolerance in coping with stressful situations and making spiritual sense of the event can support mental health. Perceiving the situation as a punishment from God or a price for the sins committed, doubting God's tolerance and power, and feeling lonely and helpless may cause difficulties in coping processes Perceiving the situation as divine punishment for sins, doubting God's tolerance and power, and experiencing feelings of loneliness and helplessness can significantly hinder coping processes (Güler, 2010). In this context, religious coping may have a correlation with tranquility and spiritual well-being, and it could play a significant role in determining epidemic anxiety, tranquility, and spiritual well-being.

The COVID-19 pandemic has spread worldwide, causing significant changes in people's lifestyles and deeply affecting life throughout the world. Understanding the relationship among epidemic anxiety, religious coping, spiritual well-being, and tranquility during the COVID-19 pandemic is crucial for several reasons. First, the anxiety associated with an epidemic extends beyond immediate health concerns, impacting various aspects of daily life, mental health, and the overall quality of life. This highlights the need for a comprehensive study on its impact and coping mechanisms. Throughout history, religious and spiritual practices have played a significant role in human resilience during crises, making it important to examine their role during pandemics to gain insights into the cultural and psychological aspects of coping. Understanding how these practices contribute to tranquility and spiritual well-being could guide the development of targeted therapeutic interventions. Given the strain on healthcare systems and individual coping resources, uncovering these correlations can help devise holistic public health strategies that address the psychological toll of the epidemic. The pandemic has shaped a complex social and emotional landscape, and this study offers a critical perspective to support individuals' mental health and well-being in the face of current and future public health challenges.

The main question of this study was as follows: Is there a significant relationship between individuals' epidemic anxiety, religious coping, spiritual well-being, and tranquility scores? This study's subproblems are as follows:

1. Do the scores for epidemic anxiety, religious coping, spiritual well-being, and tranquility of mind differ significantly according to the gender variable?

2. Do the scores for epidemic anxiety, religious coping, spiritual well-being, and tranquility of mind differ significantly according to the age variable?

Within the scope of these research questions, the research hypotheses are as follows:

- There are significant relationships between individuals' scores on epidemic anxiety, religious coping, spiritual well-being, and tranquility.
- There is significant difference in the scores for epidemic anxiety according to the gender variable.
- There is significant difference in the scores for religious coping according to the gender variable.
- There is significant difference in the scores for well-being according to the gender variable.
- There is significant difference in the scores for tranquility of mind according to the gender variable.
- There is significant difference in the scores for epidemic anxiety according to the age variable.
- There is significant difference in the scores for religious coping according to the age variable.
- There is significant difference in the scores for well-being according to the age variable.
- There is significant difference in the scores for tranquility of mind according to the age variable.

## Method

### Sample

The research questions were distrubuted, formatted using Google Forms, online to adult participants in Turkey who voluntarily participated in the study. These participants, selected through convenience sampling, had internet access and could respond to the surveys via online platforms. We facilitated the dissemination of the surveys through social media channels such as Facebook, WhatsApp, Instagram, and Telegram. The sample size of this study was determined within the scope of sample size calculations based on Yazıcıoğlu and Erdoğan (2004). In this study, the sample size was 405. 57.5% of the participants were female, and 42.5% were male. 10.9 of the participants were

aged 18–24 years, 22.7% were aged 25–30 years, 20.5% were aged 31–36 years, 21.5% were aged 37–45 years, and 24.4% were over 45 years.

## Data Collection Tools

The data collection instruments included a consent form, a demographic information form, and scales relevant to the study in Turkish.

***Informed Consent and Demographic Form:*** The survey began with an informed consent form presented to participants via a Google Form. This form detailed the research's purpose, scope, and the confidentiality protocols in place to safeguard participant information. Upon consenting, participants were directed to complete a demographic form. This form collected data on several attributes including gender and age.

***Epidemic Anxiety Scale:*** The Epidemic Anxiety Scale was developed by Hızlı Sayar et al. (2020) to measure the anxiety levels of individuals towards epidemics. It consists of 18 items under four subscales: epidemic, economic, quarantine, and social life. It was developed as a 5-point Likert-type scale to be answered between '1=Not at all suitable for me' and 5=Very suitable for me. The highest score obtained from the scale was 90, and the lowest score was 18.

***Religious Coping Scale:*** The Religious Coping Scale was adapted for a Turkish sample by Ekşi and Sayın (2016). This scale aims to determine individuals' positive and negative religious coping levels. It was developed based on Pargament et al.'s (1998) religious coping-style scale. The scale has 10 items and consists of two subscales: positive and negative religious coping. The scale is a 4-point Likert scale: (1) I do it almost never, (2) I do it very little, (3) I do it moderately, and (4) I do it frequently is answered by selecting one of the items. The total religious coping score was not obtained using this scale.

***Tranquility Scale:*** Demirci and Ekşi (2017) developed the Tranquility Scale to determine individuals' levels of peace. The scale consisted of eight items and one subscale. The scale was prepared in 5-point Likert type. The items in the scale were scored between 1-5; 1) Not suitable for me at all (2) Not suitable for me (3) Somewhat suitable for me, (4) Suitable for me, and (5) Completely suitable for me. The total score was calculated by adding the scores obtained from the answers. An increase in the scores obtained from the scale indicated that the feeling of tranquility experienced by the individual was high, whereas a decrease in the scores indicated that the individual felt less peaceful or experienced restlessness.

***Three-Dimensional Spiritual Well-Being Scale:*** Three-Dimensional Spiritual Well-Being scale was developed by Ekşi and Kardaş (2017) to determine the spiritual well-being of individuals. The scale consists of 29 items and three subscales. The 5-point Likert-type items were scored in the range of 1-5. The items were answered by selecting from the responses in the form of (1) Not suitable for me at all (2) Not suitable for me, (3) Somewhat suitable for me (4) Suitable for me and (5) Completely suitable for me. Although subscale scores can be calculated separately from the scale, the total score is obtained by summing the scores obtained from the scale items, but the anomie subscale is inverted and included in the total score. The scores that can be obtained from Transcendence, Harmony with Nature, and Anomie subscales are in the range of 15-75, 7-35 and 7-35. A minimum score of 29 and a maximum score of 145 were obtained for the entire scale. High scores obtained on the scale and subscales indicate that the person has the characteristics measured by the relevant subscale.

## Data Collection Process

In this study, ethics committee permission was obtained from the Beykent University Publication Ethics Committee for Social Sciences and Humanities (date: May 20, 2021). The informed consent forms, demographic forms, and scales were prepared online. Data were obtained between May and July 2021 using Google Forms. In the first part of the survey, participants were given an informed consent form about the purpose and process of the study, and participation was voluntary.

## Data Analysis

The data were analyzed using SPSS (version 25). Initial analyses focused on data accuracy, missing values, and outliers. Pearson's correlation analysis was performed to examine the relationships between the epidemic anxiety subscale and total scores, the religious coping scale subscales and total scores, the spiritual well-being subscales and total scores, and the tranquility subscale.To compare the scores on the religious coping scale, the tranquility scale, the epidemic anxiety scale, and the total scores, we used independent sample t-tests and ANOVA. The demographic variables affected the scores on each of these scales. phic variables. We used the Scheffe post-hoc test to identify the groups that showed differences after the ANOVA analysis.

## Findings

**Table 1.** Correlation Analysis of the Measurement Tools Used in the Study

| Scale | x | sd | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **1-EPS** | 17.09 | 6.67 | 1 | | | | | | | | | | | |
| **2-ECS** | 6.67 | 2.69 | .43** | 1 | | | | | | | | | | |
| **3-QUS** | 14.26 | 4.17 | .45** | .49** | 1 | | | | | | | | | |
| **4-SLS** | 17.60 | 5.41 | .52** | .60** | .64** | 1 | | | | | | | | |
| **5-EAS** | 55.62 | 15.31 | .82** | .71** | .78** | .86** | 1 | | | | | | | |
| **6-PRCS** | 17.58 | 6.99 | .13** | .13** | .11* | .17** | .18** | 1 | | | | | | |
| **7-NRCS** | 5.42 | 3.01 | .07 | .16** | .12* | .14** | .14** | .63* | 1 | | | | | |
| **8-TRS** | 51.47 | 18.60 | .07 | .10* | .07 | .13** | .11* | .88** | .55** | 1 | | | | |
| **9-HNS** | 31.12 | 3.66 | .04 | .03 | .14** | .12* | .10* | .07 | .06 | .19** | 1 | | | |
| **10-ANS** | 17.26 | 6.53 | .18** | .21** | .08 | .16** | .19** | .11* | .32** | .08 | -.11* | 1 | | |
| **11-SWS** | 108.55 | 20.77 | .02 | .03 | .07 | .10* | .07 | .79* | .41** | .92** | .31** | -.25** | 1 | |
| **12-Tranquility** | 30.19 | 5.77 | -.07 | -.20** | -.06 | -.05 | -.10* | .17** | -.02 | .24** | .26** | -.62** | .48** | 1 |

**p<.01, *p<.05 EPS: Epidemic Subscale, ECS: Economic Subscale, QUS: Quarantine Subscale, SLS: Social Life Subscale, EAS: Epidemic Anxiety Scale, PRCS: Positive Religious Coping Scale, NRCS: Negative Religious Coping Scale, TRS: Transcendence Subscale, HNS: Harmony with Nature Subscale, ANS: Anomie Subscale, SWS: Spiritual Well-Being Scale

Table 1 presents a correlation analysis of the scale scores used in this study. Accordingly, there was a positive, weakly significant correlation between the epidemic subscale scores of the Epidemic Anxiety Scale and the positive religious coping scores (r=.13, p<.01) and anomie scores of the Spiritual Well-Being Scale (r=.18, p<.01). There was no correlation between the epidemic subscale scores and negative religious coping scores, Spiritual Well-Being Scale total scores, transcendence, harmony with nature subscale scores, or tranquility scores (p>.05).

There was a positive, weak, and significant correlation between the economic subscale scores of the Epidemic Anxiety Scale and positive religious coping scores (r=.13, p<.01), negative religious coping scores (r=.16, p<.01), Spiritual Well-Being Scale transcendence scores (r=.10, p<.05), anomie scores (r=.21, p<.01), and negative, weak, and significant correlation with tranquility scale scores (r=-.20, p<.01). There was no correlation between the economic subscale scores and Spiritual Well-Being Scale total scores and harmony with nature subscale scores (p>.05).

There was a correlation between the quarantine subscale scores of the Epidemic Anxiety Scale and the positive religious coping scores (r=.11, p<.05) and negative religious coping scores (r=.12, p<.05).

There was a positive and weakly significant correlation between the Spiritual Well-Being Scale and nature scores (r=.14, p<.01). There was no correlation between quarantine subscale scores and Spiritual Well-Being Scale total scores, transcendence, anomie subscale scores, and tranquility scores (p>.05).

There was no correlation between the social life subscale scores of the Epidemic Anxiety Scale and positive religious coping scores (r=.17, p<.01), negative religious coping scores (r=.14, p<.01), and Spiritual Well-Being Scale transcendence scores (r=. 13, p<.01), harmony with nature (r=.11, p<.05), anomie (r=.16, p<.01), and total scores (r=.10, p<.05). There was no correlation between the social life subscale scores and tranquility scores (p>.05).

There was a positive, weak correlation between the total scores of the Epidemic Anxiety Scale and positive religious coping scores (r=.17, p<.01), negative religious coping scores (r=.14, p<.01), Spiritual Well-Being Scale transcendence scores (r=.11, p<.05), harmony with nature scores (r=.10, p<.05), anomie scores (r=.19, p<.01), and tranquility scores (r=-.10; p<.05), there was a negative, weakly significant correlation. There was no correlation between the total scores on the Epidemic Anxiety Scale and the total scores of the Spiritual Well-Being Scale (p>.05).

There was a positive, strong correlation between positive religious coping scores and Spiritual Well-Being Scale transcendence scores (r=.88, p<.01) and total SWS scores (r=.79, p<.01), and a positive, weak, significant correlation with anomie scores (r=.11, p<.01) and tranquility scores (r=.17, p<.01). There was no correlation between positive religious coping scores and the Spiritual Well-Being Scale's congruence with nature scores (p>.05).

There was a positive and moderately significant correlation between negative religious coping scores and Spiritual Well-Being Scale transcendence scores (r=.55, p<.01), anomie scores (r=.32, p<.01), and total scores (r=.41, p<.01). There was no correlation between negative religious coping scores and the Spiritual Well-Being Scale harmony with nature and tranquility scores (p>.05). There was a positive and weakly significant correlation between Spiritual Well-Being Scale transcendence scores (r=.24, p<.01), harmony with nature scores (r=.26, p<.01), and tranquility scores. There was a negative, moderately significant correlation between Spiritual Well-Being Scale anomie scores (r=-.62, p<.01)) and tranquili-

ty scores. There was a positive, moderately significant correlation between Spiritual Well-Being Scale total scores (r=.48, p<.01) and tranquility scores.

**Table 2.** Independent Sample T-Test Analysis for Comparison of Scale Scores According to Gender

| | Groups | N | x | t | df | p |
|---|---|---|---|---|---|---|
| **Epidemic Subscale** | Female | 233 | 18.25 | 4.15 | 403 | .000 |
| | Male | 172 | 15.52 | | | |
| **Economic Subscale** | Female | 233 | 6.70 | .30 | 403 | .763 |
| | Male | 172 | 6.62 | | | |
| **Quarantine Subscale** | Female | 233 | 14.52 | 1.43 | 403 | .151 |
| | Male | 172 | 13.91 | | | |
| **Social Life Subscale** | Female | 233 | 18.30 | 3.06 | 403 | .002 |
| | Male | 172 | 16.65 | | | |
| **Epidemic Anxiety** | Female | 233 | 57.77 | 3.33 | 403 | .001 |
| | Male | 172 | 52.70 | | | |
| **Positive Religious Coping** | Female | 233 | 18.18 | 2.00 | 403 | .046 |
| | Male | 172 | 16.77 | | | |
| **Negative Religious Coping** | Female | 233 | 5.08 | -2.70 | 403 | .007 |
| | Male | 172 | 5.89 | | | |
| **Transcendence Subscale** | Female | 233 | 52.76 | 1.63 | 403 | .104 |
| | Male | 172 | 49.72 | | | |
| **Harmony with Nature Subscale** | Female | 233 | 31.00 | -.80 | 403 | .424 |
| | Male | 172 | 31.29 | | | |
| **Anomie Subscale** | Female | 233 | 17.30 | .13 | 403 | .890 |
| | Male | 172 | 17.21 | | | |
| **Spiritual Well-Being** | Female | 233 | 109.82 | 1.42 | 403 | .155 |
| | Male | 172 | 106.84 | | | |
| **Tranquility Scale** | Female | 233 | 30.33 | .58 | 403 | .558 |
| | Male | 172 | 29.99 | | | |

Table 2 shows the results of the independent sample t-test analysis regarding the comparison of the scale scores used in the study according to gender. According to the results, epidemic scores (t=4.15, p<.01), social life scores (t=3.06, p<.01), total scores (t=3.33, p<.01), and positive religious coping scores (t=2.00, p<.05) were significantly higher in women than in men. Men's negative religious coping scores (t=-2.70, p<.01) were significantly higher than women. There was no significant difference in other scale scores according to gender (p>.05).

**Table 3.** ANOVA Analysis for Comparison of Scale Scores According to Age

| Scales | Groups | N | Mean | df | F | p | Difference |
|---|---|---|---|---|---|---|---|
| **Epidemic Subscale** | 18-24[1] | 44 | 16.89 | | | | |
| | 25-30[2] | 92 | 17.12 | 4 | | | |
| | 31-36[3] | 83 | 18.02 | 400 | .89 | .469 | |
| | 37-45[4] | 87 | 16.11 | 404 | | | |
| | 45+[5] | 99 | 17.23 | | | | |
| **Economic Subscale** | 18-24[1] | 44 | 5.70 | | | | |
| | 25-30[2] | 92 | 7.28 | 4 | | | |
| | 31-36[3] | 83 | 7.33 | 400 | 5.61 | .000 | 2,3>1,5 |
| | 37-45[4] | 87 | 6.64 | 404 | | | |
| | 45+[5] | 99 | 6.00 | | | | |
| **Quarantine Subscale** | 18-24[1] | 44 | 13.64 | | | | |
| | 25-30[2] | 92 | 15.34 | 4 | | | |
| | 31-36[3] | 83 | 14.82 | 400 | 3.53 | .008 | 2>3 |
| | 37-45[4] | 87 | 13.32 | 404 | | | |
| | 45+[5] | 99 | 13.89 | | | | |
| **Social Life Subscale** | 18-24[1] | 44 | 17.02 | | | | |
| | 25-30[2] | 92 | 19.26 | 4 | | | |
| | 31-36[3] | 83 | 17.84 | 400 | 3.51 | .008 | 2>3 |
| | 37-45[4] | 87 | 16.54 | 404 | | | |
| | 45+[5] | 99 | 17.04 | | | | |
| **Epidemic Anxiety** | 18-24[1] | 44 | 53.25 | | | | |
| | 25-30[2] | 92 | 59.00 | 4 | | | |
| | 31-36[3] | 83 | 58.01 | 400 | 3.00 | .018 | 2>3 |
| | 37-45[4] | 87 | 52.62 | 404 | | | |
| | 45+[5] | 99 | 54.16 | | | | |
| **Positive Religious Coping** | 18-24[1] | 44 | 17.82 | | | | |
| | 25-30[2] | 92 | 17.78 | 4 | | | |
| | 31-36[3] | 83 | 16.99 | 400 | .19 | .943 | |
| | 37-45[4] | 87 | 17.74 | 404 | | | |
| | 45+[5] | 99 | 17.65 | | | | |
| **Negative Religious Coping** | 18-24[1] | 44 | 5.61 | | | | |
| | 25-30[2] | 92 | 5.82 | 4 | | | |
| | 31-36[3] | 83 | 5.40 | 400 | .70 | .588 | |
| | 37-45[4] | 87 | 5.16 | 404 | | | |
| | 45+[5] | 99 | 5.22 | | | | |
| **Transcendence Subscale** | 18-24[1] | 44 | 49.59 | | | | |
| | 25-30[2] | 92 | 51.65 | 4 | | | |
| | 31-36[3] | 83 | 51.31 | 400 | .18 | .947 | |
| | 37-45[4] | 87 | 51.29 | 404 | | | |
| | 45+[5] | 99 | 52.43 | | | | |
| **Harmony with Nature Subscale** | 18-24[1] | 44 | 30.84 | | | | |
| | 25-30[2] | 92 | 30.90 | 4 | | | |
| | 31-36[3] | 83 | 31.29 | 400 | 1.59 | .176 | |
| | 37-45[4] | 87 | 30.55 | 404 | | | |
| | 45+[5] | 99 | 31.81 | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Anomie Subscale** | 18-24[1] | 44 | 20.20 | | | | |
| | 25-30[2] | 92 | 18.32 | 4 | | | |
| | 31-36[3] | 83 | 16.83 | 400 | 4.26 | .002 | 1>4,5 |
| | 37-45[4] | 87 | 16.49 | 404 | | | |
| | 45+[5] | 99 | 16.01 | | | | |
| **Spiritual Well-Being** | 18-24[1] | 44 | 103.32 | | | | |
| | 25-30[2] | 92 | 107.24 | 4 | | | |
| | 31-36[3] | 83 | 109.10 | 400 | 1.33 | .258 | |
| | 37-45[4] | 87 | 108.64 | 404 | | | |
| | 45+[5] | 99 | 111.57 | | | | |
| **Tranquility Scale** | 18-24[1] | 44 | 29.57 | | | | |
| | 25-30[2] | 92 | 28.47 | 4 | | | |
| | 31-36[3] | 83 | 30.40 | 400 | 3.46 | .008 | 4>2 |
| | 37-45[4] | 87 | 31.25 | 404 | | | |
| | 45+[5] | 99 | 30.96 | | | | |

Table 3 shows the results of the ANOVA test for the comparison of scale scores used in the study according to age. According to the results, significant differences were found in The Epidemic Anxiety Scale (EDS) economic scores ($F_{(4.400)}$=5.61), quarantine scores ($F_{(4.400)}$=3.53), social life scores ($F_{(4.400}$)=3. 51), EDS total scores ($F_{(4.400)}$=3.00), Spiritual Well-Being Scale anomie scores ($F_{(4.400)}$=4.26), and tranquility scores ($F_{(4.400)}$=3.46). According to the post hoc analyses conducted to determine which groups were different, the economic scores of those between the ages of 25 and 36 were significantly higher than those between the ages of 18-25 and over 45. The SWS quarantine, social life, and SWS total scores of those aged 25-30 years were significantly higher than those aged 31-36 years. In the 18-25 age range. The anomie scores of those over 36 years of age were significantly higher than those of those over 36 years of age. Tranquility scores between the ages of 36-45 were significantly higher than those between the ages of 25-30. There were no significant differences in other scale scores according to age (p>.05).

## Discussion

This study explores the correlation between epidemic anxiety and religious coping strategies. The results indicated a slight but meaningful correlation between the levels of epidemic anxiety and the use of positive religious coping strategies across several life aspects, specifically pertaining to the epidemic itself, economic concerns, quarantine impacts, and social life disruptions. We observed a similar slight but meaningful correlation between the use of negative religious coping methods and the economic, quarantine, and social challenges faced during the epidemic; however, this negative coping did not appear to relate to

anxiety about the epidemic itself. This pattern of connections aligns with several existing studies in the literature, which also reported similar associations between religious coping and anxiety during epidemics. It should be noted that processes such as adapting to the traumas caused by the pandemic, using problem-oriented coping strategies, mobilizing emotional deprivation, maintaining high motivation, finding the meaning of life, a sense of belonging, and organizing connections are of great importance for people's mental health (Kalgı, 2021). Kasapoğlu (2020a) found a negative relationship between spirituality and anxiety during the COVID-19 pandemic. Another study (Gashi 2020) found that religious coping can help people cope with anxiety during a pandemic, and that coping positively contributes to well-being during the pandemic.

Individuals can observe that religious beliefs and rituals positively contribute to their coping with the coronavirus, just as they do when faced with similar disasters or crises. Observations suggest that beliefs in the afterlife, the notion that events are tests, the belief in God's providence, and positive religious coping elements such as prayer, gratitude, and patience can mitigate the impact of the epidemic process (Sami, 2021). Another study observed a general increase in participants turning to religion or spirituality after learning that their COVID-19 tests were positive during the pandemic, with prayer being the most common coping style. Almost all the participants questioned the meaning of life again, and it was determined that they thought more about death after being diagnosed with the disease and that there was a great power to take refuge in comforting (Gürsu & Bayındır, 2021). In one study, almost all participants (88%) stated that they needed spiritual support during the pandemic (Kaplan et al., 2020). It is known that people turn to religious processes to cope with the trauma they experience, and religion positively affects mental health. Spirituality can help people find new meaning in their lives and set new goals for themselves, maintain their hopes, and try to make sense of their problems by connecting with the sacred; in this way, individuals can protect their psychological health and cope with stress and distress in a positive way (Kasapoğlu, 2020a).

Examining the relationship between epidemic anxiety and spiritual well-being revealed weak but positive correlations among several subscales. Specifically, the epidemic subscale correlated with the anomie subscale, the economic subscale with the transcendence and anomie subscales, the quarantine subscale with harmony with nature, and the social life subscale with transcendence and harmony with nature. Additionally, there were weak positive correlations between the anomie

subscale and the total score, as well as among the transcendence, harmony with nature, and anomie subscales. However, no significant relationship was found between spiritual well-being and the total score on the Epidemic Anxiety Scale.

Examining the literature revealed a limited number of studies on this subject. Kasapoğlu (2020b) found a negative relationship between fear of coronavirus and spiritual well-being and transcendence, a subscale of spiritual well-being, and a positive relationship between anomie, a subscale of spiritual well-being. In addition, he revealed that anomie positively predicted fear of the coronavirus. The related study reveals findings that can be considered similar and contradictory to those of this study. In addition, the relationship between epidemic anxiety and spiritual well-being in both studies is relatively weak. Therefore, to interpret these findings, we should conduct studies with more comprehensive and larger samples.

The study's results revealed a significant relationship between the total scores of the epidemic anxiety scale and the economic subscale, and the scores of the tranquility scale. The other subscales of epidemic anxiety, which include epidemic, economic, social life, and quarantine, did not exhibit significant relationships. When the studies in the literature were examined, Doğan and Düzel (2020) clearly determined that participants experienced fear and anxiety about catching COVID-19 during the pandemic process in their study on fear and anxiety in the COVID-19 process. Erdoğdu et al. (2020) determined that approximately one out of four participants showed anxiety symptoms, and approximately one out of three participants showed symptoms of hopelessness at a moderate to severe level during the COVID-19 process. Bakioğlu et al. (2020) found a positive relationship between COVID-19 fear and anxiety, depression, and stress. Arpacıoğlu et al. (2021) determined that the fear of COVID-19 is associated with depression, anxiety, and burnout. Baykal (2020) states that the pandemic is a serious source of panic and anxiety in both national and individual contexts, and that the stress and distress caused by the fear of getting sick and social isolation, especially during quarantine days, make individuals restless and uncomfortable in many areas of life. Therefore, we can assert that the pandemic process has also adversely impacted individuals' peace of mind.

We established a positive association between scores on positive religious coping and the dimensions of transcendence, tranquility, and anomie, as well as the overall scores on the Spiritual Well-Being Scale (SWS), after investigating the correlation between religious coping mechanisms and spiritual well-being. On the other hand, we observed no significant correlation between the positive reli-

gious coping scale and the subscales related to adaptation to nature. There was a positive and significant relationship between negative religious coping and transcendence, anomie subscales, and total SWS scores, but there was no significant relationship between harmony with nature and the peace subscale. Examining the studies revealed that faith enhances positive emotions in individuals. Specifically, the study revealed that individuals positively contribute to their coping processes by perceiving death as a temporary separation, evaluating the process as a test, and the idea of fate, condolence, and grave visits (Sami, 2021).

Examining the relationship between religious coping and tranquility revealed a significant relationship between positive religious coping and tranquility scores. However, we found no significant correlation between negative religious coping and tranquility. A review of the existing literature revealed numerous studies that have reported findings consistent with the results of this study. Batan and Ayten (2015) identified significant positive correlations among positive religious coping, life satisfaction, and psychological resilience. Conversely, they reported no significant correlations among negative religious coping, life satisfaction, and psychological resilience. Uysal et al. (2017) found that positive religious coping positively correlates with life satisfaction, hope level, and psychological resilience, while negative religious coping negatively correlates with these variables. Murat and Kızılgeçit (2017) revealed a positive relationship between psychopathologies and negative religious coping and determined that healthy individuals use positive religious coping methods, while unhealthy individuals mostly use negative religious coping methods. Turan (2018) determined a negative relationship between positive religious coping and feelings of loneliness. In addition, there is a positive relationship between positive religious coping and life satisfaction, as well as a negative relationship between negative religious coping and life satisfaction. Ayten et al. (2012) found a positive relationship between life satisfaction and positive religious coping. These findings, in line with the study's results, suggest that individuals who employ positive religious coping methods experience health, satisfaction, and hope, potentially leading to a more peaceful and happier life. Similarly, people who use negative religious coping methods may be more anxious and experience dominant negative emotions.

Analysis of the relationship between spiritual well-being and tranquility revealed statistically significant correlations between the scores on the Tranquility Scale and the anomie, transcendence, and harmony with nature subscales of the Spiritual Well-Being Scale, as well as the scale's overall score. Several studies have also reported similar results. According to Yılmaz (2019), there is

a significant relationship between happiness and spiritual well-being, as well as its subscales of transcendence, harmony with nature, and anomie. He also found that transcendence and harmony with nature predicted happiness. Holder et al. (2010) conducted a study on a young sample and found a significant positive relationship between spirituality and happiness. Saleem (2017) found a significant relationship between spirituality and quality of life among both religious and non-religious individuals. The literature has observed a limited number of studies on the concept of 'tranquility or peace'. Therefore, to interpret these findings, we evaluated studies related to well-being and positive emotions, which have a positive relationship with tranquility. According to Demirci & Ekşi (2017), tranquility positively correlates with well-being, positive emotions, attachment, meaning, success, and health. In addition, research has revealed a positive and significant relationship between spiritual well-being, hope, and positive emotions (Fehring et al., 1997; Cotton et al., 1999). Individuals who believe in a transcendent being and live in harmony with their worldly environment can interpret the positive relationship between transcendence and harmony with nature and tranquility as a source of peace. The construct of anomie refers to an individual's detachment from the cultural norms, aspirations, and regulatory frameworks that govern the society in which they reside. It signifies a state of alienation, disregard for societal conventions, and a pervasive sense of pessimism (Bayhan, 1995). The anomie subscale within the Spiritual Well-Being Scale is indicative of an adverse condition pertaining to spiritual well-being (Şirin, 2019). Therefore, an increase in anomie correlates inversely with a decrease in subjective happiness and contentment (Yılmaz, 2019).

In this study, the epidemic and social life subscale scores differed significantly according to gender, whereas the economic and quarantine subscale scores did not differ. Female participants' epidemic and social life scores were higher than those of male participants. When the studies in the literature are examined, Bakioğlu et al. (2020), Gencer (2020), Aksoy and Atılgan (2021), Arısoy and Çay (2021), and Wang et al. (2020) found that fear of COVID-19 was significantly higher in women, supporting the results of this study. We can interpret these findings as indicating that female participants experienced more epidemic anxiety than male participants.

The positive religious coping subscale scores were higher for female participants than for male participants, whereas the negative religious coping subscale scores were higher for male participants than for female participants. Reviewing the existing literature revealed both congruent and divergent findings from the study's results. Ayten and Sağır (2014) determined that while the positive reli-

gious coping subscale differed in favor of women, the negative religious coping subscale did not. Bayraktutar (2019) found that positive and negative religious coping differed in favor of female participants. Aydın (2019) found that women had higher positive religious coping scores, whereas men had higher negative religious coping scores. Bektaş (2019) stated that negative religious coping did not differ, but that men had higher positive religious coping scores. Angın (2021), on the other hand, found that the positive religious coping subscale did not differ, while men's negative religious coping scores were higher. In addition to all these findings, Ayten et al. (2012) found that both positive and negative religious coping did not differ according to gender. Evaluating these results reveals a significant variability in the studies' outcomes. However, women generally use more positive religious coping strategies than men. These findings can be explained by the fact that women are more likely to use positive religious coping methods than men; men are more likely to feel more physically and mentally exhausted because of their greater participation in working life, hereditary, and it may have emerged because women are more socially developed due to neurological structure and women are more social, positive, and emotional compared to men.

Gender analysis revealed no differences in spiritual well-being scale scores. When the studies in the literature were examined, it was seen that there were many studies that revealed that spiritual well-being did not differ according to gender, supporting the results of this study (Nurkan, 2020; Gürsu & Ay, 2018; Şirin, 2019). In addition, Yılmaz (2019) found that women have higher spiritual well-being scores than men. Altunbezer (2020) determined that the spiritual well-being of men is higher than that of women. The literature's most common studies indicate that spiritual well-being does not vary based on gender. This result can be considered a subjective state that every person can experience, regardless of gender, when spiritual well-being is considered an internal state. As a result, different findings may be associated with these studies' limitations (Nurkan, 2020). However, this situation may have arisen because samples with different social and cultural structures were used. In a limited number of studies, the fact that women's spiritual well-being is higher may be due to the social acceptance that women are more prone to showing their inner world and their own thoughts than men and that they attach importance to more emotional and internal processes, considering that spiritual well-being is a situation related to the inner world of human beings.

We found no significant differences when analyzing the Tranquility Scale scores by gender. Consistent with these findings, a review of the literature, in-

cluding a study by Öksüz and Karalar (2019), confirmed that tranquility does not vary according to gender. However, several studies have reported that various variables, such as happiness, subjective well-being, life satisfaction, and psychological well-being, differ by gender (Gündoğdu & Yavuzer, 2012; Yılmaz, 2019). However, studies on tranquility are limited. There is a need for further research on this subject to evaluate the concept of tranquility in terms of gender.

The analysis of the Epidemic Anxiety Scale scores based on the age variable revealed a significant difference in the economic, quarantine, social life subscale, and total scale scores with age, while the epidemic subscale scores remained unchanged. Participants between the ages of 25 and 30 generally scored higher than those between the ages of 31 and 36. A review of the literature, including findings from this study (Aksoy & Atlgan, 2021), reveals that Gencer (2020) identified higher levels of anxiety among relatively younger participants, while Arısoy and Çay (2021) found that participants aged over 60 years experienced more anxiety than those under 60. Arpacıoğlu et al. (2021) found no relationship between COVID-19 fear and age. Younger individuals experience more anxiety due to their increased knowledge about COVID-19 risks and potential harm.

Analysis of the Religious Coping Scale scores by age revealed no significant age-related differences in the scores. This finding is consistent with the literature, as demonstrated by Aydın (2019), who also reported no significant differences in positive or negative religious coping across different age groups. Bektaş (2019) determined that positive religious coping differed in favor of younger age groups, whereas negative religious coping did not. Bayraktutar (2019) found that both positive and negative coping strategies differed. The literature presents contradictory findings.

Analysis of the Spiritual Well-Being Scale scores by age revealed that the anomie subscale scores varied, while the transcendence, harmony with nature, and total scale scores were similar across age groups. We determined that participants between the ages of 18 and 24 had higher anomie subscale scores than those aged 36–45 and 45 and over. In addition, many studies have revealed that spiritual well-being differentiates young people in terms of both subscales and general scale scores (Nurkan, 2020). However, other studies have reported no differentiation (Yılmaz, 2019; Şirin, 2019). As individuals age, they understand the significance of life, confront the reality of death, and consequently experience a greater need to seek solace in a transcendent entity (Nurkan, 2020).

We analyzed the Tranquility Scale scores according to the age variable and found that participants between the ages of 36 and 45 had higher scale scores

than those between the ages of 25 and 30. Upon reviewing the literature, we found no study that examined the concept of tranquility in relation to age. Among the concepts thought to be related to tranquility, Yılmaz (2019) found that happiness does not differ according to age.

### *Limitations*

This study has some limitations. For instance, the 405 participants in this study, while substantial, might not fully represent the full diversity of the COVID-19-affected population. These findings may not be generalizable to all demographics, especially when considering the cultural specificity of religious coping mechanisms. This study was cross-sectional and captured a single snapshot in time. The dynamic nature of the pandemic and individuals' evolving psychological responses may necessitate a longitudinal approach to fully understanding the long-term relationships between the variables. The use of self-report instruments to assess anxiety, religious coping, spiritual well-being, and tranquility can introduce bias, as participants may not always provide accurate or truthful responses because of social desirability or a lack of self-awareness. The relationships found in this study are correlational and do not imply causation. The study cannot conclude that changes in one variable are the direct result of changes in another; it only concludes that they are associated. In this study, some findings were weakly correlated. The reported weak but significant relationships may not translate into substantial or meaningful differences in real-world applications or clinical settings.

### *Implications*

Despite these limitations, this study has several important implications for future research and clinical practice. The weak correlations observed between variables such as epidemic anxiety and various coping mechanisms indicate a complex relationship that warrants further investigation. Longitudinal studies can provide a deeper understanding of how these relationships evolve over time, particularly as the pandemic and societal responses to it change. The cultural specificity of religious coping mechanisms highlighted in this study demonstrates the need for culturally sensitive approaches to psychological support and intervention during epidemics. Future research should explore a diverse range of cultural contexts to develop more universally applicable coping strategies. Besides these, future studies could investigate the psychological and social factors that drive individuals to rely more on religious coping mechanis-

ms during times of heightened anxiety due to epidemics or other crises. Future research may explore other forms of coping mechanisms besides religious coping to understand their impact on spiritual well-being and tranquility during epidemics. This can help determine whether the observed effects are unique to religious coping or common across various types of coping strategies. Mental health services may benefit from incorporating spiritual well-being assessments into their practice, especially during times of crisis, to tailor interventions that align with individuals' coping styles. Furthermore, the importance of gender and age in pandemic anxiety underscores the need for targeted educational and training programs that address the population's specific needs and vulnerabilities. Practitioners ought to contemplate interventions that tackle the economic and social aspects of pandemic anxiety, given their significant correlation with overall tranquility. This suggests that tackling practical life challenges can positively influence psychological well-being. The findings of this study advocate for interdisciplinary approaches that involve collaboration among mental health professionals, spiritual care providers, and public health officials to address the multifaceted challenges posed by pandemics. The lack of a significant relationship between certain scales of religious coping and well-being measures suggests that we should tailor support and interventions to address specific aspects of an individual's experience, instead of applying a universal approach. Given the significant relationship between spiritual well-being and tranquility, clinicians should consider tranquility-enhancing practices as potential therapeutic targets, particularly for those dealing with high levels of pandemic-related anxiety.

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