

Journal of Economy Culture and Society

ISSN: 2602-2656 / E-ISSN: 2645-8772

Araştırma Makalesi / Research Article

Resilience and Hopelessness in Turkish Society: Exploring the Role of Spirituality in the COVID-19 Pandemic

Türkiye'de Dayanıklılık ve Ümitsizlik: COVID-19 Pandemisi Sürecinde Maneviyatın Rolü

Hakan GÜLERCE¹ , Hafza Aroosa MARAJ² 

¹Harran University, Department of Sociology, Şanlıurfa, Turkey

²Riphah International University (FSD), Department of Clinical Psychology, Faisalabad, Pakistan

ORCID: H.G. 0000-0003-3601-5725;
H.A.M. 0000-0003-4861-2893

Corresponding author:

Hakan GÜLERCE,
Harran University, Department of Sociology,
Şanlıurfa, Turkey
E-mail: hakangulerce@harran.edu.tr

Submitted: 22.05.2020

Accepted: 21.12.2020

Published Online: 04.05.2021

Citation: Gulerce, H., & Maraj, H.A. (2021). Resilience and hopelessness in Turkish society: Exploring the role of spirituality in the COVID-19 pandemic. *Journal of Economy Culture and Society*, 63, 1-15.
<https://doi.org/10.26650/JECS2020-0075>

ABSTRACT

COVID-19 is an infectious disease that first appeared in China, and turned into a global pandemic. It has affected the health of millions of people and has also driven many changes in societies. This research aims to describe and define the importance of "spirituality" as a mediator in the COVID-19 Pandemic in Turkey while having a positive correlation with "resilience" and an inverse relationship with "hopelessness." The correlational research design was used and data were gathered through the technique of convenience sampling. Standardized sociological and psychological instruments were used to measure the variables. The participants were (N=546) from the general Turkish population (male and female) with the age range of 20-69. The outcomes revealed that resilience is positively correlated with spirituality ($r=0.83$, $p<0.01$), while spirituality is negatively correlated with hopelessness ($r=-0.81$, $p<0.01$). Resilience is also negatively correlated with hopelessness ($r=-0.72$, $p<0.01$). This study concluded that spirituality has a substantial impact on resilient behavior and reduces hopelessness even globally. This study enhances the literature related to psychological and sociological research and promotes the role of spiritual coping strategies, especially in the state of uncertainty created by the current COVID-19 Pandemic.

Keywords: Spirituality, Resilience, Hopelessness, COVID-19 Pandemic, Turkey



1. Introduction

In December 2019, the COVID-19 Pandemic erupted, and its multifaceted effects are causing worldwide disturbances today. Humanity is now in search of robust solutions to these challenges. Human beings can overcome negative situations through resilience and psychological stability. In this study, the relationships among the resilience, hopelessness, and spirituality variables during the COVID-19 Pandemic are explored. Resilience plays an essential role in preventing, communicating, and treating various disorders such as hopelessness and depression (Ozawa et al., 2017). Hopelessness is one of the major causes of mental health disorders. Safety measures aimed at managing the pandemic, such as quarantine, social isolation, obligatory use of surgical masks, and frequent hand sanitizer usage, have indeed been strict. COVID-19 can be transmitted to humans. However, not all of the above solutions can solve it effectively. In this Pandemic, people are also suffering from mental health problems that need to be addressed (Buheji, 2020). It is not enough to pay attention to safety strategies, medical treatments, and scientific explanations to avoid this Pandemic because the consequences are physical and psychological. In other words, it is a combination of mind and body. Human beings have physical bodies and are spiritual beings (McCormick, 1994). Other relevant studies have revealed the level of spirituality in people who are resilient to this harsh pandemic situation worldwide in terms of their mental state. Although spiritual beliefs bring about peace and trust in adherents, it can sometimes be difficult to conclude whether or not these beliefs provoke a positive response in pandemic situations. (Koenig, 2010). This article discusses how spirituality has a vital role in dealing with hopelessness and building resilience in the COVID-19 Pandemic. If a person is resilient, she/he can face challenging situations very well. Resilience plays a vital role in difficult situations wherein the mediation effect of spirituality enhances the indirect effect. For this reason, exploring spirituality as a mode of mediation in the COVID-19 Pandemic situation would be a humble but important contribution in this field. The concept of resilience refers to a person's routine and appropriate alteration of mental function when faced with difficult situations that increase daily life risks (Luthar, Cicchetti, & Becker, 2000).

This study explains that the two positive variables, spirituality and resilience, play an essential role in relation to hopelessness in the COVID-19 Pandemic. Research on resilience indicates that defensive resources are predominantly assembled in three main categories: positive personal dispositions, family rationality and social relations. One of the primary goals of resilience is to reduce the impact of risk factors such as disturbing life events and increase safety factors such as hope, social support, and active coping that enhance people's ability to cope with life's challenges (Abiola, & Udofia, 2011). A cross-sectional study revealed the direct relation of spirituality and resilience in sufferers of psychosis and mania, along with average persons (Mizuno et al., 2016). In dealing with difficulties, resilience is fundamental to human nature. It is well established that both resilience and spirituality have positive relations and vice versa. The concept of resilience refers to human development on a regular basis and appropriate modification of mental function when faced with difficult situations that increase the risks in daily life (Tyler et al., 2020).

Hopelessness is often defined as general negative anticipation of the future and is an intrinsic part of depression. It is identified as unique and the most important long-term risk factor for suicide in clinical populaces (Beck, Weissman, Lester, & Trexler, 1974). In the current research, hopelessness is selected as a criterion that has a significant vulnerability. It is a core characteristic of depression. According to Marchetti, in the theory of hopelessness, the hopeless individual who is willing to listen and adopt resilient attitudes will cope better with daily life challenges (Marchetti, Alloy, & Koster, 2019). The effects of spirituality help people cope with the uncertainties

that could lead to hopelessness. In general, there is a clear correlation between spiritual thoughts and conditions such as concentration, good mental performance, low-stress levels, anxiety, and habitual behavior (Heimberg et al., 1989).

Spirituality is recognized as one of the basic elements that enhances the development of resilience. Resilience has an inverse relation with depression and hopelessness. Current investigations in Judeo-Christian populations have reported positive effects of religion and spirituality on resilience levels in depression. This research shows that the ideas produced by negative experiences due to pandemics need spiritual orientation (Ozawa et al., 2017). New definitions of anxiety are needed that can offer solutions to the psychological and sociological problems caused by any pandemic scenario. Mental health professionals believe that spirituality relieves stress (Krägeloh, Billington, Henning, & Chai, 2015).

Some safety factors help to improve resilience and coping skills. These features include:

Social Support: Resilience also comes in the form of social resilience. Family, friends and community are sources of resilience and they help in overcoming social challenges and traumas. This perspective also applies in the current COVID-19 Pandemic.

Realistic Planning: The ability to be flexible helps people create and execute realistic plans, allowing individuals to work independently in pandemics and achieve their goals.

Self-Esteem: An optimistic sense of self-confidence when facing adversity can stave off feelings of helplessness. Coping skills and problem-solving skills help empower a person to overcome difficulties and social challenges in daily life (Sippel, Pietrzak, Charney, Mayes, & Southwick, 2015).

1.2. Theoretical Framework: In a theoretical framework, this research area can be approached in many different ways. In the literature below, definitions and theories are presented.

1.2.1. Resilience

This study will basically provide a different variable that can change behavior in a pandemic by presenting a theoretical paradox. The presented research used *resilience* as a dependent variable because, in the current COVID-19 Pandemic and the pre-Pandemic period, resilience has also gained clinical significance in sociological and other wellbeing-related fields of study. Mental resilience has been described as the capability to recover from unpleasant emotional experiences. It can also be referred to as an adjustment to the fluctuating tensions of nerve-wracking life experiences. Resilience is the capability for or a consequence of effective adaptation despite perplexing or threatening conditions. Resilient people are considered to have inner power, competency, hopefulness, and managing skills in hardship situations. They have self-confidence and trust in their self-efficacy, and have a range of problem-solving abilities and sustaining interactive relations. Resilience can also be defined as the enthusiasm capability of a person, or, his capability to adapt his optimal level of ego-control to his immediate environment's varying conditions. The scale used in the study is valid to measure the construct of resilience, and the scores on the scale define this variable functionally (Wagnild & Young, 1993). According to another theory, resilience is defined as the aptitude to jump back from difficulty, hindrance, and adversity and is vital for any influential leadership role. The previous research literature proves an inverse relationship between stress and the ability to stay resilient in the face of long interaction with difficulty (Ledesma, 2014).

1.2.2. Hopelessness

In this study, *hopelessness* is treated as an independent variable, one of the triad's significant constituents in Beck's cognitive model of depression. According to Beck's triad model, hopelessness can be defined as one of the main characteristics of depression related to the future, expectations related to oneself, and anticipation related to the world. Presently, the most comprehensively used tool for assessing hopelessness is the Beck Hopelessness Scale (BHS). In 1974, Beck and his team developed the Hopelessness Scale precisely to measure hopelessness, a concept that had been considered difficult to assess empirically. Beck's cognitive model verified that unhappy persons have an idiosyncratic and personal opinion that they are incompetent, apply self-criticism to their problems, and hold a useless view of their future (Beck et al., 1974). The scores computed by the scale define the construct of hopelessness operationally.

In contrast, resilience is related to optimism. Therefore, an inverse relationship of hopelessness with resilience is well researched and documented (Mizuno et al., 2016). For hopelessness, the theory also explains that it negatively affects the person and the subsequent unfolding of events in his life (Abramson, Seligman, & Teasdale, 1978).

1.2.3. Spirituality

The presented research explores *spirituality* as a mediator between resilience and hopelessness, which is increasingly gaining interest as a health research variable. However, the specific features inspected differ from study to study, ranging from obligatory religious practices to spiritual coping emphasizing the importance of life. These features commonly lead to vague views of spirituality's construct when it is to be measured empirically. Spiritual beliefs are often regarded as a coping mechanism for dealing with traumatic events. The question arises regarding the meaning of the relationships between wellbeing variables like resilience and spirituality and their functional value. Spirituality has many changeable descriptions. When associated with a religious setting, it can show the more individual or personal/inner aspect of the religious life, for instance, a personal relationship to God and practices in private life intended to promote kindness. Among specific civilizations, religion can refer to a particular set of beliefs and practices. When the term "spirituality" is removed from a religious background, it can become so unclear as to eventually become worthless. Despite all that, spirituality generally points to aspects of individual and private life that include the relationship with divine power, which is more than our physical existence. The Daily Spiritual Experience Scale is a self-reporting tool intended to assess everyday routine or "mundane" spiritual practices and experiences, not the more dramatic transcendent experiences such as near-death experiences, hearing voices, and seeing visions. It assesses involvements and associations with one's consciousness of the divine power (Underwood, & Teresi, 2002).

In a recent study from Turkey, Veysel Bozkurt conducted a survey study on the impacts of the COVID-19 Pandemic. A total of 5300 participants responded to the survey questions in April 2020. The results show that people have a low level of resilience and a high level of hopelessness about the future. People in the COVID-19 Pandemic need not only money but also psychological support (Bozkurt, 2020). Another study shows that a low degree of hopelessness is associated with depression when there is a high level of resilience. However, stress is related to medical or psychological issues (Ozawa et al., 2017). The critical characteristic of human nature that plays an essential role in dealing with uncertainty is spirituality; internationally, approximately 90% of the population performs spiritual exercises in desperate times (Mystakidou et al., 2007). Another study found that 90% of Americans had more interest in their mystical and religious views after

9/11 to cope with stress (Uecker, 2008). Similarly, in a study of severe mental illness in 165 adults at Boston University, it was revealed that the most beneficial practice was only spiritual performance. "Exercise" was more than just the rate of exercise (Gallagher, Wadsworth, & Stratton, 2002). In addition, a study in Australia found that 79% of patients with mental illness believed that their counselor needed to be aware of their psychiatric views, and 82% reported that stress was the cause of their illness (D'Souza, 2002). Another study results suggest mechanisms by which spirituality can help keep lower levels of depressive symptoms among adolescent girls during periods of transition to middle and high school (Pérez, Little, & Henrich, 2019).

Spirituality is a major, unaddressed factor in the global COVID-19 Pandemic. This study explores spirituality in Turkey by highlighting the current information through the presentation of crucially significant variables. Since Turkey has a predominantly Muslim population, this study intends to address the relevance of spirituality in dealing with the COVID-19 Pandemic. Ali Bardakoğlu, the former president of the Directorate of Religious Affairs of Turkey, emphasizes that Turkey is trying to balance religion and secularism. Because of this, it is continuously improving its democratic culture. Indeed, the perception of Islam in Turkey is one of a moderate nature if one compares it to other Muslim-majority countries. Democratic values have affected the emergence of such a moderate understanding of Islam. This understanding is reflected in the fact that other religious communities (such as Christians and Jews) also enjoy religious freedom (Bardakoğlu, 2009). According to research done by the Directorate of Religious Affairs and the Turkish Statistical Institute (2014), Muslims constitute 99.2% of the general population. Almost all of them learn about religion more or less at the age of 16. The rate of those who believe that God exists and is one and who do not doubt this was 98.7 %. The rate of those who agree with the proposition "All of the things told in the Qur'an are true and valid at all times" was 96.5 %. The rate of those who disagreed was 1 %. 1.6 % of the participants said that they had no idea. The rate of those who think that they will be resurrected after they die and that they will be judged according to their actions was 96.2 %. The rate of those who did not believe it was 0.9 %. When we look at beliefs in beings such as angels, the rate of those who believe that they are real was 95.3 %. The rate of those who always perform five daily prayers throughout the country is 42.5 %. The rate of those who have never performed the daily obligatory prayers was 16.9 %. While 50.5 % of rural residents perform these prayers all the time, this rate has dropped to 39.4 % in urban residents (Türkiye'de Dini Hayat Araştırması, 2014). As seen in the research results, the Turkish community has strong religious practices and, to some extent, spirituality.

1.3. Connection Between the COVID-19 Pandemic and Variables (Resilience, Spirituality, and Hopelessness)

This paper will explore the role of spirituality and its relation with resilience and hopelessness in society through the new combination of variables presented in this study. In the COVID-19 Pandemic, the level of uncertainty increases, which can increase the level of hopelessness. Resilience is a quality that can be affected in pandemics, but it is also a tool that can be used against uncertainty in a pandemic. Spirituality is negatively related to frustration and hopelessness because of spiritual beliefs and practices (Cotton et al., 2012). Spiritual beliefs can offer the potential effects of dealing with traumatic events (Peres, Moreira-Almeida, Nasello, & Koenig, 2007). In Turkey, it has been observed that spirituality and religious practices increased in the COVID-19 Pandemic. Thus, it can be said that due to these spiritual practices, people fought their hopelessness and gained resilience during this critical and uncertain situation. To examine this phenomenon, the presented research was conducted in Turkey during May and June 2020.

1.4. Significance of the Study

This study explores the role of spirituality in relation to resilience and hopelessness in Turkish society during the COVID-19 Pandemic. Keeping in mind Turkey's religious and spiritual beliefs and practices, the relationship between spirituality and resilience needs to be discussed. On the other hand, these two variables are inversely related to despair, reflecting the clinical and therapeutic nature of spirituality or spiritual practices. This study may have particular importance in the field of COVID-19 Pandemic research. This article examines the importance of spirituality in resilience and hopelessness and how it can be nurtured and subsequently flourish during the COVID-19 Pandemic. As a mediator, spirituality is worth researching in Turkey as it can be a psychological and social tool to overcome difficulties encountered in times of a Pandemic. It can be concluded that by enhancing resilience with spirituality, hopelessness can be treated in pandemic situations.

1.5. Research Objectives and Hypothesis

Four assumptions as objectives of this study need to be empirically verified before we can test our main hypotheses. The current study claims independent variables Y (hopelessness) and dependent variables X (resilience) and M (spirituality as mediator) are systematically related to each other. The study also discusses the relationships among these variables as X, Y, and M. Resilience can help a person recover quickly from difficulties and tough situations. Hopelessness (Y) in the COVID-19 Pandemic can decrease the level of hope, optimism, and passion. So, the main question is what the effects of M are on X and Y.

The aims of this study are:

1. To find out the inverse relationship between hopelessness and resilience in the COVID-19 Pandemic.
2. To find a healthy and positive relationship between resilience and spirituality that will positively impact people in a pandemic period.
3. To investigate the inverse relationship between hopelessness and spirituality.
4. To explore the mediation effect of spirituality in relation to resilience and hopelessness during the COVID-19 Pandemic.

The hypotheses of this study are:

1. There is an inverse relationship between resilience and hopelessness.
2. There is a significantly strong and positive relationship between resilience and spirituality.
3. There is an inverse relationship between hopelessness and spirituality.
4. There is a mediating effect of spirituality between hopelessness and resilience.

2. Aims and Methodology

Important suggestions can be drawn from this study for coping strategies and treatment plans in pandemic and post-pandemic times. Initially, when there is a sense of hopelessness, spirituality can play a protective role and increase resilience. Current findings suggest that increased spirituality may reduce the likelihood of hopelessness and increase resilience among the general Turkish population in the challenging global situation of the COVID-19 Pandemic. No pilot study was required to be conducted in this study.

2.1. Data Collection and Study Design

The correlational study design was used in Turkey during the COVID-19 Pandemic. All participants were informed and consent was obtained before the study was initiated. Consent forms written in the Turkish language were sent by digital channels such as email, Facebook, Instagram, Twitter, and WhatsApp from the 3rd to 5th of May, 2020. All information provided by the contributors was kept confidential and participants could withdraw from the survey at any time. Google's online questionnaire was distributed all over the country. Informed consent was attached to the questionnaire form and the protocol was received online. It was an online survey and a sample of (N=546) was taken through a convenient method. The study was conducted on 546 people from Turkey's general population between the ages of 20 and 69 years. The investigators drew the sample by convenience sampling selection from rural and urban areas of Turkey. The participants were from all areas, e.g., health, profession, education, required age limit, and rural and urban residencies. The participants were informed about the purpose of the study.

The Turkish author of this article translated the survey scales from English to Turkish and another professional English-Turkish translator verified the translation. During the survey, 10 participants were also asked to check the translations for any mistakes or incomprehensible questions. Additionally, in Google Forms, we also kept the original English questions so that any English-speaking participants who would like to contribute were welcome to do so. In each of the questions, participants were able to see both the Turkish and English equivalents simultaneously. So, the authors thought that all translations made were transparent and reliable.

2.2. Measurements

The data collected from the participants were recorded through an online form provided for age range, gender, income, residence, education, and religion. All ethical standards were taken into account before and during the study.

2.3. Data Analysis

Statistical Package for Social Sciences (SPSS) 23.0 was used for data analysis (Kinnear & Gray, 1999). Descriptive statistics and frequency tables were used to describe the demographic characteristics of the participants. The data's reliability was checked first and then the person's correlation was analyzed to assess the relationship between resilience, hopelessness, and spirituality. Mediating effect and mediating role (as described by Hayes model 4) were used to describe spirituality as the mediator between hopelessness and resilience within the correlation framework. Mediating effects were analyzed in two steps, which have been repeated in many types of research. The first step is to analyze mediating effects between variables, and the second step is to analyze the role of mediation between variables.

2.4. Instruments

2.4.1. 25-item Resilience Scale (RS)

The primary evaluation measure for resilience among people in this research was the 25-item Resilience Scale (RS). Items are counted on a seven-point scale, the range of the scale is 25 to 175, and higher scores indicate greater resilience levels. According to the authors of this scale, resilience is a trait that refers to mental resistance, audacity, and resilience in the sufferings of life (Wagnild, & Young, 1993).

2.4.2. The Daily Spiritual Experience Scale (DSES)

The Daily Spiritual Experience Scale (DSES) is used to measure the personal practices that a person uses in his relationship with the *supreme divine power*. This survey form contains 16 items that encompass personal involvement and views regarding the presence of a Superior Entity. All items are placed on a 6-point Likert scale from 1 to 6, where 1 means “never” and 6 implies “most of the time”. In the last item (how close do you feel to God in general?), 1 signifies “not at all close” and 4 means “as close as possible.” Within the range of scores (16-94), a higher score shows more recurrent spiritual involvement and practice (Underwood, & Teresi, 2002).

2.4.3. Beck Hopelessness Scale (BHS)

Beck Hopelessness Scale (BHS) is a 20-item self-report inventory with true-false items to gauge the degree of hopelessness and assess people in the age range of 17-80 years. This scale measures the practical, motivational, and cognitive factors of hopelessness. The range of the scores is 0 to 20 (Beck et al., 1974).

3. Findings

This study shows that there is a low level of spirituality with a high level of hopelessness and vice versa. This high score on hopelessness indicates that the level of spirituality is low, but the person who has a high level of spirituality has a low level of hopelessness. It is strongly recommended to raise the level of spirituality to overcome negative thoughts.

3.1. Participants' Descriptive Analysis

Data were analyzed by the Statistical Package for the Social Sciences (SPSS) 23.0. We performed a sequence of analyses of the socio-demographic variables. Participants were (N = 546) Turkish men and women. Most of the participants belonged to the age group 20-29, comprising 62.1% of the total respondents. The lowest number of respondents were age 60-69, constituting merely 2.4% of the sample population. Most participants were female at 58.6%. The percentage of male participants was 41.4%. Most participants had completed Bachelor's degrees (63.9%), while those with master's degrees were 14.3%. 7.9% of the respondents were Ph.D. holders. The urban population participated with 89.2% and participants from rural areas were at 10.8%. Both Muslims and non-Muslims participated in the survey. Results showed that 98% of participants were Muslims, and 2% were non-Muslims. Source of income information showed that the self-employed participated with a range of 64.8% compared to participants who are supported by someone, with a range of 32.2%. Other details of demographic data are presented in Table 1.

Table 1: Frequency (F) Table for Demographic Variables N=546

Variables	F	%
Gender		
Male	226	41.4%
Female	320	58.6%
Age		
20-29	339	62.1%
30-39	95	17.4%
40-49	62	11.4%
50-59	37	6.8%
60-69	13	2.4%

Education of Respondent		
Bachelor	349	63.9%
Master's	78	14.3%
Doctorate	43	7.9%
Others	76	13.9%
Income of Respondent		
Self	354	64.8%
Sponsored	192	32.2%
Residence		
Rural	59	10.8%
Urban	487	89.2%
Religion of Respondent		
Muslim	535	98.0%
Non-Muslim	11	2.0%

3.2. Reliability and Descriptive Analysis of Resilience, Hopelessness and Spirituality

The simple descriptive statistics of the variables resilience, hopelessness, and spirituality are presented in Table 2. The mean score for resilience was 139.3 (SD=20.8, range 58-173). The mean score for hopelessness was 28.6 (SD=2.4, range=4–19). Spirituality level differed significantly by participants with a mean of 77.61 (SD=15.5, range=54-94). The variable showed its Cronbach's alpha (α) with a strong range. Resilience showed (α =0.94), hopelessness showed (α =0.81), and spirituality showed (α =0.95). These data showed that these variables have strong Cronbach's alpha. The Resilience Scale (RS) has 25 items with the possible range of (25-175), the Beck Hopelessness Scale (BHS) has 20 items with the possible range of (0-20), and the Daily Spiritual Experience Scale (DSES) has 16 items with the possible range of (16-94).

Table 2: Reliability and Descriptive Analysis of Resilience, Hopelessness and Spirituality

Scale	Number Of items	Possible range of scores	Range of scores	Mean±SD	Cronbach's Alpha
Spirituality	16	16-94	54-94	77.61±15.5	0.95
Hopelessness	20	0-20	04-19	28.6±2.4	0.81
Resilience	25	25-175	58-173	139.3±20.8	0.94

3.3. Correlation Analysis among Resilience, Hopelessness and Spirituality

The correlations among resilience (DV), hopelessness (IV), and spirituality (mediator) are presented in Table 3, where our hypotheses (1, 2, and 3) are approved based on this table.

Resilience and hopelessness were found to be positively related to spirituality. The hypothesis "There is a significantly strong and positive relationship between resilience and spirituality" was also accepted when results showed that resilience was positively correlated with spirituality ($r=0.83$, $p<0.01$) but had been negatively correlated with hopelessness ($r=-0.72$, $p<0.0$). The correlation and P-value support the hypothesis "There is an inverse relationship between resilience and hopelessness." Spirituality had the highest positive correlation coefficient with resilience but negatively correlated with hopelessness ($r=-0.81$, $p<0.01$). The P-value supports our hypothesis (there is an inverse relationship between hopelessness and spirituality).

Table 3: Correlation among Resilience, Hopelessness and Spirituality

	Resilience	Beck Hopelessness Scale (BHS)	Daily Spiritual Experience Scale (DSES)
1. Resilience	1	-0.72**	0.83**
2. BHS		1	-0.81**
3. DSES			1

** Correlation shows significant at the 0.01 level $p < 0.01$ (2-tailed).

3.4. The Mediating Effect of Spirituality on the Relation between Resilience and Hopelessness

The mediating effect of spirituality (M) on hopelessness (IV) and resilience (DV) shown in Table 4(a) and the results in Table 4(b) indicate that spirituality can function as a partial mediating effect between resilience and hopelessness. This indication supports our hypothesis (4), which is that “There is a mediating effect of Spirituality between Hopelessness and Resilience.” Here, in the present study, the explanation of mediation is presented in two stages.

Table 4(a): Mediating Effects of Spirituality between Resilience and Hopelessness

Effect	B	CI 95%	
		Upper	Lower
Total	6.4**	0.22	1.4
Direct	-4.7**	.02	1.0
Indirect	-1.7**	0.20	0.4

Note: $p < .05$; * $p < .01$; ** $p < .000$ ***

Table 4(b): Mediating Role of Spirituality between Resilience and Hopelessness

Variables	Spirituality		Resilience	
	Coefficient	F P	Coefficient	F P
Hopelessness	-0.5	4.1 0.04	-0.46	15.40.000
Spirituality			0.32	6.10.000
R² = 0.71				
F = 15.4				

Note: $p < .05$; * $p < .01$; ** $p < .000$ ***

Firstly, hopelessness was regressed with resilience ($b = 6.4$, $p = 0.000$). It shows that hopelessness has a direct strong negative effect on resilience (-4.7). Then, it involved regressing spirituality on the independent variable (hopelessness). Spirituality was significantly regressed with resilience ($b = -1.7$, $p = 0.000$). This regression shows that spirituality indirectly affects the dependent variable (resilience) through the independent variable hopelessness, and indirect effect becomes less by -4.7 to -1.7 because of the mediator spirituality. It powerfully shows that spirituality plays an effective mediator role in overcoming hopelessness. Spirituality was significantly regressed on resilience and hopelessness ($b = 6.4$) $R^2 = 0.71$, which predicted 71% of the combined effect of spirituality (M) on resilience and hopelessness with the variance of F (15.4).

Secondly, regression shows a significant mediating role, as represented in Table 4(b). It also shows that spirituality (M) plays a mediator role between resilience (DV) and hopelessness (IV). Hopelessness and spirituality have $F = 4.1$ with $p = 0.000$ *, which indicates significant results and the coefficient was -0.5 . This indication means that those whose spirituality level is low may have

a higher hopelessness level. Hopelessness and resilience with a coefficient of -0.46 , $p0.000^*$, and $F=-15.4$ also show that hopelessness can play a vital role in a lower resilience (DV) level. Spirituality with $F=15.4$ represents its strong existence as a mediator. Results of $R^2=0.71$ with the coefficient of 0.32 and $F=6.1$ also show that spirituality (M) has a robust mediating effect.

4. Discussion and Conclusion

This study explores the contextual framework and supports our hypothesis based on results. This study is about the relationship between resilience, hopelessness, and spirituality as they are affected by the COVID-19 Pandemic. Despite the evidence of the correlation between spirituality and hopelessness suggested by professionals, when these findings have been incorporated into clinical practice, the application of this knowledge in clinics remains a challenge. Regardless of the restrictions mentioned above, this is one of Turkey's early studies to explore the relation of spirituality to resilience and hopelessness among Turkish people in the COVID-19 Pandemic period. Previous studies show that people should accept various issues and public awareness of spirituality should be elevated. The finding of our study is correlated with the given results. Spirituality is linked to many aspects of human behavior, such as having positive relationships with people, having self-confidence, being more optimistic, and having goals in life (Underwood, & Teresi, 2002). According to our study results, spirituality enhances resilience in traumatic and challenging situations in one's personal daily life. The role of spirituality in creating resilience in trauma survivors can further increase our understanding of human adaptation to trauma, even as spirituality is based on a personal struggle to understand questions about life and meaning (Peres et al., 2007). There is a small variation between our study and the previous study because of cultural differences and variations in beliefs (Cotton et al., 2012). For useful results, as the COVID-19 Pandemic has not ended yet, the longitudinal design can be redesigned to obtain spiritual factors in relation to the psychosocial challenges of the COVID-19 Pandemic. Therefore, resilience should also be incorporated into relevant strategies. The findings of the current study confirm that those who are most closely associated with spiritual practices and faith in God are more likely to have less anxiety, depression and frustration. People with a spiritual orientation are prone to think that the consequences will be auspicious and progressive (Cotton et al., 2012). This article examines the current state of the evidence-based guidelines for the integration of spiritual diagnosis and spirituality into pandemic diseases.

According to the relationship between hypothetical theory and principles, all general assumptions or (null hypotheses) are accepted. There is significant correlation and mediation between variables. Moreover, other spiritual tendencies and religions require possible variations from different cultural backgrounds. Modern research has shown that spiritual and religious beliefs are directly related to participation in dealing with depression (Ozawa et al., 2017). Many previous studies have shown that spirituality is inversely proportional to hopelessness (Cotton et al., 2012; Ozawa et al., 2017; Talib & Abdollahi, 2017). According to theories of common method variance studies by Cote & Buckley (1988), the significant problem of all explorations requires a substantial total frequency rather than a one-factor test or a one-factor analytical approach. This typical measurement is explained by the 71% of variance. When correlation among variables is strong, common method variance expands the observed relationship, which is stronger than the observed weak interrelationships between the variables of methods, which minimizes the relationship. The difference between the general relationships also leads to the elimination or reduction of the relationship of common method variance. There is a coefficient variation in this study as it clarifies

the difference in the common method variance which doesn't cause any problem with strong correlation. Resilience has the basic purpose of reducing the impact of risk factors and increasing safety factors that enhance people's ability to cope with life's challenges (Abiola, & Udofia, 2011). Psychological resilience plays an essential role in coping with hopelessness (Whitson et al., 2016). It is concluded that counseling is a necessary system for everyone to fight hopelessness.

The analysis of the results under the theoretical framework has considered whether resilience plays a vital role in the COVID-19 Pandemic when there is a prevalence of hopelessness among people. This study asserts that the real source of spirituality must be examined and valued before and during every critical matter. According to the previous study of hopelessness, the depressed person pays negative attention to personal, permanent, and various aspects of life (Abramson et al., 1978). Depression and hopelessness have an inverse relation with resilience (Ozawa et al., 2017). According to Meson's research, spirituality and resilience in people with psychosis and mania have a direct relationship with the general population. (Mizuno et al., 2016). According to a religious understanding, spirituality offers a close association with God as the affectionate authority supporting people in difficult situations; so, spiritual people are less prone to feel a sense of hopelessness, even under challenging circumstances (Abdollahi, & Talib, 2015). Researchers recommend spirituality as a defensive factor against suicidal thoughts and negative thinking.

Moreover, the mediation effect of spirituality in relation to hopelessness and resilience coincides with our findings that there is an inverse association between spirituality and hopelessness (Mystakidou et al., 2007). The current results show that spirituality mediates between resilience and hopelessness. A positive commitment to resilience is explained by $R=0.71$ that is 71% of the variability. Empirical conclusions displayed that spirituality affects behaviors in stressful situations. The present study's results show a positive relationship with spirituality and a significant defensive influence against hopelessness and depression, which also showed a strong inverse correlation between spirituality and hopelessness ($r=-0.81$) in Mystakidou's study. This hypothesis has been proved and theoretically it describes the role of these instruments by which spirituality impacts mental health. Identifying these instruments will be significantly important in developing new precautionary and treatment tactics. After checking the coherence of these variables, the study also fundamentally improved the current theoretical understanding. It is recommended that sociologists and psychologists work collaboratively to provide help in the COVID-19 Pandemic where hopelessness impacts the performance of a daily routine. During pandemics, people can be supported by spiritual counseling services. This support may increase resilience against hopelessness. Spirituality should be valued as having an essential role in increasing resilience in emotional situations and psychological problems.

5. Strengths, Limitations, and Implications for Future Research

The current study's main strength is assessing the element of spirituality as a mediator between hopelessness and resilience in the Turkish population in the severe global situation of the COVID-19 Pandemic. This study demonstrated that Turkey's population has a high level of spirituality and resilience during the COVID-19 Pandemic. The results and conclusions of this research should be viewed in the light of a few limitations. The sample was drawn through a convenient sampling technique, which can lessen the generalizability of the research but the number of samples ($N=546$) is sufficient, which can address this problem. Although researchers sent the online questionnaire all over the country, not all responses were received. The significant flaw of the current investigation is that it was conducted through the use of an online Google form. It is

suggested that appropriate testing conditions should be used in future studies. Further studies may use an experimental design to examine the relationship between resilience, spirituality, and hopelessness. The proposed study is a different combination of variables that were not previously studied in Turkey.

For future research plans, these variables should be researched with other related variables. Upcoming research is likely to expand the domain and add new variations on belief, such as the belief in the hereafter, and the proposed model to increase spirituality's impact on other variables such as stigmatization and mental health. For future studies, practical implications and important suggestions for coping strategies and treatment plans can be drawn from this study. Initially, when there is a sense of hopelessness, spirituality can play a protective role and increase resilience because spiritually minded people have a higher degree of adaptation ability. Current findings suggest that increased spirituality may reduce the likelihood of hopelessness and increase resilience among the general Turkish population in the COVID-19 Pandemic and, probably, its aftermath.

Peer-review: Externally peer-reviewed.

Conflict of Interest: The authors have no conflict of interest to declare.

Grant Support: The authors declared that this study has received no financial support.

References

- Abdollahi, A., & Talib, M. A. (2015). Spirituality moderates hopelessness, and suicidal ideation among Iranian depressed adolescents. *Death Studies, 39*(10), 579–583. <https://doi.org/10.1080/07481187.2015.1013163>
- Abiola, T., & Udofia, O. (2011). Psychometric assessment of the Wagnild and Young's Resilience scale in Kano, Nigeria. *BMC Research Notes, 4*(1), 509. <https://doi.org/10.1186/1756-0500-4-509>
- Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology, 87*(1), 49–74. <https://doi.org/10.1037/0021-843X.87.1.49>
- Bardakoğlu, A. (2009). *Religion and society new perspectives from Turkey*. Diyanet İşleri Başkanlığı Yayınları. Ankara.
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The Hopelessness Scale. *Journal of Consulting and Clinical Psychology, 42*(6), 861–865. <https://doi.org/10.1037/h0037562>
- Bozkurt, V., Pandemi döneminde çalışma: Ekonomik kaygılar, dijitalleşme ve verimlilik, *COVID-19 Pandemisinin Ekonomik, Toplumsal ve Siyasal Etkileri*, İstanbul Üniversitesi Yayınları, pp. 115-136. DOI: 10.26650/B/SS46.2020.005.08
- Buheji, M. (2020). Planning competency in the new normal–employability competency in Post- COVID-19 Pandemic. *International Journal of Human Resource Studies, 10*(2), 237. <https://doi.org/10.5296/ijhrs.v10i2.17085>
- Cote, J. A., & Buckley, M. R. (1988). Measurement error and theory testing in consumer research: An illustration of the importance of construct validation. *Journal of Consumer Research, 14*(4), 579–582. <https://doi.org/10.1086/209137>
- Cotton, S., Weekes, J. C., McGrady, M. E., Rosenthal, S. L., Yi, M. S., Pargament, K., ... Tsevat, J. (2012). Spirituality and religiosity in urban adolescents with asthma. *Journal of Religion and Health, 51*(1), 118–131. <https://doi.org/10.1007/s10943-010-9408-x>
- D'Souza, R. (2002). Do patients expect psychiatrists to be interested in spiritual issues? *Australasian Psychiatry, 10*(1), 44–47. <https://doi.org/10.1046/j.1440-1665.2002.00391.x>
- Gallagher, E. B., Wadsworth, A. L., & Stratton, T. D. (2002). Religion, spirituality, and mental health. *The Journal of Nervous and Mental Disease, 190*(10), 697–704.
- Heimberg, R. G., Klosko, J. S., Dodge, C. S., Shadick, R., Becker, R. E., & Barlow, D. H. (1989). Anxiety disorders, depression, and attributional style: A further test of the specificity of depressive attributions. *Cognitive Therapy and Research, 13*(1), 21–36. <https://doi.org/10.1007/BF01178487>
- Hjemdal, O., Friborg, O., & Stiles, T. C. (2012). Resilience is a good predictor of hopelessness even after accounting for stressful life events, mood and personality (NEO-PI-R). *Scandinavian Journal of Psychology, 53*(2), 174–180. <https://doi.org/10.1111/j.1467-9450.2011.00928.x>
- Kinncar, P. R., & Gray, C. D. (1999). *SPSS for windows made simple*. Taylor & Francis.
- Koenig, H. G. (2010). Spirituality and mental health. *International Journal of Applied Psychoanalytic Studies, 7*(2), 116–122. <https://doi.org/10.1002/aps.239>
- Krägeloh, C. U., Billington, D. R., Henning, M. A., & Chai, P. P. M. (2015). Spiritual quality of life and spiritual coping: Evidence for a two-factor structure of the WHOQOL spirituality, religiousness, and personal beliefs module. *Health and Quality of Life Outcomes, 13*(1), 26. <https://doi.org/10.1186/s12955-015-0212-x>
- Ledesma, J. (2014). Conceptual Frameworks and Research Models on Resilience in Leadership. *SAGEOpen, 4*(3), 2158244014545464. <https://doi.org/10.1177/2158244014545464>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- Marchetti, I., Alloy, L. B., & Koster, E. H. W. (2019). *Breaking the vise of hopelessness: Targeting its components, antecedents, and context*. OSF Preprints. <https://doi.org/10.31219/osf.io/ryvwu>
- McCormick, D. W. (1994). Spirituality and management. *Journal of Managerial Psychology, 9*(6), 5–8. <https://doi.org/10.1108/02683949410070142>
- Mizuno, Y., Hofer, A., Suzuki, T., Frajo-Apor, B., Wartelsteiner, F., Kemmler, G., ... Uchida, H. (2016). Clinical and biological correlates of resilience in patients with schizophrenia and bipolar disorder: A cross-sectional study. *Schizophrenia Research, 175*(1), 148–153. <https://doi.org/10.1016/j.schres.2016.04.047>

- Mystakidou, K., Parpa, E., Tsilika, E., Pathiaki, M., Galanos, A., & Vlahos, L. (2007). Depression, hopelessness, and sleep in cancer patients' desire for death. *The International Journal of Psychiatry in Medicine*, 37(2), 201–211. <https://doi.org/10.2190/0509-7332-388N-566W>
- Ozawa, C., Suzuki, T., Mizuno, Y., Tarumi, R., Yoshida, K., Fujii, K., ... Uchida, H. (2017). Resilience and spirituality in patients with depression and their family members: A cross-sectional study. *Comprehensive Psychiatry*, 77, 53–59. <https://doi.org/10.1016/j.comppsy.2017.06.002>
- Peres, J. F. P., Moreira-Almeida, A., Nasello, A. G., & Koenig, H. G. (2007). Spirituality and resilience in trauma victims. *Journal of Religion and Health*, 46(3), 343–350. <https://doi.org/10.1007/s10943-006-9103-0>
- Pérez, J. E., Little, T. D., & Henrich, C. C. (2009). Spirituality and depressive symptoms in a school-based sample of adolescents: A longitudinal examination of mediated and moderated effects. *Journal of Adolescent Health*, 44(4), 380–386. <https://doi.org/10.1016/j.jadohealth.2008.08.022>
- Sippel, L. M., Pietrzak, R. H., Charney, D. S., Mayes, L. C., & Southwick, S. M. (2015). How does social support enhance resilience in the trauma-exposed individual? *Ecology and Society*, 20(4). Retrieved from <https://www.jstor.org/stable/26270277>
- Talib, M. A., & Abdollahi, A. (2017). Spirituality moderates hopelessness, depression, and suicidal behavior among Malaysian adolescents. *Journal of Religion and Health*, 56(3), 784–795. <https://doi.org/10.1007/s10943-015-0133-3>
- Türkiye'de dini hayat araştırması. (2014). Diyanet İşleri Başkanlığı. Ankara.
- Tyler, C. M., Henry, R. S., Perrin, P. B., Watson, J., Villaseñor, T., Lageman, S. K., ... Soto-Escageda, J. A. (2020, February 14). Structural equation modeling of parkinson's caregiver social support, resilience, and mental health: A strength-based perspective [Research Article]. <https://doi.org/10.1155/2020/7906547>
- Uecker, J. E. (2008). Religious and spiritual responses to 9/11: evidence from the add health study. *Sociological Spectrum*, 28(5), 477–509. <https://doi.org/10.1080/02732170802206047>
- Underwood, L. G., & Teresi, J. A. (2002). The daily spiritual experience scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine*, 24(1), 22–33. https://doi.org/10.1207/S15324796ABM2401_04
- Wagnild, G. M. & Young, H. M. (1993). Development and psychometric evaluation of the resilience Resilience scale. *Journal of Nursing Measurement*, 1, 165-178.
- Whitson, H. E., Duan-Porter, W., Schmadee, K. E., Morey, M. C., Cohen, H. J., & Colón-Emeric, C. S. (2016). Physical resilience in older adults: Systematic review and development of an emerging construct. *The Journals of Gerontology: Series A*, 71(4), 489–495. <https://doi.org/10.1093/geron/glv202>

