

# The Relationship Between Religious/Spiritual Perfectionism and Mental Health During the COVID-19 Pandemic in Iran

Jamile Mohammadi <sup>1</sup>, Seyedeh Asma Hosseini <sup>2\*</sup>

<sup>1</sup> Department of psychology, Faculty of Humanities, Tarbiat Modares University, Tehran, Iran.

<sup>2</sup> Department of Psychology, Faculty of Education and Psychology, Alzahra University, Tehran, Iran.

\*Corresponding Author: Seyedeh Asma Hosseini, Department of Psychology, Faculty of Education and Psychology, Alzahra University, Tehran, Iran., E-mail: S.A.Hosseini@Alzahra.ac.ir.

Received 2021-08-22; Accepted 2022-02-13; Online Published 2022-03-13

## Abstract

**Introduction:** The present study aimed to assess the association of religious/spiritual perfectionism and mental health during the COVID-19 pandemic in Iran.

**Methods:** This cross-sectional study recruited 852 individuals in Iran from June 2021 to July 2021. The Generalized Anxiety Disorder-7, Patient Health Questionnaire-9, and Spiritual/Religious Perfectionism Scale were used for data gathering.

**Results:** Overall, 852 participants were included. The mean age of participants was  $36.92 \pm 12.07$  years, and 70.5% of participants were female. The levels of anxiety (mean  $\pm$ SD,  $8.10 \pm 4.91$ ) and depression (mean  $\pm$ SD,  $8.34 \pm 6.56$ ) were mild. The mean Spiritual/Religious perfectionism score was  $52.20 \pm 14.89$ . The Depression coefficient was the strongest significant predictor for Spiritual/Religious perfectionism ( $P < 0.001$ ,  $\beta = -0.19$ ). Moreover, this negative coefficient shows the negative relationship between depression and Spiritual/Religious perfectionism.

**Conclusion:** The results showed that the levels of anxiety, depression, and Spiritual/Religious perfectionism were mild, and depression negatively correlated to Spiritual/Religious perfectionism during the COVID-19 pandemic.

**Keywords:** COVID-19, Spiritual/Religious perfectionism, anxiety, depression.

## Introduction

COVID-19 pandemic is the broadest public health crisis in the world. In addition to the tremendous physical health threat of the COVID-19 pandemic, lengthy feelings of uncertainty and fear, grief and separation, upset of economic and social systems have led to mental health threats <sup>1</sup>. The impacts of COVID-19 on mental health are alarming<sup>2</sup>. Despite the significant effects of catastrophic pandemics on society, their psychological aspects must be explored sufficiently. It should be mentioned that the psychological impacts of the SARS pandemic were long-lasting and maybe more persistent compared to physical problems<sup>3</sup>. Many studies reported that the COVID-19 has adverse effects on mental health<sup>4</sup>.

The COVID-19 pandemic is one of the risk factors for psychological diseases. COVID-19 related post-traumatic stress symptoms are correlated to distress, anxiety, and low sleep quality<sup>5</sup>. Furthermore, during and after traumatic events, depression has been increased<sup>6</sup>, but during the COVID-19 pandemic, the increase is more than in previous traumatic events<sup>7</sup>. A new meta-analysis study showed that among the general population, anxiety has raised 3-fold during the COVID-19 pandemic, and the overall prevalence of it is 25%. The risk factors of anxiety were younger age, female sex, marriage, unemployment, social isolation, student status, low educational level, financial problems, low knowledge about COVID-19, clinical or epidemiological risk of disease, and

some personality and lifestyle variables<sup>8</sup>. Some of the psychological consequences of the COVID-19 pandemic are confusion, PTSD, and anger. Stressors involved fear of infection, long duration of quarantine, boredom, frustration, inadequate supplies and information, stigma, and financial problems<sup>9</sup>.

The personality of individuals has severe effects on adaptive or nonadaptive psychological responses to the pandemic<sup>10</sup>. It has been revealed that perfectionism is correlated to anxiety and depression<sup>11</sup>. Perfectionism can rise the stress related to COVID-19<sup>12</sup>, and has an impact on diverse life domains<sup>13</sup>. In research and literature of psychology, perfectionism has been introduced as an attribute and structure with some characteristics: The tendency to strive for perfection, the setting of excellent standards for performance, the extreme sensitivity to errors, and the tendency to be self-critical always<sup>14,15</sup>. This outlook the perfectionism is rooted in Freud's theory (1926/1959). Perfectionism is a trait of personality, has some characteristics such as much emphasis on excellent personal standards, and fear of being not perfect<sup>16</sup>. In the diathesis-stress model of perfectionism and distress, perfectionism is one of the originals of vulnerability which is a start-up in special stressful situations<sup>17</sup>.

Perfectionism is associated with repetitive negative thinking, psychological distress (stress, anxiety, and depression), and fear of COVID-19<sup>12</sup>. Perfectionism is very disabling and prevalent, and it has become a worldwide problem<sup>18</sup>. The rise of perfectionism among young adults is one of the new problems. This will worsen the psychological and financial consequences of the COVID-19 pandemic<sup>19</sup>. Perfectionism is one of the epidemics in western societies, and it is serious and deadly<sup>20</sup>. Perfectionism is one of the traits that may have an adverse role in the psychological impacts of the COVID-19 pandemic<sup>18</sup>.

Numerous studies have shown that spirituality and religion impact many dimensions of life, such as quality of life, well-being, life satisfaction,

distress<sup>21</sup>. Religiosity means believing in the existence of a world beyond the material world. A religious person believes in the unseen or the best world. According to the Quranic teachings, religion begins with a belief in the unseen world and wholly culminates in submission to God<sup>22</sup>. A recent meta-analysis showed a modest and consistent relationship between spirituality and religion and mental health (well-being, distress, mental health, life satisfaction, or positive and negative mood)<sup>21</sup>. Spiritual/religious perfectionism is one of the practical variables on spiritual and psychological health indicators<sup>23</sup>.

Spiritual/religious perfectionism has positive effects on psychological well-being and positive emotions and adverse impacts on psychological distress and negative emotions<sup>23,24</sup>. Spiritual/religious perfectionism is positively associated with psychological well-being and negatively related to psychological distress and the symptoms of depression and anxiety<sup>23,25</sup>. The present global health disaster developed a golden time to arrive at new knowledge about the nature of perfectionism<sup>18</sup>.

Perfectionism affects cognitive and emotional responses to the COVID-19 pandemic and thus should be addressed in psychological and preventive programs of the pandemic<sup>12</sup>. Also, during the COVID-19 pandemic, a limited number of studies were done in the area of the role of spirituality in mental and physical well-being. Investigating the spiritual dimensions can develop new solutions to the continuous battle against COVID-19<sup>26</sup>. So, the present study aimed to assess the impact of religious/spiritual perfectionism, and biographical characteristics on anxiety and depression of the general population, during the COVID-19 pandemic.

## Methods

### Design & setting

This cross-sectional study was conducted in Iran from June 2021 to July 2021, during the COVID-19 pandemic.

Data were obtained by an electronic questionnaire through professional groups of social networks (Google form). The object of the sampling was to be an agent of the Iran general population according to sex, age, education, income, and ethnicity. Inclusion criteria were being literate and having a Telegram and WhatsApp account with access to the internet using a computer or smartphone.

Information regarding age, sex, marriage status, anxiety, depression, and Spiritual/Religious perfectionism were collected

A cover letter was provided containing the objectives of the present study, expectations, confidentiality, rights, voluntary participation, anonymity, and introduction of the researcher and scale provider. The individuals were not contacted directly by the research team to comply with the General Data Protection Regulation. All participants signed an electronic consent form, and the questionnaire answers were kept anonymous. Participants were informed that they could stop answering questionnaires at any time.

The present survey has a structured format that includes multiple-choice items. It consisted of the following 3 sections:

**Generalized Anxiety Disorder-7 (GAD-7):** Anxiety symptoms were evaluated by the self-rating screening tool the GAD-7 questionnaire. It is a 7-item question, ranging from 0 (not at all) to 3 (nearly every day). The severity of extreme anxiety disorders (generalized anxiety disorder or panic disorder) is shown based on its total score: minimal (0-4), mild (5-9), moderate (10-14), and severe (15-21). Nurses reported the frequency of symptoms within the last two weeks<sup>27</sup>. The Cronbach's alpha coefficient of the GAD-7 for the present study was 0.87.

**Patient Health Questionnaire (PHQ-9):** Symptoms of depression were evaluated by self-rated screening tool PHQ-9 scale. It is a 9-item question based on depression symptoms scaled from 0 (not at all) to 3 (nearly every day). The participants report the frequency of symptoms

experienced within the last two weeks. The severity of depression is classified into minimal (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe (20-27)<sup>28</sup>. The Cronbach's alpha coefficient of the PHQ-9 for the present study was 0.89.

**Spiritual/Religious Perfectionism Scale (SRPS):** SRPS<sup>23</sup> is a 14-item scale adapted from perfectionist traits scale and measures spiritual/religious perfectionism in a 5-degree scale from 1 (very low) to 5 (very high).

### Statistical analysis

Data were analyzed using SPSS-23 software. Data were presented by mean, Standard Deviation, frequency, and percent. A linear regression model was used for assessing the relationship between religious/spiritual perfectionism with anxiety, depression, and demographic variables. Religious/spiritual perfectionism was considered as a dependent variable and anxiety, depression, and demographic variables were considered as independent variables in this model. A P-value <0.05 was regarded as statistically significant.

### Results

Overall, 852 participants were included. The mean age of participants was 36.92±12.07 years, and 70.5% of participants were female. 28.5% of the participants were between 35-44 years, and 22.5% were between 25-34 years. 69.4% of the participants were currently married. Those with bachelor's degrees represented 32.3% of the participants, and 29.2% had a master's degree (Table 1).

Also, participants' anxiety disorder, depression, and Spiritual/Religious perfectionism are shown in Table 1. 12.0% and 7.0% of the participants had severe anxiety disorder and patient health disorder. The levels of anxiety (mean ± SD, 8.10±4.91) and depression (mean ± SD, 8.34±6.56) were mild. The mean Spiritual/Religious perfectionism score was 52.20±14.89.

Table 1: Participants' characteristics .

Items	N (%)
<b>Gender</b>	
Female	601 (70.5%)
Male	223 (26.2%)
<b>Age level</b>	
18-24	163 (19.1%)
25-34	188 (22.1%)
35-44	246 (28.9%)
45-54	149 (17.5%)
55+	70 (8.2%)
<b>Highest education</b>	
Finished mandatory schooling	34 (4.0%)
High school/Diploma	108 (12.7%)
Some college	53 (6.2%)
Bachelor degree	275 (32.3%)
Master degree	249 (29.2%)
Ph.D.	116 (13.6%)
<b>Married status</b>	
Married	591 (69.4%)
Single	243 (28.9%)
<b>Anxiety Disorder</b>	
minimal	210 (24.6%)
mild	344 (40.4%)
moderate	196 (23.0%)
severe	102 (12.0%)
<b>Depression</b>	
minimal	294 (34.5%)
mild	232 (27.2%)
moderate	171 (20.1%)
moderately severe	91 (10.7%)
severe	64 (7.5%)
<b>Spiritual/Religious perfectionism</b>	

Table 2: Regression model of Spiritual/Religious perfectionism and anxiety, depression and demographical characteristics

Model		Unstandardized Coefficients		Standardized Coefficients	t	P-value
		B	Std. Error			
Items	(Constant)	55.95	3.92		14.25	<0.001
	Age	0.02	0.05	0.02	0.42	0.671
	Gender	1.57	1.21	0.05	1.30	0.194
	Education	0.07	0.42	0.01	0.16	0.869
	Marital Status	-2.57	1.32	-0.08	-1.95	0.052
	Anxiety	0.02	0.16	0.01	0.10	0.920
	Depression	-0.44	0.12	-0.19	-3.67	<0.001

## Discussion

The present study showed that higher spiritual/religious perfectionism related to less depression in the general population in Iran during the Covid-19 pandemic.

Previous studies that are related to perfectionism, in general, are consistent with the present study<sup>14,25</sup>. The results can explain several possibilities: Spirituality as a component of health and lifestyle is one of the original dimensions of human existence<sup>29</sup>. Spiritual/religious perfectionism encourages the individual to strive for the realization of transcendent spiritual standards, and due to enrich spirituality and its consequences (spiritual health). Spiritual health is an integral part of mental health. As a result, any factor that can affect its strengthening affects mental health. So, spiritual/religious perfectionism leads to improve mental health by strengthening spiritual health<sup>24</sup>.

Spiritual/religious perfectionism motivates the individual to achieve spiritual/religious perfection and tremendous mental health. Therefore, it leads to an increase in psychological well-being and positive emotions. Also, it reduces psychological distress and negative emotions<sup>23</sup>. Spiritual/religious perfectionism promotes spirituality and by these promotions provides the

tendency and strive for having meaning and goal in life<sup>30</sup>, and the individual's awareness of existence, the meaning of existence, the value of existence, and the purpose of existence<sup>31</sup>. In conclusion, spiritual/religious perfectionism promote psychological well-being and positive emotions, decrease psychological distress and negative emotions by providing meaning and goal in life and existence, and valuing life and existence<sup>24</sup>. Also, perfectionist individuals experience higher frustration and anxiety when they confront situations that may derail their programs and have adverse impacts on their performance. Some mechanisms can explain how spirituality and religion affect mental health, such as self-regulation, meaning-making, cultural embeddedness, and social support<sup>32</sup>.

The present study highlights the critical role of religious/spiritual perfectionism in designing stress management interventions during the pandemics. The results of the present study can be used for future studies aimed to prepare psychological interventions to decrease the negative consequences of the COVID-19 pandemic.

In addition to the tremendous physical health threat of the COVID-19 pandemic, lengthy feelings of uncertainty and fear, grief and separation, upset of economic and social systems have led to mental health threats<sup>1</sup>.



The results showed that the levels of anxiety, depression, and Spiritual/Religious perfectionism were mild. A global cross-sectional survey among 63 countries showed that significant signs of stress, anxiety, and depression were seen between people. More than 70% of individuals had higher than moderate stress, 59% had the criteria of clinically significant anxiety, and 39% reported moderate depressive symptoms. The symptoms were driven by isolation, poor sleep, age, and low resilience<sup>33</sup>. A study among Italian people reported 32.1% high anxiety, 41.8% high distress, and 7.6% PTSD related to COVID-19. A study in Canada and United States showed that 88% of people present anxiety about their loved ones being infected by COVID-19. 43% reported that they had treatment for previous mental health, and 31% were experienced criteria for generalized anxiety disorder (GAD), 29% experienced criteria of major depression disorder (MDD), and 63% showed high levels of stress. Significant predictors of mentioned problems were younger age, female sex, and past mental health treatment<sup>4</sup>. Among adults surviving COVID-19, psychopathological problems have been seen: 31% depression, 28% PTSD, 42% anxiety, 20% obsessive-compulsive, and 40% insomnia. Females experienced more depression and anxiety<sup>2</sup>. The levels of depression and stress levels among Indians were mild, but the anxiety level was moderate<sup>34</sup>. A study among an Irish sample showed the rate of anxiety and depression: 20% of GAD, 22.8% depression, and 27.7% GAD or depression. The rates were correlated to the female sex, younger age, COVID-19 infection, loss of income due to COVID-19, more perceived risk of COVID-19<sup>35</sup>. Also, previous studies in Asia showed the high burden of psychological distress during the COVID-19. A recent study in Iran showed that most persons had to experience normal levels of anxiety (57.9%), stress (36.6%), and depression (47.9%). Severe levels of anxiety, stress, and depression were reported by 6.3%, 2.5%, and 7.9% of individuals, respectively. Anxiety and depression levels were correlated with female gender, educational level, living with a high-risk member of the family, social capital, health status, risk of disease, and following COVID-19 news<sup>36</sup>.

The COVID-19 pandemic is one of the risk factors for psychological diseases. COVID-19 related post-traumatic stress symptoms are correlated to distress, anxiety, and low sleep quality<sup>5</sup>. Furthermore, during and after traumatic events, depression has been increased<sup>6</sup>, but during the COVID-19 pandemic, the increase is more than in previous traumatic events<sup>7</sup>. A new meta-analysis study showed that among the general population, anxiety has raised 3-fold during the COVID-19 pandemic, and the overall prevalence of it is 25%. The risk factors of anxiety were younger age, female sex, marriage, unemployment, social isolation, student status, low educational level, financial problems, low knowledge about COVID-19, clinical or epidemiological risk of disease, and some personality and lifestyle variables<sup>8</sup>. Some of the psychological consequences of the COVID-19 pandemic are confusion, PTSD, and anger. Stressors involved fear of infection, long duration of quarantine, boredom, frustration, inadequate supplies and information, stigma, and financial problems<sup>9</sup>.

#### Limitations, implications, and future studies

There were some limitations in the present study. First, all of the participants were from Iran. So, the generalization of the results should be made with caution. Second, anxiety and depression were assessed by questionnaires that could be less accurate than clinical interviewing. Third, the design of the present study was cross-sectional. Therefore, the cause-and-effect relationships between variables couldn't be confirmed. Fourth, the questionnaires were electronic which is not well accepted among older participants. So, the older individuals less participated in the study, and it could lead to sampling bias. Fifth, a large number of persons refused to participate in the study, and this may affect the results. Future studies can investigate other important and affective variables in individuals' mental status, such as mental health histories, family factors, and work pressure in various groups.

The present study investigated spiritual/religious perfectionism and helps to introduce this type of perfectionism. So, the present study will have valuable implications for future research in

psychological theories in the field of spiritual/religious, developmental, personality, and health. Spiritual/religious perfectionism can be a kind of healthy and non-harmful perfectionism; increase the richness and breadth of existing theories in the field of perfectionism; remove perfectionism from the monopoly of a structure, clinical, and pathological features; and the beginning of a new round of area and experimental research, theorizing and new approaches to this psychological structure to be effective and efficient.

In this stage of development and expansion of spiritual/religious perfectionism, research in the field of positive and spiritual/religious psychology, including exploratory study in the relationship between spiritual/religious perfectionism and various variables such as mental health, resilience, hardiness, positive and negative emotions, and interpersonal relationships are suggested.

### Conclusion

The results showed that the levels of anxiety, depression, and Spiritual/Religious perfectionism were mild, and depression negatively correlated to Spiritual/Religious perfectionism during the COVID-19 pandemic.

### Acknowledgments

None

### Conflict of Interest Disclosures

The authors declared no potential conflict of interests with respect to the research, authorship, and /or publication of this article.

### Funding Sources

The authors received no financial or funding support for the research.

### Authors' Contributions

All authors pass the four criteria for authorship contribution based on the international committee of medical journal editors (ICMJE) recommendations.

### Ethical Statement

This study was approved by ethical committee of Alzahra University, Tehran, Iran.

### References

1. Ciol MA, Deyo RA, Howell E, Kreif S. An assessment of 1. Ghebreyesus TA. Addressing mental health needs: an integral part of COVID-19 response. *World psychiatry*. 2020;19(2):129.
2. Mazza MG, De Lorenzo R, Conte C, Poletti S, Vai B, Bollettini I, et al. Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors. *Brain, behavior, and immunity*. 2020; 89:594-600.
3. Huremović D. *Psychiatry of pandemics: a mental health response to infection outbreak*: Springer; 2019.
4. Turna J, Zhang J, Lamberti N, Patterson B, Simpson W, Francisco AP, et al. Anxiety, depression and stress during the COVID-19 pandemic: Results from a cross-sectional survey. *Journal of psychiatric research*. 2021; 137:96-103.
5. Casagrande M, Favieri F, Tambelli R, Forte G. The enemy who sealed the world: effects quarantine due to the COVID-19 on sleep quality, anxiety, and psychological distress in the Italian population. *Sleep medicine*. 2020; 75:12-20.
6. Goldmann E, Galea S. Mental health consequences of disasters. *Annual review of public health*. 2014; 35:169-83.
7. Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA network open*. 2020;3(9): e2019686-e.
8. Santabõrbara J, Lasheras I, Lipnicki DM, Bueno-Notivol J, Pírez-Moreno M, Lypez-Antyn R, et al. Prevalence of anxiety in the COVID-19 pandemic: An updated meta-analysis of community-based studies. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2021; 109:110207.
9. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The lancet*. 2020;395(10227):912-20.
10. Taylor S. *The psychology of pandemics: Preparing for the next global outbreak of infectious disease*: Cambridge scholars publishing; 2019.
11. Macedo A, Soares M, Amaral A, Nogueira V, Madeira N, Roque C, et al. Repetitive negative thinking mediates the association between perfectionism and psychological distress. *Personality and Individual Differences*. 2015; 72:220-4.
12. Pereira AT, Cabazos C, Araújo A, Amaral AP, Carvalho F, Macedo A. COVID-19 psychological impact: The role of perfectionism. *Personality and Individual Differences*. 2022; 184:111160.
13. Stoeber J, Stoeber FS. Domains of perfectionism: Prevalence and relationships with perfectionism, gender, age, and satisfaction with life. *Personality and individual differences*. 2009;46(4):530-5.
14. Lo A, Abbott MJ. Review of the theoretical, empirical, and clinical status of adaptive and maladaptive perfectionism. *Behaviour Change*. 2013;30(2):96-116.
15. Flett GL, Hewitt PL. *Measures of perfectionism. Measures of personality and social psychological constructs*: Elsevier; 2015. p. 595-618.

16. Slaney R, Rice K, Mobley M, Trippi J, Ashby J. The revised Almost Perfect Scale. *Measurement and Evaluation in Counselling and Development*, 34, 130-145. 2001.
17. Hewitt PL, Flett GL. Dimensions of perfectionism, daily stress, and depression: a test of the specific vulnerability hypothesis. *Journal of abnormal psychology*. 1993;102(1):58.
18. Flett GL, Hewitt PL. The perfectionism pandemic meets COVID-19: understanding the stress, distress, and problems in living for perfectionists during the Global Health crisis. *Journal of Concurrent Disorders*. 2020;2(1):80-105.
19. Kurz E. I will never be good enough!!—The rise of perfectionism among young adults. *European Journal of Psychotherapy & Counselling*. 2021;23(1):85-98.
20. Curran T, Hill AP. Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological bulletin*. 2019;145(4):410.
21. Garssen B, Visser A, Pool G. Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. *The International Journal for the Psychology of Religion*. 2021;31(1):4-20.
22. Soleimani AR. Definition of religion in theology and philosophy of religion and definition of minority and majority. *Philosophy of Religion*. 2017;14(2):375-97.
23. Besharat MA. Development and validation of Spiritual/Religious Perfectionism Scale: A preliminary study. *Rooyesh-e-Ravanshenasi Journal (RRJ)*. 2019;7(12):399-415.
24. Besharat MA, Hosseini SA, Naghipoor M. The impact of spiritual/religious perfectionism on psychological health indices and dimensions of nonspiritual/nonreligious perfectionism. *Knowledge & Research in Applied Psychology*. 2021;22(1):155-67.
25. Stoeber J, Damian LE. The Clinical Perfectionism Questionnaire: Further evidence for two factors capturing perfectionistic strivings and concerns. *Personality and Individual Differences*. 2014; 61:38-42.
26. Del Castillo FA. Health, spirituality and Covid-19: Themes and insights. *Journal of Public Health*. 2021;43(2): e254-e5.
27. Spitzer RL, Kroenke K, Williams JB, Luwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*. 2006;166(10):1092-7.
28. Kroenke K, Spitzer R, Williams J. The patient health questionnaire (phq-9)—overview. *J Gen Intern Med*. 2001; 16:606-16.
29. Hosseini S, Chaurasia A, Oremus M. The effect of religion and spirituality on cognitive function: A systematic review. *The Gerontologist*. 2019;59(2):e76-e85.
30. Baldacchino D, Torskenes KB, Borg J, Kalfoss M, Tonna A, Debattista C, et al. Spiritual coping of clients on rehabilitation: A comparative study between Malta and Norway (Part I). *British Journal of Nursing*. 2013;22(4):16-20.
31. Fisher J. Development and application of a spiritual well-being questionnaire called SHALOM. *Religions*. 2010;1(1):105-21.
32. Garssen B, Uwland-Sikkema NF, Visser A. How spirituality helps cancer patients with the adjustment to their disease. *Journal of religion and health*. 2015;54(4):1249-65.
33. Varma P, Junge M, Meaklim H, Jackson ML. Younger people are more vulnerable to stress, anxiety and depression during COVID-19 pandemic: A global cross-sectional survey. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*. 2021; 109:110236.
34. Rehman U, Shahnawaz MG, Khan NH, Kharshiing KD, Khursheed M, Gupta K, et al. Depression, anxiety and stress among Indians in times of Covid-19 lockdown. *Community mental health journal*. 2021;57(1):42-8.
35. Cao W, Fang Z, Hou G, Han M, Xu X, Dong J, et al. The psychological impact of the COVID-19 epidemic on college students in China. *Psychiatry research*. 2020; 287:112934.
36. Khademian F, Delavari S, Koohjani Z, Khademian Z. An investigation of depression, anxiety, and stress and its relating factors during COVID-19 pandemic in Iran. *BMC public health*. 2021;21(1):1-7.