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# THE EFFECTS OF RELIGIOSITY AND SPIRITUAL WELL-BEING ON PERCEIVED STRESS DURING COVID-19 PANDEMIC

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## Abstract

The human being is endowed with a strong conservation factor. Created in the image of the Divinity, in extreme conditions it can activate positive spiritual forces in order to overcome the difficult moments in its existence. Spiritual well-being refers to our willingness to find the meaning and purpose of human existence, a habit of questioning everything and understanding abstract things that cannot be easily explained or understood. The present study aims to investigate the relationship between spiritual well-being (SWB) and religiosity as protective factors during the pandemic years of 2020-2021. In order to do so, we conducted an online survey in order to measure the perceived impact and stress of the covid-19 pandemic on young people's life. 719 Romanian students, with a mean age of 28 years (SD = 10.36), filled in a demographic questionnaire, Paloutzian & Ellison's Spiritual Well-Being Scale and Huber's Centrality of Religiosity Scale. The results showed that the people who attended the church more frequently, who prayed a lot, who could communicate with their priest, who have high levels of spiritual well-being and have the religiosity as a central value, perceive a less impact of the pandemic, and felt lower levels of stress during these years. We consider these results to be important for the combined efforts of psychologist and priests to support people's mental health, and is one of the few studies on spiritual well-being on Orthodox population during this Pandemic context.

*Keywords:* pandemic, resilience, stress, religiosity, spiritual well-being

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## 1. Introduction

Human life, as a personal existence open to communion and interaction with fellow human beings, offers not only comfort situations, but also hostile or less comfortable circumstances. As a rational being, the human person is constantly activating the most appropriate solutions, constantly adapting through a capacity for conservation planted in human nature as an ontological principle. However, in recent years, the challenges of contemporary life have led some of us to restructure our beliefs, seek new resources within ourselves, and perhaps

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reorient ourselves toward what we have innate-faith in God. Although humankind has gone through various extreme situations throughout history, the declaration by the World Health Organization of the pandemic caused by the SARS-COV 2 virus has been an unprecedented situation for many, perhaps the greatest challenge in all important aspects of everyday life: medical, psychological, spiritual and economic. The need to stay isolated in homes, deprivation of freedom of movement, interaction with others, insecurity and illness were for many people factors that led to the aggravation or onset of specific symptoms of stress and mental health disorders such as depression, anxiety, post-traumatic stress, etc. [1, 2]. In this tense atmosphere, man quickly began to look for points of support to cope successfully and to end the hard stage of his existence with a positive and constructive attitude and perspective, trying to gradually reach a state of well-being similar to the previous one (before pandemic). In this context, we tried to identify some of the resilient mechanisms that young people in Romania have used successfully in the last 18 months, so that we can better support, in the future, the young generation that is going through challenging situations. It has also been a favourable framework for approaching these mechanisms from the perspective of two sciences: Psychology and Theology. Thus, the novelty of this research consists primarily in the multidisciplinary approach to resilience (psychological and spiritual), an aspect little addressed in the Romanian space, in which contemporary man is challenged to cope with unforeseen trials in everyday life, but also has spiritual concerns.

From a psychological point of view, resilience is defined as a dynamic process by which individuals use personal characteristics and environmental resources to reflect and identify optimal ways to adapt to life situations [3]. One of these critical life events is the pandemic generated by covid-19 virus. In theology, resilience is seen as a spiritual-educational process that develops from childhood. Religious belief in transcendental reality externalizes personal dependence on an Absolute, real and necessary, as well as useful in fortuitous cases, therefore, what causes transcendence is the event that takes place *hic et hunc* in our lives and which, most of the time, we find it unfavourable. "To speak of an event and of transcendence means to make evaluations with this possibility of orientation towards the last Presence (of God in that event - a.n.): thus the orientation becomes a possibility of ours by which we understand (the event), which it happens in life; when what is happening to us it removes from our present, the belonging to uniqueness, it becomes the manifestation of an immanent sign of a transcendental Presence." [4] In other words, nothing is accidental in everything that happens to us in the present life. Each event is unique and is a form of immanent transcendent intervention. Divinity, as transcendence, must be viewed from two perspectives: first, no event in the world can influence it to be in a forced relationship with what is happening; secondly, all the events that take place in the world are held by it, that is, on the one hand, nothing that is evil in the world can cause God to be considered the cause of that evil. On the other hand, what happens to the world, even the bad

things, cannot be understood as foreign to God. In other words, we see God in the world without identifying Him with the things of the world, for we also see the evil of the world without considering God the cause of the latter. From this perspective, resilience also has a rational argument: as a human being I have to overcome the difficulties of the world because I have a model above it, a model that motivates me, empowers me and gives me the ways and means to overcome myself by assuming the situation.

Resilience belongs to created human nature, it is a power given to man by God as a skill and potential that can be developed/educated and involves taking on difficult events and managing them by using the means that belong exclusively to faith. In Latin the verb *resilio*, *ire*, *silui*, *sultum* defined the act of taking a leap backwards, of retreating quickly (e.g. the hail that jumps back against the roof of the house without breaking), and in Greek the verb *πέζω* (prayer) defined the action of sacrificing to a god, of self-sacrificing in the face of a serious situation. In both etymologies, the ancient world saw resilience as endurance and effort, or sacrifice, in overcoming the trials of life.

The philosopher Aristotle, in the first and famous treatise on the morals of antiquity, *Nicomachean Ethics* [5], insists that good is achievable in practice and is accessible to man [6], not just a good in itself, theoretically as in Plato. This concrete state of well-being is desired by every human being, regardless of the conditions of life. Aristotelian happiness is a synthesis between the concept of good and the reality of man. Therefore, man cannot run away from objective reality, whatever it may be. "Man is happy when he can accomplish what by his nature he is destined to accomplish, and this means, beyond external determinations, fulfilling his duty prescribed by the imperative of reason." [6, p. X]

Resilience, as a general principle, seems to harmonize with the words of the quoted philosopher, namely: the goal always pursued for itself seems to be happiness [5] or, we would say, well-being. There is a very close connection between resilience and spirituality, even if direction of causality is not clear yet [7], and there are several theories that link spirituality to resilience [8]. Many studies have revealed the huge impact of spirituality and religiosity on well-being, levels of anxiety and depression, and last but not least the role of optimism, prayer, forgiveness and the well-being of man [9-13]. Recent studies have also shown that spirituality correlates positively with the well-being of young people [14, 15], the complex and positive relation between spirituality, religiosity, health behaviours and resilience of youth being validated in numerous studies [16-21]

Evangelical Christianity opens up new perspectives on well-being. Well-being, happiness, are the common goal of all mankind, that is why God has endowed man with resistance to the hardships of life, not only for personal good, but for all those around us. A pandemic, for example, is not just the struggle of a desperate individual to isolate himself, to escape alive and unharmed only for himself, but in this approach he isolates himself for the common good, that is, not to make others sick. Religious faith, whatever it may be, always leads to the

common good as its ultimate goal, and the capacity for human resilience is always strengthened. Thus, Christianity describes what in research can be defined as spiritual well-being, i.e. a state that connects the mind and body of the individual, society, intelligence and health, supporting the individual in his/her attitudes and life goals [21]

Opatz defines spiritual well-being as the willingness to find the meaning and purpose of human existence, a habit of questioning everything and understanding abstract things that cannot be easily explained or understood [22]. Paloutzian and Ellison suggested that spiritual well-being can be understood through public (religion) and private spiritual practices [23]. According to Ellison, spiritual well-being is a unifying force that aims to integrate the physical, emotional and social dimensions of health, including both a psycho-social dimension and a more religious dimension [24]. Kamyra states that spiritual well-being is a powerful predictor of self-esteem and the ability to adapt effectively to challenges and distress, and examines spiritual well-being from a two-dimensional perspective, demonstrating a positive relationship between belief in a superiority being and the meaning and purpose of life [25]. Chapman points out that spiritual well-being is related to a person's ability to reach his or her potential, to explore the purpose of life, to express himself or herself, and to act [26]. He also emphasizes that spiritual goodness helps the ability to love, good mood, satisfaction with life. According to Seaward, SWB includes concepts from various disciplines: Psychology, Sociology, Philosophy and Theology that work together to define the emotions and behaviours that make up this concept of spiritual well-being [17]. According to Emmons, spiritual endeavours contribute to better health and general well-being [27].

Research has clearly identified spiritual well-being as a factor that promotes health, but also as a protective factor. Kaldor et al found that a spiritual orientation is positively related to various aspects of well-being [28]. De Souza, Cartwright and McGlip reported that the spiritual expression of 16-20 year olds is related to a sense of belonging to family and friends and promotes a sense of self-worth and helps young people find meaning and purpose [29]. Welding et al conducted a phenomenological study in which they investigated the spirituality of six adults who experienced mental illness [30]. They reported that spirituality can sustain life, prevent suicide and provide meaning in life. Webb has identified from his personal experience and research that spirituality is extremely important in recovering from suicidal thoughts [31]. In other words, we can say that the spiritual dimensions of our existence contribute to positive outcomes in life and that spirituality is the path that can increase health and well-being.

Young people with higher spirituality show fewer depressive symptoms and engage in less risky behaviours [21]. Research has also shown that protective factors, associated with resilience, can be classified into two broad areas: personal attributes and external interaction systems. First, researchers identified the attributes of resilient people, including thinking patterns, personal traits, social skills, coping mechanisms, perceptual and decision-making skills, in response to stressful situations [32, 33]. Some attributes of the individual can

be learned, others appear to be inherent and reside in the biology of the individual. The second broad area of factors that influence resilience lies in the level of interaction of systems that are external to the person. These systems include: family, friends, school and local community, Church [34]. In a major study of the links between religious involvement and human development, Myers [35] indicates that people who are engaged in religious experience feel greater happiness and satisfaction in life, report fewer depressions, and recover more quickly from loss or loss crises, than people who are not religious. Religious people are also less likely to engage in delinquent behaviour. Both religious women and religious men have a longer life expectancy, recover better from illness, and have a healthier lifestyle.

## **2. Aim of the study**

The research evidence consistently and unequivocally demonstrates that there are positive correlations between religious involvement and health at any age. Even during the pandemic, studies on populations in different countries have shown that spiritual well-being can play a protective role in people's well-being [36, 37]. Given this evidence and the fact that during this time each of us experienced the effects of the Covid-19 pandemic, the present study aimed to identify and explore how religiosity and spiritual well-being have influenced the reactions of young adults to the stress generated by the pandemic situation.

## **3. Measurements**

Taking into account the purpose of the research, we used a set of four questionnaires, which we present below. The demographic questionnaire was aimed at collecting information on age, gender, place of residence, as well as questions about religious behaviour (e.g. how often do you go to church? How often do you pray?), using dichotomous scales, Likert scales, or open-answers items. The perceived impact of the covid-19 pandemic was evaluated through one question - how big is the impact of the covid-19 pandemic on your life? (scale from 1 to 10). In order to assess the level of spiritual well-being, we used SWB Scale [23], a 6-point Likert scale, designed to measure the perception of individual's spiritual quality of life. For centrality, importance or salience of religious meanings we used Centrality of Religiosity Scale [38, 39], a 5-point Likert scale, where individuals with higher scores on the CRS have a more central religious construct system. Depression Anxiety and Stress Scale (DASS-21, [40]), was used in order to measure the level of stress. The questionnaire, translated and adapted for Romanian population, includes three self-report scales (measured on a 4-point Likert scale) designed to measure the negative emotional states of depression, anxiety and stress, and for this study we only used the last one. The SWB and CRS items were translated in Romanian, converted and revised by the research team.

### 3.1. Participants

Our sample included 719 Romanian students, with a mean age of 28 years (SD = 10.36). The participants were predominantly urban residents (56%) and males (60%), covering fields of studies such as: Literature, Theology, Economics, Social Sciences, Law, Medicine, Arts, Engineering and IT. As far as their religion was concerned, the vast majority of the participants were Orthodox (Table 1).

**Table 1.** The description of the participants' sample.

Variables	n	%
<b>Gender</b>		
Males	431	40
Females	288	60
<b>Residence</b>		
Urban	406	56.5
Rural	313	43.5
<b>Religion</b>		
Orthodox	561	78
Baptist	76	10.6
Pentecostal	32	4.5
Evangelists	27	3.8
Others	23	3.1

### 3.2. Procedure

Due to restrictions, all items of the questionnaires were transposed in online format, using Google Forms. The link was then sent to different universities across our country in order to gather the data. Students filled in the answers during December 2021 and January 2022.

## 4. Results

Data were analysed using SPSS version 25. For the descriptive analysis, we used absolute and relative frequencies for nominal variables, and mean values and standard deviations for continuous variables. For comparisons between groups, we used the independent samples *t* test and for correlations, we used the Pearson correlation coefficient for continuous variables. In the case of analysing the relationship between continuous and dichotomous variables, we used the biserial correlation coefficient. The optimal predictive models were constructed by using the multiple linear regression procedure with the stepwise method for entering variables into the models. For all analyses, the assumptions of parametric procedures were met.

#### **4.1. Perceived impact of covid-19 pandemic and perceived level of stress**

##### **4.1.1. Demographic factors**

Concerning the health of participants related to covid-19 virus during the pandemic period, 72.7% declared they have not been infected, but 67.8% of them had family members or friends who had the virus and 27.7% had relatives or friends who died (Table 2). This might be explained by the fact that the virus was less aggressive with young people during this period, or some of them could not develop symptoms. One aspect of great importance about our sample and the aim of the study is that 82.9% of the participants have had the possibility to be in direct contact with a priest in the emergency state period. As studies showed, this spiritual support is extremely important when people have to deal with health risks, palliative care, bereavement, grief [41-43]. In our sample for those who were in close contact with the priest the level of stress was significantly lower when compared with those who had no spiritual support ( $t = -3.28$ ,  $p < 0.01$ ).

**Table 2.** Covid-19 infections in the participants sample (based on self-assessment).

<b>Variables</b>	<b>n</b>	<b>%</b>
<b>Covid-19 infection</b>		
No	523	72.7
Yes	96	27.3
<b>Covid-19 cases among family/friends</b>		
No	231	32.1
Yes	488	67.9
<b>Deceased among family/friends</b>		
No	520	72.3
Yes	199	27.7
<b>Communication with the priest in the emergency state</b>		
No	123	17.1
Yes	596	82.9

As others have previously showed [36] our data confirm the fact that the women perceived a higher impact of covid-19 pandemic ( $M = 6.37$ ,  $SD = 2.58$ ) than men ( $M = 5.36$ ,  $SD = 2.69$ ), and the difference proved to be statistically significant ( $t = 5.04$ ,  $p < 0.01$ ). Also, women perceived higher levels of stress ( $M = 8.37$ ,  $SD = 5.84$ ) than men ( $M = 6.14$ ,  $SD = 5.02$ ), the difference being also statistically significant ( $t = 5.29$ ,  $p < 0.01$ , see Table 3).

The residence of the participants proved to be a relevant factor, only for the perceived impact of pandemic. The urban residents reported a significantly higher ( $t = -3.84$ ,  $p < 0.01$ ) impact ( $M = 6.10$ ,  $SD = 2.52$ ) than rural residents ( $M = 5.32$ ,  $SD = 2.85$ ), but no significant differences were recorded for the levels of perceived stress ( $t = 1.34$ ,  $p > 0.05$ ). This might be explained by the fact that in urban communities people were staying in the house all the time and the rhythm of daily life, or daily behaviours were changed. Instead in rural

communities, people had the possibility to go outside, in the backyard, taking care of a garden, or animals as part of a daily routine

**Table 3.** The role of gender and residence in the perceived impact of covid-19 pandemic and stress.

Variables	Perceived impact			Stress		
Gender	M	SD	t	M	SD	t
Females	6.37	2.58	5.04**	8.37	5.84	5.29**
Males	5.36	2.69		6.14	5.02	
Residence						
Rural	5.32	2.85	-3.84**	7.35	5.46	1.34
Urban	6.10	2.52		6.80	5.48	

\*  $p < 0.05$ , \*\*  $p < 0.01$

As far as the age is concerned, the Pearson correlation indicated that age was a significant predictor for both the perceived impact of covid-19 pandemic ( $r = -0.11$ ,  $p < 0.001$ ) and for the level of stress ( $r = -0.29$ ,  $p < 0.001$ ), with magnitudes ranging from low to medium. In other words, as participants are older, the level of perceived impact and stress are lower.

#### 4.1.2. Social/medical factors

In Table 4, we present the perceived impact of covid-19 pandemic and the level of perceived stress as a function of the following variables: covid-19 infection for each respondent, the presence of covid-19 cases among the respondents' family or friends, the presence of deceased cases among the respondents' family or friends.

**Table 4.** Social factors involved in the perceived impact of covid-19 pandemic and stress

Variables	Perceived impact			Stress		
Covid-19 infection	M	SD	t	M	SD	t
No	5.56	2.72	-1.14	7.20	5.49	1.33
Yes	6.00	2.61		6.59	5.40	
Covid-19 positive cases among family/friends						
No	5.13	2.89	-4.15**	7.36	5.53	1.08
Yes	6.06	2.54		6.88	5.44	
Deceased among family/friends						
No	5.42	2.70	-5.59**	7.02	5.46	-0.10
Yes	6.65	2.47		7.07	5.52	

\*  $p < 0.05$ , \*\*  $p < 0.01$

First, what we see in Table 4, shows that being infected or not with the covid-19 virus did not make a difference in the perceived impact of the pandemic ( $t = -1.14$ ,  $p > 0.05$ ) or in the level of perceived stress ( $t = 1.33$ ,  $p > 0.05$ ). Further on, the existence of covid-19 positive cases in the



respondents' family or group of friends, does make a difference, but only for the perceived impact, and not for the level of stress. Participants with positive cases in the family/friends perceived a significantly higher impact of the pandemic than participants without positive cases around them ( $t = -4.15$ ,  $p < 0.01$ ), but no significant differences were recorded for the level of perceived stress ( $t = 1.08$ ,  $p > 0.05$ ). A very similar situation was obtained when we compared participants, based upon the presence or absence of deceased cases among family or friends. The respondents with deceased family members or friends due to covid-19 infection, reported a significantly higher perceived impact of the pandemic ( $t = -5.59$ ,  $p < 0.01$ ) but no significant differences for the level of perceived stress ( $t = -0.10$ ,  $p > 0.05$ ). However, those who had a high level of religiosity (scored high on CRS) experienced a lower level of stress when confronted with close family member's/friends' death compared to those with lower levels of religiosity ( $t = 3.26$ ,  $p < 0.01$ ).

#### *4.1.3. Religious factors*

In order to identify the religious factors that might have act as protective factors, we analysed the correlations between the perceived impact and the level of stress on one hand, and the church attendance, the frequency of prayer, the communication with the priest, the spiritual well-being and the centrality of religiosity on the other (Table 5).

**Table 5.** Religiosity factors involved in the perceived impact of covid-19 pandemic and stress.

Variables	1	2	3	4	5	6
1. Perceived impact of covid-19	-					
2. Stress	0.22**	-				
3. Church attendance	-0.25**	-0.15**	-			
4. Frequency of prayer	-0.16**	-0.13**	0.60**	-		
5. Priest communication <sup>a</sup> (1 = yes, 0 = no)	-0.16**	-0.14**	0.57**	0.46**	-	
6. Spiritual well-being	-0.25**	-0.49**	0.47**	0.59**	0.38**	-
7. Centrality of religiosity	-0.20**	-0.22**	0.74**	0.74**	0.53**	0.71**

\*  $p < 0.05$ , \*\*  $p < 0.01$ , <sup>a</sup>bi-serial correlations

As the correlation matrix shows, all the religiosity factors that were analysed have statistically significant negative correlations with both the perceived impact of covid-19 pandemic and the level of perceived stress. In other words, the participants who attend the church more frequently, who pray a lot, who communicate with their priest, have high levels of spiritual well-being and have the religiosity as a central value, perceived a less impact of the pandemic, and feel lower levels of stress.

#### 4.2. An integrative predictive model for the perceived impact and the level of stress

In order to integrate all the results presented above, we aimed at constructing an optimal predictive model for both the perceived impact and level of stress, using a stepwise regression. For this analysis, we took into consideration all the factors that proved a significant relationship with the perceived impact and the level of stress. In this procedure, the predictor with the highest correlation with the outcome variable is entered first. Next, the other predictors, based upon their correlation with the dependent variable. This is repeated until all predictors that contribute significantly to the model have been included in the model. Every time a predictor is added to the model, a removal test is made for the least useful predictor. The model is constantly re-evaluated to see whether any redundant predictors can be removed.

In Table 6, we present the final predictive model for the perceived impact of covid-19 pandemic, generated by the stepwise regression.

**Table 6.** The optimal predictive model for the perceived impact of covid-19 pandemic.

Model	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	Std. Error	Beta		
(Constant)	9.44	0.62		15.12	0
Spiritual well-being	-0.04	0.00	-0.24	-4.92	0
Deceased among family/friends (1 = yes, 0 = no)	1.18	0.21	0.19	5.56	0
Church attendance	-0.49	0.11	-0.22	-4.20	0
Covid-19 positive cases among family/friends (1 = yes, 0 = no)	0.70	0.20	0.12	3.43	0.001
Gender (1 = male, 0 = female)	-0.54	0.20	-0.09	-2.68	0.007
Residence (1 = urban, 0 = rural)	0.50	0.19	0.09	2.63	0.009
Centrality of religiosity	0.03	0.01	0.16	2.47	0.013
Age	-0.02	0.00	-0.07	2.13	0.033

Note:  $R^2 = 0.18$ ,  $F(8, 717) = 20.39$ ,  $p < 0.001$

As Table 6 shows, the best predictors for the perceived impact are the spiritual well-being ( $\beta = -0.24$ ,  $p < 0.001$ ) and church attendance ( $\beta = -0.22$ ,  $p < 0.001$ ), followed by the presence of deceased cases among family/friends ( $\beta = 0.19$ ,  $p < 0.001$ ) and the centrality of religiosity ( $\beta = 0.16$ ,  $p < 0.001$ ). The magnitude of the predictive value for these three factors is low to moderate. The weakest predictors (but still significant), are age, residence and gender, with very low predictive value. Also, it worth mentioning that the entire model explains 18% from the variance of the perceived impact of the covid-19 pandemic. The collinearity diagnosis performed for this model indicated that multicollinearity was not an issue. Taking this into consideration, we generated a stepwise regression in order to identify a final predictive model for the perceived

level of stress, and with this data analysis we concluded that by far, the best predictor (protective factor) of the stress is the spiritual well-being ( $\beta = -0.66$ ,  $p < 0.001$ ) with a large predictive value (Table 7).

**Table 7.** The optimal predictive model for the perceived stress in the covid-19 pandemic.

Model	Unstandardized Coefficients		Standardized Coefficients	t	p
	B	Std. Error	Beta		
(Constant)	23.37	1.12		20.72	0
Spiritual well-being	-0.22	0.01	-0.66	-14.82	0
Frequency of prayer	0.75	0.27	0.12	2.79	0.005
Age	-0.09	0.01	-0.17	-5.48	0
Centrality of religiosity	0.10	0.02	0.23	4.24	0
Gender (1 = male, 0 = female)	-1.46	0.35	-0.13	-4.07	0

Note:  $R^2 = 0.33$ ,  $F(5, 717) = 70.91$ ,  $p < 0.001$

As shown in Table 7, at least in the case of our sample, when the spiritual well-being increases and the centrality of religiosity is high, the level of stress decreases. All the other predictors from the model are significant, but with low to moderate predictive values. Overall, this model explains 33% from the variance of the perceived stress experienced by the young adults in the covid-19 pandemic. The collinearity diagnosis performed for this model indicated that multicollinearity was not an issue.

## 5. Conclusions

Many believe that the changes brought about by the pandemic that began in March 2020 have made our lives never the same again. Insecurity, frustration, sadness, shock, pain, suffering have put our ability to adapt to the unknown to the test. However, the man found in the depths of his soul something that for the Romanian people was planted there from the beginning - faith in God. The present study aimed primarily to identify those spiritual correlations that have helped many of us get through these difficult years. Drawing on specialized studies in the field of religious psychology, we were able to identify and evaluate those factors with a protective role that proved to be useful in successfully adapting to the given situation, but which at the same time may have made us we are more resilient. Spiritual well-being and religiosity are known for their protective role in different aspects of our life: subjective well-being, physical and mental health, crisis situations, post-traumatic life events, etc. In other words, religiosity and spiritual well-being are important resilient resources that can be used (if we already have them), but also developed and educated [32-34]. In our study, the data revealed that spiritual well-being, religiosity, going to church, praying, being in a constant communication with the priest are protective factors that helped youth perceived the pandemic situation

less traumatic and with lower levels of stress. However, the study highlighted that the women are a vulnerable group when faced with adversity, and young people perceive a higher level of stress compared to the older ones in the given situation.

Our study has some limitations: the majority of respondents go frequently to church, pray and have a close relation with a priest, so the level of spiritual well-being and religiosity are expected to be high. The number of those who don't go to church and don't pray was small, and comparative analyses could not be computed.

If we think about the possible implications of this research, we can mention both theoretical and practical ones. From a theoretical point of view, this study is one of the few that measures spiritual well-being and centrality of religiosity on Romanian population. It is also an opportunity to continue to develop research in the field of psychology of religion in our country and a constant collaboration between Psychology and Theology. From a practical point of view, we consider that our results points to the necessity for priests and psychologists to work together, especially if we want to develop spiritual well-being and resilience through specific programs. In addition, in our opinion the results highlight the role of religious education in developing spiritual well-being, religiosity and spirituality in children and adolescent in order to prepare them to better respond to challenging life situations.

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