Indonesian Journal of Religion and Society

The Role of Religion in Coping with the COVID-19 Pandemic: A Qualitative Study of Elderly Experiences in the Philippines

Indonesian Journal of Religion and Society, 2026, Vol. 8 (1), 1 - 8
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DOI : 10.36256/ijrs.v8i1.577

www.journal.lasigo.org/index.php/IJRS

Lasigo Journal

Article History
Received : October 24th, 2025
Revised : March 20th, 2026
Accepted : May 3rd, 2026

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ABSTRACT

This qualitative case study aims to highlights how spiritual coping and social cohesion were used to foster geriatric resilience among the elderly in Alfonso Castañeda, Nueva Vizcaya, during the COVID-19 pandemic. There are studies about the physical toll of the pandemic in different aspects of society; however, there is a critical research gap in the meaning-making processes of rural populations that are far more religious and rely on religious institutions as a safety net. Data were gathered using purposive sampling and semi-structured interviews that investigated how faith frameworks were reconstructed during the COVID-19 pandemic. In the data analysis, the study used thematic analysis, and the findings reveal that existential anxiety and moral distress were prevalent, but through religious practices, faith played a role as a multidimensional resource coping mechanism, particularly private praying, cognitive meaning-making, and social solidarity. The results highlight the relevance of religion in the mechanisms for social control and emotional stability to mitigate mental health problems. Furthermore, the study highlights the relevance of sacralization of safety in rural contexts, which is crucial in integrating spiritual care into public health frameworks to develop geriatric resilience during future global crises.

Keyword: Geriatric Resilience; COVID-19; Existential Anxiety; Spiritual Coping; Public Health Policy.

ABSTRAK

Artikel studi kasus kualitatif ini bertujuan untuk menyoroti bagaimana mekanisme koping spiritual dan kohesi sosial dimanfaatkan untuk menumbuhkan ketahanan geriatrik di kalangan lansia di Alfonso Castañeda, Nueva Vizcaya, selama pandemi COVID-19. Terdapat berbagai penelitian mengenai dampak fisik pandemi pada berbagai aspek masyarakat; namun, terdapat kesenjangan penelitian yang signifikan terkait proses penciptaan makna di kalangan penduduk pedesaan yang jauh lebih religius dan mengandalkan lembaga keagamaan sebagai jaring pengaman. Data dikumpulkan menggunakan teknik sampling purposif dan wawancara semi-terstruktur yang menyelidiki bagaimana kerangka keyakinan keagamaan direkonstruksi selama pandemi COVID-19. Dalam analisis data, penelitian ini menggunakan analisis tematik, dan temuan menunjukkan bahwa kecemasan eksistensial dan tekanan moral sangat umum terjadi, namun melalui praktik keagamaan, keyakinan keagamaan berperan sebagai mekanisme koping sumber daya multidimensi, khususnya doa pribadi, penciptaan makna kognitif, dan solidaritas sosial. Hasil penelitian ini menyoroti relevansi agama dalam mekanisme kontrol sosial dan stabilitas emosional untuk mengurangi masalah kesehatan mental. Selain itu, penelitian ini juga menyoroti relevansi sakralisasi

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keamanan dalam konteks pedesaan, yang sangat penting dalam mengintegrasikan perawatan spiritual ke dalam kerangka kerja kesehatan masyarakat guna mengembangkan ketahanan lansia selama krisis global di masa depan.

Keyword: Ketahanan Lansia; COVID-19; Kecemasan Eksistensial; Penanganan Spiritual; Kebijakan Kesehatan Masyarakat

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1. Introduction

The COVID-19 pandemic's impact on society was so profound that people imposed social restrictions to mitigate the spread and protect physical health. However, it created a secondary crisis that targeted the mental well-being, particularly among the elderly. Sociologically, the elderly experienced existential insecurity- the fear of nearing death, which creates a pervasive state of anxiety (Giddens, 2013). Religious institutions are crucial in giving emotional stability in times of anxiety, and as the insecurity theory explains, when people confront crises, the demand for religious support intensifies (Norris & Inglehart, 2011).

Nevertheless, the pandemic introduced a unique setup for religious institutions. Traditional religious practices were changed because churches were framed as conduits of viral transmission. This is a contrast to the function of religion as a contributor to social solidarity. The religious institutions shifted towards digital worship platforms, which created division, affecting the elderly population significantly. The elderly, already categorized as comorbid by the health authorities, resulted in a dual burden, namely, high physical vulnerability and the collapse of their traditional spiritual support networks.

There are studies that focused on the global surge in prayer during the COVID-19 pandemic use quantitative trends in urban communities (Bentzen, 2021; Szałachowski & Tuszyńska-Bogucka, 2021). This study fills in the research gap, which provides subjective lived experiences of rural elderly populations who experience significant social isolation. Moreover, past research has failed to explore in depth how faith frameworks are reconstructed when physical access to the sacred is severed.

The primary objective of this study is to highlight the importance of religious organizations during crises. It explores how rural elderly populations in Alfonso Castañeda, Nueva Vizcaya, Philippines, reconstructed their spiritual coping mechanisms to foster geriatric resilience, which is the capacity of older adults to have emotional stability and create meaning despite experiencing environmental stressors. Therefore, the study is significant in creating a framework for future partnerships between religious organizations and public health authorities that will foster social cohesion within the community and integrate spiritual care in mitigating crises.

2. Theoretical Review

The theoretical underpinning of the study used is the classical functionalist perspective (Durkheim, 1976; Parsons & Turner, 1991). The functionalist perspective explains society as composed of different social institutions that function to fulfill the specific needs of society to maintain social stability and equilibrium of the social system. The classical sociological lens has been critiqued for its concentration on stability and lack of explanation of conflict; it remains highly effective as a lens for understanding how social institutions such as religion respond to health crises such as the COVID-19 pandemic.

The functionalist perspective further argues that religion is a source of collective consciousness and solidarity developed through shared beliefs and practices. It creates a moral community (the Church) connected to affiliated religious organizations. In the context of the COVID-19 pandemic, the collective conscience that binds people together is embedded in social gatherings, and religious practices were suspended. Since it is an integral part of social stability, it shifted to digital platforms not as a decline in religiosity but as an adaptation of the collective conscience. By transitioning to virtual spaces, it prevents the breakdown of the social bonds and seeks to maintain social solidarity for those who confront acute social isolation.

According to functionalist perspective, religion can provide people with cognitive and emotional tools to deal with the uncertainties in life, such as death, failure, and suffering (Parsons & Turner, 1991). These uncertainties were prevalent during the COVID-19 pandemic, which created a unique existential crisis. Religion as a coping mechanism provides

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positive religious coping that reframes the pandemic as a period of building up family and God relationships. The suffering is labeled as a divine purpose that relieves the tension experienced by the people. Religious leaders can provide the elderly with emotional stability that health and government authorities lack in contributing to maintaining mental health.

Furthermore, the function of religion as an agent of social control played an important role in adherence to the health policies imposed by the authorities. By reinforcing norms and values that promote collective behavior, religious institutions became conduits for public health adherence. As a result, the mandated health protocols, such as social distancing and vaccination, were transformed into sacred duties endorsed by religious leaders.

The researcher is aware of the limitations of the functionalist perspective, which states that the stability provided by religion was not automatic. It requires the active involvement and adherence of religious institutions to the fluidity of a public health emergency. Therefore, this study only focused on examining specific mechanisms, such as prayer, social support, and moral guidance, by which religious organizations in Alfonso Castañeda created a social safety net when institutional state support was nonexistent or inaccessible.

3. Method

For this article, the researcher gathered data from a rural community in the Philippines, Alfonso Castañeda, Nueva Vizcaya. The study explored the lived experience of elderly people during the COVID-19 pandemic, who were significantly vulnerable and at risk. The study was dedicated only to developing an in-depth understanding about the experiences and did not include generalizing the result. Gathering the detailed experiences of participants enabled more in-depth information about the phenomena under exploration. Moreover, to protect the privacy of the participants, the study used pseudonyms.

The research study utilized a case study-a qualitative approach designed to investigate how spiritual coping and religious faith led to geriatric resilience. A qualitative case study design was used because it is uniquely suited to investigate the real-life context that was created in contemporary phenomena (Yin & Campbell, 2018). This unique event of the COVID-19 pandemic created an unprecedented environment of existential anxiety, which allowed us to gather detailed descriptions of the lived experiences of the participants.

Purposive sampling was used to select participants who met the criteria created by the researcher. The participants were selected based on the following: a) they must be a senior citizen, aged 60 and above; b) they must be a member of major religious organizations in Alfonso Castañeda, Nueva Vizcaya, Philippines; and c) they must be elderly people who had experienced being isolated during the pandemic. As key informants, three (3) religious leaders were also interviewed from the major religious organizations, namely, Black Nazarene Parish Church, Anabaptist Mennonite Church, and Peace Baptist Church. The Wesleyan-University, Philippines, provided the ethical approval, and consent letters were sent to the Department of Social Welfare and Development, religious organizations, and the elderly participants of Alfonso Castañeda, Nueva Vizcaya, Philippines.

The study used a semi-structured interview questionnaire to grasp the complex and subjective nature of the existential anxiety of participants. The method was appropriate for the study because of its flexibility in developing stories and methodological consistency (Yin & Campbell, 2018). The religious leaders also were selected as key informants that significantly provided key information on how the participants generate geriatric resilience. The researcher was able to acquire an in-depth description of how religious frameworks are reconstructed and the internal spiritual lives of the elderly during a public health crisis. The qualitative depth is crucial in developing the interpretation of the participants' social world and creating purpose from religious faith confronted by existential crises (Creswell & Poth, 2018).

For the data analysis method, the researcher manually transcribed the testimonies of the elderly participants and thematized the collected data. Thematic process followed the six-phase framework (Braun & Clarke, 2006). The process began with manual transcription of audio recordings, which familiarized the researcher with the data. An inductive coding process was used, which developed initial codes directly from the raw testimonies from the elderly participants and religious leaders. Next, the initial codes were manually organized into a matrix to identify patterns relevant to the research objectives. The researcher also ensured that the codes generated were refined into several themes, namely fear and anxiety, religion on social solidarity, religion on spreading awareness, getting sick during the pandemic, restriction on leaving the house, religion on providing comfort, and praying. These are the

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captured research objectives and collective lived experiences of the participants during the COVID-19 pandemic. The use of thematic analysis fits the study as it captured the meaning-making processes of the participants (Braun & Clarke, 2006).

Before the data gathering commenced, the researcher was granted ethical approval from the Wesleyan University Philippines. Followed by an authorization letter to the Department of Social Welfare and Development in Alfonso Castañeda, Nueva Vizcaya, to conduct a study of the senior citizen community within their jurisdiction. Subsequently, the researcher also sent a formal correspondence to the three major religious organizations in the community, namely the Black Nazarene Parish Church, Anabaptist Mennonite Church, and Peace Baptist Church, which secured institutional cooperation. The researcher also secured letter of informed consent to the potential participants of the study. The content of the letter informs the participants of the objectives of the study and the right to withdraw at any time without any penalty. Filipino language was utilized to make the participants feel comfortable and ensure full comprehension.

Data collection commenced on June 17, 2023, five months after the national government declared normal and lifted high-level restrictions, especially for the community under study. Based on the testimonies among the elderly participants, regardless, it is five months after the experiences, and the memories are still vivid and impactful. The in-depth, semi-structured interview per participant lasted 20-30 minutes. Notably, the researcher and each participant selected an environment appropriate for an interview to foster meaning-making. The participants also were informed that the conversation would be audio-recorded for accuracy of transcription and thematic analysis. The researcher makes certain the confidentiality of the elderly participants by using pseudonyms, and some minor details about the participants were changed.

4. Results

The result of the study reveals three core themes in accordance with the six-phase framework (Braun & Clarke, 2006). The initial codes reflect the lived experiences of the participants during the COVID-19 pandemic, which were organized. This section presents Theme I, revealing the psychological state of participants.

4.1. Pervasive Fear and Existential Anxiety

The first theme reveals pervasive fear and existential anxiety are the significant challenges of elderly participants during the COVID-19 pandemic. The data reveals psychological challenges faced by the elderly participants, which are characterized by the experience of existential insecurity. Existential insecurity develops into three dimensions, such as environmental hyper-vigilance, uncertainty, and social stigma.

An initial pervasive fear and existential anxiety is the hyper-vigilance of the participants regarding other people who interact with them. For instance, a participant who owns a small neighborhood store situated near the health center became a high-risk zone for exposure. People within the vicinity develop a state of hyper-vigilance, so everyone becomes a source of terror.

> *"Here in the health center, there are a lot of COVID-19 patients. The quarantined facilities were full, and I got the news that 12 to 13 patients could go outside and even buy something in our store. My grandchild saw this person going in and out of the quarantine facility. That is why we need to be careful. My child and grandchild were infected because of it. Thankfully, my wife and I did not" (Elderly participant 1, 86 years old)*

The statement of the elderly participant also reveals the uncertainty that they had been experiencing during the pandemic. Residing near the health center clinic extends the level of degree in terms of the risk of getting infected with the virus. Moreover, fear and anxiety are perceived as a failure of containment protocol and the unnoticeable symptoms of COVID-19 patients. The unpredictable nature of it created a sense of hyper-vigilance, where the community became a source of infection.

> "*I felt mixed emotions during the pandemic. It is guaranteed that you will get afraid of the COVID-19 virus. We make sure not to go outside during that time" (Elderly participant 2, 62 years old)*

Most of the participants complied with the health protocols, particularly social isolation and staying at home for a significant amount of their time. The psychological challenge of getting infected with the virus is difficult but being a COVID-19 patient is another level of its own. It profoundly impacts the participants' health-seeking behavior due to social stigma. Elderly participant 6 chose to hide the symptoms to avoid the social stigma of being accused of

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spreading the virus and being labeled as hardheaded by the health authorities and the participant's family.

> *"I had COVID myself, but I did not tell anyone. I had trouble breathing. When my nose started bleeding, I thought it was my end… I did not tell anyone because they would scold me. They would say I was the one spreading it. I had to eat more to regain strength, and by God's grace, I survived" (Elderly participant 6, 63 years old)*

The testimony created a conflict between physical health and the desire to maintain integrity within the community. The participants fear of social stigma outweighed the need for medical intervention, and they relied on praying and eating healthily. The moral distress emphasized the psychological burden experienced by the elderly participants, who often chose family and community over their personal physical health.

4.2. Faith as Social Solidarity and Organizational Resilience

The second theme highlights the navigation experiences of religious leaders and elderly participants in the state-mandated restrictions and public religious practices. During the pandemic, religious engagements are portrayed as a form of social resistance against the social isolation caused by the lockdowns, as faith maintains community bonds.

The elderly participants experienced the national lockdown, which resulted in restrictions on movement that impacted on their physical well-being and caused severe damage to their economic livelihoods. As the participants are elderly, they are more easily agitated by the health policies and maintaining their basic survival needs, such as farming and fishing. This restriction amplifies the elderly participants' boredom and isolation, resulting in irritability.

Elderly participant 4 (67 years old) described the burden experienced during checkpoints in the community:

> *"My husband had difficulties going to the river to fish. When passing by the cemetery, he always stops by the police checkpoint, and it's really tough for him. Sometimes he bypasses the checkpoint, walking on the side of the road, but when he goes home, there is another checkpoint. He finds it really difficult".*

Another elderly participant 5 (66 years old) shared the conflict between familial protection and doing the daily routines.

> *"During the pandemic, my daughter reminds me not to go outside the house because the police would arrest us. But how can we tend our farms?"*

When it comes to the religious and moral crisis, the restriction also contributed. This created spiritual hunger as the elderly experienced the inconvenience of disruption of religious gatherings. Inadvertently, the national government triggered an existential void for the elderly participants. Furthermore, the participants perceived the church as the people, and not having the people do social gatherings caused spiritual longing. The church serves not only as a venue but also as the primary source of elderly participants' communal care.

Elderly participant 9 (85 years old) explained the prevalent sense of loneliness regarding the cessation of social worship:

> *"It was forbidden. But sometimes even if it's forbidden, I still go... [Going to church] is very important; it's like being far from your parents, it feels like something is missing. It's like lacking care".*

Additionally, elderly participant 1 (60 years old) also shows concerns about being able to attend church:

> *"Our daily life was just at home... Even if you wanted to [go to church], it was forbidden. You couldn't go".*

The lack of care highlights the participants' heavy reliance on the church in getting a sense of belongingness from the community. Without the physical presence of their brothers and sisters, the elderly participants experienced less connection in social bonds. As a response to the existential crises caused by religious deprivation, religious organizations adopt and change to provide religious services despite the restrictions. The religious leaders adapt social media platforms to ensure their community can continue worship practices without compromising physical safety. As religious leader 1 (Baptist) described the difficulties in geographical barriers that impacted the ministry:

> *"Because everything became strict, especially since we stay in Aurora and our church is in Vizcaya, the boundaries were closed so we couldn't cross".*

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Religious leader 3 (Roman Catholic) shares the reconfiguration of the sacred space to adhere to public health requirements such as health protocols:

"Ah, that was difficult; there were times when the mass couldn't proceed because people weren't allowed to gather. But eventually, there was a huge gap between each person, about two meters. We celebrated the mass, but the distances were far apart".

While religious leader 2 (Anabaptist Mennonite) explained how the ministry assumed the role of moral monitor:

"I announced here that no one should enter if they feel something strange in their body; they should just rest at home".

The restrictions imposed by the authorities that sacrifice the well-being of the people are necessary to prevent the spread of the virus. The state prioritizes physical health but sacrifices the socioeconomic realities of rural life, which alienated the elderly participants from their own land and community spaces. The religious institutions, however, demonstrated a role as critical intermediaries between the state and the people. The adaptation due to the adherence to health protocols is effectively seen by the members of an act of communal care.

4.3. Spiritual Adaptation and Geriatric Resilience

The final theme is a response to the COVID-19 pandemic and state-mandated lockdown. The elderly participants developed internal coping mechanisms that maintained emotional stability when isolated from the community. Moreover, it explains how faith was reconstructed through private praying, the meaning-making of the suffering, and digital meditation. As the pandemic persisted, praying became the primary spiritual defense for the elderly participant during the pandemic. It is a tool for requesting physical protection and meaning making of perceiving adversities as a period of spiritual testing. This coping mechanism resulted in changing how the participants thought about the situation that maintained emotional equilibrium despite the prevailing uncertainty.

"Praying was a huge factor; it's as if He was the instrument used as a shield for the whole household and the entire family—provided that you have faith in Him that this too shall pass" (elderly participant 4, 67 years old)

Elderly participant 6 (63 years old) used prayer to transcend personal benefit as it served as a connection to their isolated relatives:

"In this kind of COVID-19 pandemic, we pray for our relatives who are not near us because it is also what we can do. The Lord is important; when I pray, something changes in my life."

It showcases the importance of praying and the relationship to the divine during the pandemic. This is because for the elderly participants not only that it provides certainty of protection but also a strength to face different struggles in life.

"Sometimes I go to church. Walking past the church, I pray because it is the essential religious practice that strengthens me. I would not be alive if we did not ask for God's help. Therefore, I always ask for help from him, like when I'm not feeling well" (Elderly participant 2, 62 years old).

Another catholic elderly participant 3 (75 years old) explains;

"In the Catholic faith, I have strong faith in God that if you call with a whole heart. You ask forgiveness, then you would be blessed, like when you are in a tough situation, you would overcome it."

As has been demonstrated, the participants response to the adversities during the pandemic facilitated geriatric resilience. Religion helped in providing a social landscape that allows the elderly participants to have a sense of purpose when challenged by existential crisis. The geriatric resilience shown is not merely an endurance but an active reconstruction of their spiritual world. This was made possible because of private practices such as reading scripture and the consistency of daily prayer that prevented the significant feeling of atomization. Also, even with the non-existence of social gatherings, the sacred canopy remained a defense against existential despair.

5. Discussion

The The findings of the study reveal the function of religious institutions during the COVID-19 pandemic. The study emphasizes three core findings: (1) the elderly experienced prevalent existential anxiety that resulted in hyper-vigilance and moral distress regarding social stigma; (2) religious institutions acted as mediators that contributed to the adherence of the members

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to state-mandated health protocols, turning them into sacred duties, thus reinforcing social control; and (3) the primary religious coping mechanisms for fostering geriatric resilience and mitigating the risk of social isolation are praying and biblical meaning-making. Collectively, the religion's role is demonstrated as the primary framework through which the elderly leaned on and navigated the crisis, particularly where state-led interventions were not present.

Although previous quantitative studies (e.g., Bentzen, 2021) declare a global surge in prayer during the pandemic, the study offers an in-depth explanation of the surge in praying, grounding this phenomenon in the rural Philippine context. The study further explains that unlike urban-centric research, the findings reveal the influential factor of religious institutions in establishing a moral community that remains resilient throughout the pandemic.

The research offers a different view regarding elderly priorities and moral distress, such as challenging the common assumption that elderly individuals prefer medical adherence rather than social standing. Interestingly, the fear of being labeled as hard-headed (*matigas ang ulo*) or the social stigma is often not addressed by the urban-based public health literature. This study can be a guide to creating a new framework for community-based spiritual care. A partnership between health authorities, local government units (LGUs), and religious organizations in addressing the different adversities in a crisis, particularly the stigma-related barriers to medical disclosure.

Theoretically, the establishment of the concept of the new normal provides a different view regarding (Durkheim, 1976) assertion of collective conscience as an integral part of social stability. The study asserts that to have social stability, it needs constant active participation, rituals, communication, and emotional energy from the people. Whereas, to maintain social stability, the data illustrates that religious organizations relied on digital worship and distanced masses. Previous research often framed the new normal as an automatic institutional response; the study reveals that it was caused by the internal conflict and emotional sacrifice from both the clergy and the elderly.

The functionalist perspective asserts religion provides stability, the study emphasizes the function of religion in social control (Parsons & Turner, 1991). For the elderly, it is important that the religious organizations adhere to the health protocols; thus, they exerted more influence in health compliance than the local government units (LGUs). This deviates from the idea that when a crisis is at present, the functions of the religious institutions decline or are non-existent, as secularization theories proclaimed. Notably, the study findings explain that in Alfonso Castañeda, the crisis did not lead to a decline of religiosity and spirituality; rather, it led to the sacralization of safety, turning the health protocols into sacred duties and an extension of religious identity.

Studies concerning the religion as coping mechanism, a response to the crisis can also be negative religious coping(Pargament et al., 2000). Nevertheless, the findings predominantly emphasize the resilience-fostering effects of positive religious coping; some elderly individuals may perceive the pandemic as divine punishment. It is an abandonment from the Divine, which means to the elderly individuals (Koenig, 2009) Most of the participants in the study relied on positive religious coping, but there was a possibility of moral distress when elderly individuals felt spiritual practices were inadequate. Inadequacy in spiritual practices can lead to problems in geriatric mental health.

Studies about religious struggles which explain the importance of balanced understanding of faith and psychological well-being of the elderly amidst the crisis, are significant (Exline, 2013). Further investigation is warranted in investigating negative religious coping, such as religious struggle. Moreover, in developing studies concerning unique characteristics in terms of age-related and rural differences that created a unique social environment, it is also viable to further extend the understanding of faith, religious institutions, and geriatric resilience.

6. Conclusions

The COVID-19 pandemic not only brought physical health problems but also acted as an existential stressor that reshaped the social and spiritual landscapes of rural community Alfonso Castañeda. In a rural community, the findings further explains that religious institutions are the primary agents of resilience in combating challenges imposed by the crisis. The religious organizations helped local authorities in mitigating the psychological toll of social isolation by providing meaning making framework. The study demonstrated that the new normal was not only a passive transition but rather an active negotiation between people in preserving bonds against the atomizing pressures of state-imposed lockdowns. Therefore,

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in the face of crisis the moral community prevails that confirms faith remains a powerful tool and has an adaptive force that can linked the gap between state-led health rules and the spiritual needs of the elderly.

7. Acknowledgmnet

The authors sincerely thank the staff of the Regional Delegation of Arts and Culture, Southwest Region, Buea, for their invaluable institutional support during the conduct of this research. Special appreciation is also extended to the intern students of the Department of History, University of Buea, Cameroon, former curators and museum attendants, as well as to all other participants, for their insightful contributions and guidance throughout the study.

8. Funding

The author declares that the study is self-initiated and no specific grant from public, commercial, or nonprofit organizations was received for this study.

9. Conflicts of Interest

The authors declare no conflict of interest related to the conduct and publication of this research. All procedures followed were in accordance with institutional and ethical standards, and there were no financial or personal relationships that could have influenced the outcomes of this study.

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