



Determining the Religious Coping Styles of Adolescents in Turkey During COVID-19

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Abstract

We sought to evaluate the religious coping styles of adolescents during the coronavirus disease 2019 (COVID-19) pandemic and its restrictions. The study was conducted online during the 2020 academic year among students in three randomly selected high schools in a city center located in Eastern Turkey. The students studying in the chosen high schools who agreed to participate were included in the study ($n=514$). We found that most adolescents were anxious, had been affected in terms of health and life satisfaction, and felt sad due to isolation. Almost all subjects attached importance to their religious beliefs. The adolescents' mean Religious Coping Scale score was 2.23 ± 0.50 , their mean Positive Religious Coping subscale score was 2.91 ± 0.73 , and their mean Negative Religious Coping subscale score was 1.54 ± 0.52 . Specifically, male adolescents of ages 15–17 whose incomes were less than their expenditures and who lived in a broken family had the highest level of negative religious coping. In light of these findings, adolescents can be supported by teaching them to develop positive religious coping styles during the COVID-19 pandemic.

Keywords Adolescents · COVID-19 pandemic · Religious coping · Social isolation

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Introduction

Adolescents are individuals between the ages of 12 and 20, and they progress through three interrelated stages: early, middle, and late adolescence (Meeus et al., 2010). These stages occur differently for each individual and are often affected by environmental factors, such as society, culture, peers, and family. Completing these developmental stages is of great importance for adolescents to have healthy adulthoods (Sawyer et al., 2018). Adolescence as important period of life is form an important part of the general population and the transitional period from childhood to adult life, during which human growth and development are very dynamic (Sawyer et al., 2018).

Adolescence is an important developmental phase during which neurodevelopmental processes are highly active, and the formation of self-concept and personality occurs (Schweder & Raufelder, 2021). The body changes, bisexuality disappears, and there is an effort to adapt to the new identity (Crocetti, 2017). In adolescence, social relations become important. For proper social development, it is necessary to make friends of different ages and genders, participate in social activities, and join friend groups (Jespersen et al., 2019). Problems such as difficulties in making friends, shyness in relationships with the opposite sex, and the inability to express emotions might be experienced intensely in adolescence (Nesi et al., 2018). In addition, risky behaviors that are shaped by the interaction of genetics, personality traits, and environmental factors may become prominent during this period (Gobbi et al., 2019).

Cognitive skills, which develop in parallel with periodic maturation, push adolescents toward new evaluations and abstractions concerning both themselves and their environment (Lavigne-Cerván et al., 2021). Adolescence can also be a period of depression, anger, conflict, and anxiety (Ellis et al., 2020). On the other hand, social conditions may increase or decrease the number of problems faced by adolescents or affect the order in which they face these problems (Guessoum et al., 2020). The outbreak of coronavirus disease 2019 (COVID-19), which has spread rapidly worldwide and has a high mortality rate, has resulted in the implementation of preventive measures, and the constant risk of infection has caused stress, fear, and anxiety in adolescents as well as in adults (Sun et al., 2020).

Several measures have been taken globally and in Turkey to restrict the spread of COVID-19. These include lockdowns in some areas, the closure of schools, universities, cinemas, theaters and museums, and the discontinuation of religious services, amateur and professional sports competitions, and other activities attracting large crowds (Güner et al., 2020). In order for adolescents to solve their personal problems during such a challenging period, they need to recognize stressors, utilize coping resources, recognize social support resources, and manage themselves (Guessoum et al., 2020).

Religious coping is one of the coping mechanisms enabling individuals to find hope, meaning, goals, and paths in life during difficult situations that may result in sickness, suffering, or death (Wilt et al., 2019). Religious coping occurs in both positive and negative ways. While appealing for help through prayer and worship

and continuous faith in love and compassion are positive religious coping methods, thoughts of punishment and loss of faith in love and compassion are among the negative religious coping methods (James et al., 2019; Solaimanizadeh et al., 2020). Positive religious coping is associated with psychosocial adaptation, while negative religious coping is considered to be a psychosocial maladaptation (Taheri-Kharameh et al., 2016).

It is known that adolescents are quite open to risks and negative exposures. In the context of adolescent health, it is important to evaluate coping methods for adolescents who are likely to experience anxiety, panic, and fear for themselves, their families, friends, loved ones, and relatives in the face of difficult life events such as COVID-19 and offer effective solutions. The purpose of the study is to evaluate the religious coping styles of adolescents during the COVID-19 pandemic and its restrictions and to determine the factors that affect these coping styles.

Study Questions

Q1. What is the level of religious coping styles of adolescents during the COVID-19 pandemic?

Q2. What are the factors affecting the religious coping styles of adolescents during the COVID-19 pandemic?

Q3. How do adolescents feel about COVID-19?

Methods

The study was conducted online during the 2020 academic year among students in three randomly selected high schools in a city center located in Eastern Turkey. The study population comprised students enrolled in high schools in Erzurum city center. To obtain a sample that was representative of the adolescent population, one high school from each socio-economic level (low, middle, and high) and one class from each level were selected via the simple random sampling method. Random numbers table were used in these selections. The students studying in the chosen high schools who agreed to participate were included in the study ($n = 514$, participation rate = 93.11%).

Ethics committee (Date: 06.04.2020, Number: 2020–3/10) and institutional approval were obtained for the study, and the study adhered to tenets of the Declaration of HELSINKI.

Questionnaire

The data were acquired via a questionnaire and the Religious Coping Scale. This questionnaire comprised 10 questions aiming to determine the characteristics of adolescents age, gender, income status, family type, and their emotions regarding the COVID-19. Adolescents were asked about their feelings of anxiety (no anxious, a little anxious, anxious, a little too anxious, so anxious) and hope (no

hopeful, a little hopeful, hopeful, a little too hopeful, so hopeful). Adolescents were also asked about their life satisfaction, being upset about isolation, and caring about religious beliefs (affected, no affected, partly).

Religious Coping Scale

The scale, which was developed by Pargament et al. (2000), is recommended for researchers who intend to add an effective theory-based religious dimension to the models of stress, coping, and health. In Turkey, the scale's validity and reliability were assessed by Ekşi (2001). This scale includes a total of 14 items that are rated on four-point Likert scales. The scale has two subscales: positive religious coping (items 1, 2, 6, 8, 9, 11, and 13) and negative religious coping (items 3, 4, 5, 7, 10, 12, and 14). Positive religious coping includes a close relationship with the divine, belief in the spiritual meaning of grief, and collaboration with God in the solution of problems. Negative religious coping is explained by a number of characteristics, such as spiritual disconnection, suspicion of God's power and love, or leaving God outside the solution. In the Turkish validity and reliability study of the scale, the Cronbach's alpha internal consistency coefficients were 0.64 and 0.63 for the positive and negative coping subscales, respectively (Kulakçı & Ayaz, 2020). In this study, the Cronbach's alpha internal consistency coefficients were found to be 0.87 and 0.70 for positive and negative coping, respectively.

Data Collection

The school counselors in charge of the selected classes of students were provided with information about the study online. The school counselors then contacted the students online to ask them to complete the questionnaire. The students completed the questionnaire via e-mail or social media platforms (Facebook or WhatsApp) from 4 to 29 May 2020. It took approximately 10–15 min to complete the questionnaire.

The data were assessed using percentage distributions, means, multiple regression analysis (MANOVA) test, and Kruskal–Wallis test (KW) at a 95% confidence interval and significance level of $p < 0.05$. Before applying MANOVA, the hypothesis of the test were checked. In the research, firstly, the normality test was conducted to detect the normality assumption, and the skewness-kurtosis coefficient was checked. Also, Mahalanobis distances were evaluated to test the multivariate normality assumption. The assumption was achieved after Levene F test ($p > 0.05$) which was done for the assumption of variance homogeneity. As a result of the Box M test (Box M = 0.843, $p < 0.840$) for the assumption of equality of covariance matrices, the analysis was continued using Wilk's Lambda in the MANOVA table. MANOVA test was used as a result of meeting the necessary assumptions.

Results

In this study, 52.9% of the adolescents who participated were girls, 57.2% were of age 15 to 17 years, 74.7% had an income equal to their expenditure, and 73.5% lived in a nuclear family (Table 1).

In the context of the COVID-19 pandemic and its restrictions, 37.9% of the adolescents stated that they had anxious, while 29.2% had hopeful. Of the adolescents, 35.8% stated that the COVID-19 restrictions affected their health significantly, and 43.6% stated that the COVID-19 restrictions affected their health partly; 60.9% stated that the restrictions affected their life satisfaction, and 26.8% stated that the process affected their life satisfaction partly; 26.7% stated that they were significantly upset by isolation, and 45.5% stated that they were partly upset by isolation. While 84.4% of the adolescents attached significance importance to religious beliefs, 11.3% attached partly importance to religious beliefs (Table 2).

Additionally, the adolescents' mean Religious Coping Scale score was 2.23 ± 0.50 , their mean Positive Religious Coping subscale score was 2.91 ± 0.73 , and their mean Negative Religious Coping subscale score was 1.54 ± 0.52 .

When examining whether the scores of adolescents regarding positive and negative religious coping levels differ according to gender; female adolescents (2.99 ± 0.74) had significantly positive religious coping styles, and male adolescents (1.60 ± 0.51) had significantly negative religious coping styles (Table 3).

Notably, the levels of negative religious coping were highest in adolescents who were aged 15–17 years (1.60 ± 0.53 , $p < 0.01$), had an income less than their expenditure (1.80 ± 0.68 , $p < 0.05$), and lived in a broken family (1.93 ± 0.73 , $p < 0.05$) (Table 3).

Additionally, the highest levels of negative religious coping were seen in adolescents who stated that they were upset about isolation (1.59 ± 0.51 , $p < 0.05$) and who

Table 1 Distribution of adolescents according to demographic characteristics

Characteristics	<i>N</i>	%
<i>Gender</i>		
Female	272	52.9
Male	242	47.1
<i>Age (year; 16.97 ± 1.732)</i>		
11–14	29	5.6
15–17	294	57.2
18 and over	191	37.2
<i>Economic condition</i>		
Income higher than expenditure	110	21.4
Income equal to expenditure	384	74.7
Income less than expenditure	20	3.9
<i>Family type</i>		
Nuclear	378	73.5
Extended	120	23.3
Broken	16	3.1

Table 2 Religious coping levels of adolescents according to their emotional characteristics in the COVID-19 pandemic and restriction process ($n=514$)

Characteristics	<i>N</i>	%	Positive religious coping $X \pm SD$	Negative religious coping $X \pm SD$
<i>Anxiety</i>				
No anxious	74	14.4	2.92 ± 0.80	1.52 ± 0.48
A little anxious	76	14.8	2.76 ± 0.70	1.52 ± 0.45
Anxious	195	37.9	2.81 ± 0.72	1.48 ± 0.47
A little too anxious	95	18.5	3.12 ± 0.61	1.58 ± 0.52
So anxious	74	14.4	3.04 ± 0.77	1.72 ± 0.68
Test			KW = 19.616	KW = 6.761
<i>p</i>			$p=0.001$	$p=0.149$
<i>Hope</i>				
No hopeful	52	10.1	2.87 ± 0.89	1.67 ± 0.65
A little hopeful	59	11.5	2.73 ± 0.77	1.45 ± 0.47
Hopeful	150	29.2	2.87 ± 0.70	1.52 ± 0.48
A little too hopeful	122	23.7	2.90 ± 0.67	1.54 ± 0.52
So hopeful	131	25.5	3.06 ± 0.72	1.56 ± 0.51
Test			KW = 11.238	KW = 3.876
<i>p</i>			$p=0.024$	$p=0.423$
<i>State of affecting health</i>				
Affected	184	35.8	3.00 ± 0.69	1.62 ± 0.54
No affected	106	20.6	2.85 ± 0.78	1.47 ± 0.47
Partly	224	43.6	2.86 ± 0.73	1.52 ± 0.51
Test			KW = 4.277	KW = 7.391
<i>p</i>			$p=0.118$	$p=0.025$
<i>State of affecting life satisfaction</i>				
Affected	313	60.9	2.92 ± 0.72	1.60 ± 0.52
No affected	63	12.3	3.00 ± 0.66	1.42 ± 0.51
Partly	138	26.8	2.84 ± 0.79	1.48 ± 0.50
Test			KW = 0.179	KW = 13.179
<i>p</i>			$p=0.502$	$p=0.001$
<i>State of being upset about isolation</i>				
Upset	137	26.7	2.90 ± 0.77	1.59 ± 0.51
No upset	143	27.8	2.90 ± 0.71	1.47 ± 0.50
Partly	234	45.5	2.92 ± 0.72	1.56 ± 0.53
Test			KW = 0.159	KW = 6.404
<i>p</i>			$p=0.923$	$p=0.041$
<i>State of caring about religious beliefs</i>				
Cared	434	84.4	3.06 ± 0.63	1.54 ± 0.52
No cared	22	4.3	1.59 ± 0.73	1.58 ± 0.065
Partly	58	11.3	2.31 ± 0.65	1.56 ± 0.48
Test			KW = 91.741	KW = 0.501
<i>p</i>			$p=0.000$	$p=0.778$

KW = Kruskal–Wallis test

Table 3 Religious coping levels of adolescents according to their characteristics in the COVID-19 pandemic and restriction process ($n=514$)

Characteristics	N	%	Positive religious coping X ± SD	Negative religious coping X ± SD
<i>Gender</i>				
Female	272	52.9	2.99 ± 0.74	1.49 ± 0.52
Male	242	47.1	2.83 ± 0.71	1.60 ± 0.51
Test			$F=6.361$	$F=5.451$
<i>p</i>			$p=0.012$	$p=0.20$
<i>Age (year; 16.97 ± 1.732)</i>				
11–14	29	5.6	2.71 ± 0.89	1.40 ± 0.47
15–17	294	57.2	2.90 ± 0.71	1.60 ± 0.53
18 and over	191	37.2	2.96 ± 0.73	1.48 ± 0.49
Test			$KW=2.287$	$KW=10.480$
<i>p</i>			$p=0.319$	$p=0.005$
<i>Economic condition</i>				
Income higher than Expenditure	110	21.4	2.84 ± 0.80	1.47 ± 0.50
Income equal to expenditure	384	74.7	2.92 ± 0.70	1.55 ± 0.51
Income less than expenditure	20	3.9	3.13 ± 0.79	1.80 ± 0.68
Test			$KW=2.581$	$KW=5.712$
<i>p</i>			$p=0.275$	$p=0.057$
<i>Family type</i>				
Nuclear	378	73.5	2.91 ± 0.73	1.51 ± 0.49
Extended	120	23.3	2.91 ± 0.72	1.59 ± 0.55
Broken	16	3.1	3.03 ± 0.76	1.93 ± 0.73
Test			$KW=0.297$	$KW=7.882$
<i>p</i>			$p=0.862$	$p=0.019$

F MANOVA test; *KW* Kruskal–Wallis test

reported that their health (1.62 ± 0.54 , $p < 0.05$) and life satisfaction (1.60 ± 0.52 , $p < 0.01$) had been affected by the pandemic. On the other hand, the highest levels of positive religious coping were seen in adolescents who had high levels of anxiety (3.12 ± 0.61 , $p < 0.01$) and hope (3.06 ± 0.72 , $p < 0.05$) and who attached significant importance to religious beliefs (3.06 ± 0.63 , $p < 0.001$) (Table 2).

Discussion

As many periodic emotional and physical changes occur developmentally in adolescents, the COVID-19 pandemic and its restrictions may cause additional problems (Zhou et al., 2020). Some adolescents may completely deny having problems and may not agree to make changes to their lives at all (Fegert & Schulze, 2020). Risky situations such as aggression, introversion, behavioral problems, sadness, and intense anxiety can be experienced by some adolescents (Guessoum et al., 2020;

Zhou et al., 2020). In a study conducted to determine the anxiety levels of individuals during the COVID-19 pandemic, it was found that the participants had very high anxiety levels (Citak & Pekdemir, 2020). This study found that more than half of the adolescents had a little too and so anxious, which shows that the COVID-19 pandemic process is a worrisome and challenging life experience for adolescents as well.

In the study, it was determined that more than half of the adolescents surveyed were upset about the isolation imposed by the COVID-19 pandemic and its restrictions. In adolescence, sensitivity to risk taking, social relations, peer acceptance, and peer influence generally increase. Thus, it is thought that following social distancing rules might be particularly difficult and saddening for adolescents (Andrews et al., 2020).

In the study, the adolescents stated that the COVID-19 pandemic and its restrictions affected their health. As they did not go to school and had to stay at home, they were physically less active (Wang et al., 2019). In addition, the COVID-19 pandemic might have exacerbated their mental health problems due to social isolation and the economic recession (Zhou et al., 2020). All these factors suggest that the COVID-19 pandemic and its restrictions are important processes affecting adolescent health.

In a study conducted among Chinese adolescents during the COVID-19 pandemic, the incidence of symptoms related to depression, anxiety, and depression and anxiety combined was high (Zhou et al., 2020). Concordantly, we reported that the COVID-19 pandemic and restrictions affected the life satisfaction of adolescents. Factors such as economic recessions, increased unemployment, negative effects on mental health (Golberstein et al., 2020), and social restrictions may affect the life satisfaction of adolescents.

In times of crisis, people tend to rely on religion to make sense of the situation and relax (Fardin, 2020). In this study, almost all adolescents stated that they attached importance to religious beliefs and used positive religious coping styles during the COVID-19 pandemic and its restrictions. In line with these findings, a study examining internet search engine queries worldwide revealed that the COVID-19 crisis had caused searches for prayers to increase to the highest levels ever recorded (Dein et al., 2020). This phenomenon might be associated with the intense demand for religious coping during the COVID-19 pandemic process. Positive religious coping can have positive effects on adolescents (Prime et al., 2020) and can promote the development of physical and emotional resistance and strengthen immune system (Koenig, 2020). In the study, we examined positive religious coping styles with respect to having a close relationship with the divine, believing that grief has a spiritual meaning, and collaborating with God in the solution of problems; it can be asserted that adolescents use positive religious coping styles during the COVID-19 pandemic.

Positive religious coping is likely to lead to more experiences of positive emotions and life satisfaction, while negative religious coping is likely to lead to more experiences of psychological distress (Terrerri & Glenwick, 2013). In the study, it was determined that female adolescents had significantly positive religious coping styles while male adolescents had significantly negative religious coping styles. In

another study conducted with adolescents, it was determined that female adolescents generally tend to have higher spirituality than males (Debnam et al., 2018). Factors such as women's previous encounters with stressful situations such as entering puberty earlier than men, and the fact that women's socially affected and reacting ways to events are different from men may be the underlying reasons for this situation.

Another key finding, we noted was that adolescents who were from the middle group (15–17 age), had an income less than their expenditure, and were living in a broken family had higher levels of negative religious coping. In another study among adolescents, it was reported that students' income status and family characteristics were important variables affecting perceptions of religiosity (Sisselman-Borgia et al., 2018). This suggests that having a low socio-economic status and living in a broken family are risk factors for positive religious coping in adolescents.

Health-disease orientation is intertwined with religious coping. In this study, we found that adolescents whose health and life satisfaction were affected and who were upset about isolation had higher levels of negative religious coping. Conversely, the adolescents who had anxiety and hope and attached importance to religious beliefs had higher levels of positive religious coping. It has been reported that positive religious coping helps individuals cope with various personal and collective stress factors, such as disasters and pandemics (Bryan et al., 2016). Considering this point of view, awareness of how adolescents and their religious coping methods are affected by the COVID-19 pandemic, and its restrictions should be considered an important factor for protecting and improving the health of adolescents.

Limitations

This study has some limitations. First, data collection took place online. This may have excluded adolescents who do not have the computer skills to access the survey. Second limitation of the study is the inability to make a comparison with the pre-COVID-19 pandemic process due to the nature of the research.

Conclusion and Recommendations

Most of the adolescents surveyed were worried about the COVID-19 pandemic and its restrictions, reported that their health and life satisfaction were affected, were upset about isolation, but also attached importance to religious beliefs. Accordingly, restrictions and isolation in adolescents may be the main factors affecting their well-being and perception of life satisfaction. This study showed that adolescents tended to employ more positive religious coping styles during the COVID-19 pandemic and its restrictions.

Additionally, given that the adolescents who were male of gender, were aged 15–17 years, had an income less than their expenditure and were living in a broken family had the highest level of negative religious coping, we suggest intensifying efforts to develop and support positive religious coping in this demographic group.

Lastly, adolescents who stated that the COVID-19 pandemic and restrictions affected their health and life satisfaction and were upset about isolation had the highest level of negative religious coping. This also underscores the importance of supporting these adolescents in their efforts to develop positive religious coping styles.

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Declarations

Conflict of interest Authors declare no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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