The role of spirituality during COVID-19: a cross-cultural qualitative analysis

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Abstract

The novel coronavirus disease (COVID-19) outbreak in 2019 brought widespread disruptions to normal daily functioning of individuals' lives. This unprecedented time was characterised by a period of uncertainty and psychological turmoil. Given the novelty of the COVID-19 disease and the growing evidence depicting the therapeutic benefits of spirituality during times of distress, the current study sought to investigate the role of spirituality in individuals' lives during the pandemic. A qualitative phenomenological approach entailing semi-structured interviews with 15 participants across India and New Zealand was conducted. Thematic analysis of the results provided a cross-cultural comparison of the conceptualisation and utilisation of spirituality across Western and Eastern boundaries. While spirituality was understood as a belief in a higher power/reality across both cultures, differences arose in the way in which participants engaged with spirituality and understood its relationship to religion. Nonetheless, spirituality was found to entail a range of health and wellbeing effects which were categorised into three major themes; a) therapeutic effects, comprised of the subthemes hopefulness, meaning amidst chaos and strengthened mental fortitude; b) intertwined with wellbeing and c) inner-transformation, comprised of the subthemes opportunity, a shift towards knowledge, gratitude and reflection. Overall, spirituality provided individuals a range of tools to navigate their life experiences, which built individual resilience and provided them the courage to face difficult life circumstances. These results provide support for the inclusion of spirituality within healthcare services and call for efforts to destigmatise a phenomenon that may entail many benefits for its practitioners.

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Introduction

On 31st December 2019, the World Health Organization (WHO) country office in China reported a cluster of pneumonia cases in Wuhan, Hubei Province (WHO, 2020) which were later identified as a novel coronavirus that caused (at the time) an unknown disease; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; Carvalho et al., 2021). Later coined as novel coronavirus disease (COVID-19), its symptoms vary greatly amongst each individual, ranging from asymptomatic infection to mild symptoms such as cough and fever (Wang et al., 2020), to more severe symptoms such as respiratory and/or multiorgan failure (Pascarella et al., 2020).

Perhaps one of the most concerning aspects of the COVID-19 disease was its rapid transmissibility rate (Sun et al., 2020). By the end of February 2020, 83,652 COVID-19 cases had been confirmed globally (WHO, 2020a) and by March, case numbers had surpassed one million (WHO, 2020b). By 11th March 2020, the World Health Organization had declared COVID-19 a pandemic of global concern. Inevitably, the sudden onset of the novel disease placed immense burden on healthcare systems across the world (Sen-Crower et al., 2021). As of today, over 755 million cases of COVID-19 have been confirmed, causing over six million deaths globally (WHO, 2022).

Given its novelty and rate of transmissibility, a range of measures were implemented to combat the spread of the disease. At a personal level, the use of face masks and encouragement of hand hygiene were largely endorsed (Ciotti et al., 2020). At the larger, national level, nation-wide lockdowns and quarantine measures were placed to reduce individual travel and hence, disease transmissibility (Pascarella et al., 2020). As time and scientific knowledge of the disease has progressed, effective vaccines to promote both individual protection and herd immunity against the disease have been developed, allowing for an ease of social-distancing and isolation-related measures and greater return to normalcy in life.

As suggested by Dong and Bouey (2020), health emergencies such as the COVID-19 pandemic can have long-lasting and detrimental physical and psychological consequences as a result of disease anxiety, social isolation and transmission of misinformation through social media and networks. Recent meta-analyses have found support for these detrimental impacts of COVID-19 on people's mental health and wellbeing, with depression and anxiety being the most prevalent mental health indicators (e.g., Luo et al., 2020; Salari et al., 2020). For instance, mere exposure to pandemic-related news via social media has been associated with negative mental health outcomes (Zhao & Zhou, 2020). In addition, associations between

prolonged social isolation and adverse mental health consequences have been found, which were exacerbated for those living in low disease contagion areas compared to high contagion areas (Pancani et al., 2021). Furthermore, concerns regarding socioeconomic consequences have also been associated with greater distress above and beyond distress caused by the health consequences of the disease (Kämpfen et al., 2020). Indeed, the pandemic may have impacted individuals in many ways, ranging from the physical, psychological and socio economical.

Beyond the salient impacts of COVID-19 arise those at a deeper level of human thought and emotions. Previous literature suggests that significant life events often facilitate a search for meaning and/or purpose in an individuals' life (Lindsay & Tassell-Matamua, 2021); where meaning in this context refers to a subjective feeling that life is valuable and aligned with something larger, providing one with purpose, significance and coherence (George & Park, 2016). In relation to the COVID-19 pandemic, Chen et al., (2020) suggest a shift in the sources through which people derive meaning in life, with individuals in their study placing greater emphasis on minimalistic living and less emphasis on wealth and pleasure compared to pre-pandemic levels. Further, greater meaning in life has been associated with lower COVID-related anxiety and stress (Trzebiński et al., 2020) and even greater emotional, social and psychological wellbeing overtime (Yu et al., 2020).

Van Tongeren and Showalter Van Tongeren (2021) discuss existential concerns, meaning and wellbeing in their Existential Positive Psychology Model of Suffering (EPPMS). The EPPMS sees suffering as an existential issue, that is, issues associated with meaning and purpose. Such existential concerns inhibit an individuals' ability to find meaning in life and as such, nurturing meaningfulness is vital to alleviate suffering. The authors suggest that the COVID-19 pandemic may have exacerbated existential concerns through five potential mechanisms; a) implementation of *isolation* measures and distancing from others; b) loss of *freedom* in an unpredictable world; c) *identity* conflictions, where daily routines, hobbies and activities were hampered; d) *death* saliency and, as a result e) a sense of *meaninglessness* due to such abrupt changes (Van Tongeren & Showalter Van Tongeren, 2021). The model proposes the re-establishment of a coherent sense of meaning is key to enhancing psychological wellbeing of people around the world.

Previous theories have also been proposed to emphasise the role of meaning-making in how individuals' make sense of themselves in the world. For instance, the Meaning Maintenance Model (MMM) proposed by Heine et al. (2006) suggests that humans have an inherent need for meaning-making; that their perception of events occur through already-

established mental representations that influence expectations of relationships in the world. Their model revolves around three primary principles: a) that meaning is relational; people seek to establish reasoned relationships between themselves and the world, b) that humans hold an inherent capacity of meaning-making, and therefore, c) if mental representations become disrupted, people will seek to reaffirm and reconstruct alternative frameworks, and, consequently, re-establish meaning in their lives again (Heine et al., 2006).

Related to the MMM, is Park's (2010) integrated meaning-making model, which proposes a distinction between global meaning (referring to the overall belief framework that orients an individual's actions, thoughts and emotional/physical responses) and situational meaning (referring to meaning associated within a particular environmental context; usually predicated through the experience of a stressful event). Park (2010) suggests that the occurrence of a stressful stimuli in the environment (for instance, COVID-19) triggers situational meaning; a set of continuous processes of assigning meaning to the event (whether it is a threat; controllable; its future implications), determining the discrepancy between the situational/appraised and global meaning, and ultimately making meaning and re-adjustment, such that the discrepancy between both is reduced. The underlying theory suggests that the greater the discrepancy between an individual's global and situational meaning, the greater the experienced distress. Thus, meaning-making processes and subsequent cognitive re-adjustment are vital to alleviate distress when an event is significantly discrepant with global belief frameworks.

The search for meaningfulness has also been linked to spirituality, the primary focus of the current study. For instance, spirituality has been argued as an important aspect in palliative care – especially towards the end of life – as individuals suffer from experiential issues of meaning, manifested through feelings of guilt, anxiety or hopelessness (Breitbart et al., 2004). Bamonti et al. (2016) also suggest that spirituality may attenuate the relationship between depressive symptoms and meaninglessness. That is, among individuals with depression, higher spirituality has been associated with higher meaning in life. Further, a positive relationship between spirituality and meaningfulness has been found among individuals with alcohol dependence (Kleftaras and Katsogianni, 2012), to facilitate greater levels of self-actualisation (Ivtzan et al., 2011) and in living authentically (Temple & Gall, 2018). As such, the meaning-deriving and wellbeing-enhancing effects of spirituality during COVID-19 are also probable.

Indeed, the recent literature on mental wellbeing during the COVID-19 pandemic has acknowledged the significance of spirituality for fostering resilience and positive coping

strategies. For instance, Tuason et al. (2021) utilised a quantitative, online survey approach to examine wellbeing during COVID-19 among a sample of individuals from the United States. Their results indicated that among other factors, such as job security and sense of agency, spirituality was found to significantly predict wellbeing. Similar findings have also emerged in Brazil, where Lucchetti et al. (2020) investigated the association between religion, spirituality, mental wellbeing and social isolation during the pandemic. Their online surveys revealed a high utilisation of religious and/or spiritual beliefs during lockdown, which were found to be associated with higher hopefulness and lower levels of fear, worry and sadness (Lucchetti et al., 2020). Specifically, almost three-quarters (74.4%) of their sample reported that spirituality and/or religion helped them cope with social isolation, over half (57.3%) experienced some form of spiritual growth, and one third (33.8%) reported that isolation improved their private religious activities. To date however, an understanding of *how* spirituality may assist in coping remains largely unexamined.

The current study

The sudden onset and rapid transmission of COVID-19 has inevitably caused widespread disruption to people's lives. As such, the following study aimed to better understand the role of spirituality throughout the COVID-19 pandemic. Given the intimate, experiential nature of spirituality (Pietkiewicz & Smith, 2014), a qualitative, phenomenological approach was adopted to investigate peoples' experiences. Further, given that spiritual definitions tend to vary across individuals and contexts (e.g., Macdonald et al., 2015), the current investigation undertook a cross-cultural comparison of the conceptualisations and functions of spirituality across New Zealand and India. Through this approach, rich and detailed accounts of participant experiences were gathered, furthering understandings on how this personal, subjective phenomenon is experienced by various individuals throughout significant life events.

The contexts of India and New Zealand were chosen due to my own (as the primary researcher) familiarity and intimate connection with both countries. As an Indian who has grown up and received education within New Zealand's predominantly Western context, it became clear to me that culture significantly impacts individuals' perceptions and understandings of the world. As I began studying spirituality within the psychological literature, I realised that there were similarities *and* differences in my own spirituality, rooted predominantly in Eastern philosophies (particularly Buddhism and Hinduism), and the

spirituality described within Western academic literature. This realisation fuelled a desire within me to understand which aspects of spirituality may be universal, and what may be culture specific.

Given the recency and novelty of the COVID-19 pandemic, I also wanted to understand how (and if) spirituality may have contributed to individuals' experiences of the pandemic. As a bicultural researcher, I had the advantage of sharing languages, social and cultural aspects with the participants, which may be difficult for an outsider of either culture to understand (Liamputtong, 2008). Utilising my social networks across both India and New Zealand, the current investigation was therefore undertaken to better determine how spirituality; a) is understood across cultures and b) may contribute to one's life during significant life events such as COVID-19.

This thesis is structured as follows: Chapter 1 defines spirituality for the purposes of the current study. The relationship between religion and spirituality is discussed, followed by conceptualisations of the phenomenon in New Zealand and India. Chapter 2 discusses the relationship between spirituality and wellbeing, beginning with the international literature and then focussing specifically on the contexts of New Zealand and India. Chapter 3 examines the role of spirituality during COVID-19 in maintaining health and wellbeing. Chapter 4 presents the objectives of the current research. Chapter 5 discusses the rationale underpinning the methodological approach adopted, along with how each phase of the investigation was undertaken. Chapter 6 presents the results. Finally, Chapter 7 will provide a discussion of the results in line with previous literature, the implications and limitations, followed by the potential for future research to conclude the thesis.

Chapter 1. Spirituality

Spirituality – the primary focus of the current research – is an important factor contributing towards individual resilience and meaning making (Killgore et al., 2020). However, there tends to be an overall lack of consensus within the literature surrounding what the term constitutes. This chapter presents a discussion of definitions of spirituality, firstly beginning with its relationship with religion. Then, taking account of the various definitions of spirituality, an attempt is made to define spirituality for the purposes of the current study. Finally, a discussion of the current state of spirituality in both New Zealand and India is provided.

The relationship between spirituality and religion

Important in contemporary discussions of spirituality is the differentiation and/or separation between spirituality and religion. The term religion is derived from the Latin root *religio*, which portrays the relationship between humans and a greater power beyond humanity (Hill et al., 2000). Since the 16th century, religion has been recognised and understood by majority of people as representing a certain system of worship and/or beliefs, and the existence of an unseen power beyond humanity (Oman, 2013). Today, while religion may have various definitions adapted to those who utilise the term, generally it refers to a system of beliefs, practices, and/or rituals that often belong to, and are endorsed by, specific institutions within a cultural and social framework (Myers et al., 2000). Individuals often engage in these practices and rituals in a group setting and as such, various social institutions tend to represent a specific pattern of beliefs and values. These social institutions then become what are referred to as religious places of worship, which include mosques and churches which provide, not only a place of worship, but also social support and medical care in times of distress and need.

Of particular consideration is that this institutionalised definition of religion, and the separation between religion and spirituality, has only occurred recently. Historically, spirituality was widely known and accepted as a component of religion (Oman, 2013). Since the 1960's, religion – once considered a broad construct – became restrictive and limiting, and spirituality became the preferred alternative as it was perceived as devoid from the controlling practices of religion (Pargament, 1999). This dissatisfaction with religion has been attributed to the rising secularisation witnessed towards the second half of the 20th century (Hill et al., 2000), perpetuated by the attempted exclusivity, domination, violence and

advancement of ideological beliefs in the name of religion (Schneiders, 2003). The result of an increasingly secular society saw as Turner et al. (1995) suggest, spirituality as gradually becoming the more favourable concept in the human search for meaning and/or transcendence, while religion became perceived negatively as a barrier to individual spiritual advancement.

While the relationship between these two constructs may have once been of unity (Oman, 2013), today religion and spirituality are not only seen as distinct phenomena but also as existing in constant conflict with one another, creating an inferiority-superiority complex that perpetuates the ongoing distinction between the two (Selvam, 2013). As religion has declined, spirituality has ascended, with many affiliating their search for transcendence through a *spiritual-but-not-religious* perspective (Carey, 2018). However, despite predictions of scholars throughout the 20th century claiming growth of modern science and rational thinking would lead to the eventual decline of the human search for the sacred and dependence on religion (e.g., Durkheim & Swain, 1915; Weber, 1993), van Niekerk (2018) suggests that modernity has failed to override the human search for transcendence. While a decrease in public dependence on religious beliefs and/or practices is evident (D'antonio et al., 2001), this seems to have been compensated by increasing public attention and acceptance towards spirituality (Scheineders, 2003).

Potential theories have been proposed to explain such evolving definitions of religion and spirituality. One prominent theory proposes that increasing globalisation has diminished boundaries between cultures and countries, resulting in the expansion of Eastern[1] cultures and/or alternative belief systems in Europe and the United States (Pargament, 1999). The result has been a deidentification with any singular religious belief structure and, rather, an acceptance of multiple faith systems. Additionally, the increasing attention towards spirituality may also be attributed to larger sociocultural transformation towards individualisation and deinstitutionalisation (Berger, 2011). Consequently, institutional religion has slowly lost its authority as individuals begin to find their own subjective meanings of life, choosing their preference from a range of available practices. Indeed, as Pargament (1999) suggests, this has only been exacerbated by the loss of institutional faith among Western[2] cultures.

[1] Referring to the thoughts, symbols and/or people living in or originating from regions and/or countries east of Europe.

[2] Referring to the thoughts, symbols and/or people living in or originating from the global West, particularly Europe or the United States.

In attempting to explain the historical and ongoing discord between religion and spirituality, it is easy to become entangled in what seems to be a never-ending maze. Indeed, as Dyson et al. (1997) affirm, one of the major barriers in reaching definitional consensus on spirituality is its very relationship with religion. Or perhaps, it could be argued, the very attempt to separate definitions of religion and spirituality is influenced by Western ideology. Selvam (2013) contends that in many non-Western cultures, the distinction between the religious and the spiritual may not be obvious, even in contemporary times. In such cultures, for instance, among Sub-Saharan Africa, African Traditional Religion sees the sacred and the secular as one, as existing in unison *rather* than separation (Lado, 1998). This indivisibility between religion and society often invites scholars to speak of African culture in combination with African religion (Taylor & Bisschop van Winchester, 1963). The same can be said for the relationship that exists between Hinduism (a religious system) and Indian society; where the two are so intertwined within daily life that it becomes difficult to differentiate Indian culture from religion (Selvam, 2013; further discussed below). Indeed, it seems the decline of religion, notably Christianity, is restricted to Western societies. In fact, alternative belief systems such as Islam and Hinduism seem to be on the rise globally (Pew Research Center, 2015). It could be that Western science, because of its prominent focus on dualism (Hendry, 2003), fails to see the overlap between the religious and spiritual.

For instance, Ganga and Kutty's (2013) investigation on the relationship between spirituality and wellbeing among an Indian sample found differences among the perceptions of religiosity across individuals from different religious backgrounds. More specifically, only 50 percent of Hindus perceived religiosity as the following and undertaking of religious rituals, while among Muslims and Christians, this belief was reflected among 89 percent and 90 percent of individuals, respectively. These findings suggest that religiosity may be conceptualised differently across various religions and becomes of utmost importance when considering the current conceptualisations of religion and spirituality as separate entities in the West (Hill et al., 2000).

While the natural tendency may be to generalise Western findings, which suggest that the separation of religion and spirituality is on the rise and may be beneficial for the psychological field (Highland et al., 2022), Ganga and Kutty's (2013) findings suggest otherwise. Given that Hindus make up nearly 80 percent of the Indian population (Majumdar, 2018) and constitute the third largest religion in the world (Hackett & McClendon, 2017), Hindu perspectives not only reflect the perspectives of a certain religion, but they reflect the perspectives of a large proportion of the world's population. These perspectives suggest that

perhaps the need for separating religion and spirituality is limited to certain cultural and religious contexts (Ganga & Kutty, 2013).

Defining spirituality

Despite the various contradictions mentioned above, a thorough investigation of the psychological literature reveals that spirituality and religion are predominately regarded as related constructs, rather than independent constructs (Hill et al., 2000). Nonetheless, psychological discussions within Western academia on spirituality and religion still call for a distinction between the two. Perhaps before attempting to define what spirituality is, it may be easier to begin with what spirituality *is not*. Firstly, as explained above, spirituality *is not* considered synonymous with religion, and to assign both constructs within a singular meaning may restrict the understanding of individuals' personal and subjective spiritual needs (Dyson et al., 1997). Secondly, spirituality is *not* limited to a set of prescribed beliefs, practices and values ascribed within a certain institutional framework that are validated and recognized by a group of people (Hill et al. 2000). However, as suggested by Dyson et al. (1997), such beliefs, practices and values may be considered by individuals as necessary components of their spiritual lives. Thirdly, spirituality is *not* a trend or fad (Naisbitt, 1982). Instead, spirituality has existed alongside religion since time immemorial (Oman, 2013), and at its core, underlies a *way of being* for any particular individual (Schneiders, 2003). As such, the use of the term for promotional purposes, such as advocating for spiritual tours, self-development novels, meditational guides and spiritual retreats (Popp-Baier, 2010) may be a means to encourage one to connect with themselves spiritually, but they do not encompass the entire phenomenon. Finally, it can be suggested that spirituality is *not* external to an individual (Spilka et al., 2003). Rather, spirituality can be understood as a personality trait that motivates one to reach their optimal selves (Schneiders et al., 2003), and therefore, is not restricted within a specific setting, such as a Church, Mosque or Temple.

An understanding of what spirituality is not, inherently leads to the understanding of what it actually *is.* Firstly, it is apparent that spirituality is (slightly) different from religion. While today, religion relates to the beliefs and rituals endorsed by specific sociocultural institutions (Myers et al., 2000), spirituality expands this definition, and central to its description lies a search for the sacred in life (where sacred can refer to a divine being, reality, truth and/or object; Hill et al., 2000). In other words, while spirituality refers to a search process, religion refers to the means, methods and/or practices of facilitating that

process. That is not to say that spirituality and religion have always existed in such a relationship, or that the two are completely distinct from one another. Instead, it is important to acknowledge that while once the two may have been considered inseparable (Oman, 2013), the changing sociocultural contexts demand that definitions must be adapted to benefit the people they aim to serve. Therefore, it would also suffice to state that *within the current post-modern, individualistic, Western context*, religion denotes an institutional affiliation, while spirituality refers to an individual search process.

Spirituality is the individual realisation of the existence of a power, force and/or reality beyond human existence (Niekerk, 2018; Weathers et al., 2015). While traditionally, this unseen reality was often expressed as God, today within the definition of spirituality it may include a sense of connectedness to oneself, other people, the natural environment and/or the world (Weathers et al., 2015). Finally, spirituality is a conscious attempt to identify or become closer to that which is considered sacred (Schneiders, 2003). However, spirituality does *not* prescribe a certain set of practices through which the search for the sacred may be achieved (Jastrzębski, 2020) – as this would fall under the definition of religion – but instead, allows individuals to choose their own means for establishing meaning in life. As such, it becomes clear why some suggest that religiosity is associated with restrictions, while spirituality is praised for its tolerance for individual freedom and choice (Pargament, 1999).

The characteristics of spirituality outlined above suggest that spirituality is; a) the realisation and acknowledgement of an unknown and/or sacred reality (Niekerk, 2018); b) a process motivated by that realisation that often entails a search for the sacred (Hill et al., 2000) and; c) an ultimate goal that is achieved, or has been attempted (or is continuously being attempted) to be achieved (Dyson et al., 1997) through the search process motivated by that initial realisation. In short, spirituality is a *realisation*, a *process* and a *goal.* Most often, all three of these components of spirituality are internal processes, which motivate an individual to constantly improve themselves and the world around them (Schneiders, 2003). As a result, 'spiritual' individuals become more connected to themselves, toward the sacred and also towards others in the world (Selvam, 2013). It can be suggested that spirituality is a *way of being* in the world, often considered an important and inseparable component of one's identity, or as suggested by Jastrzębski (2020), a personality trait that has a pervasive influence on one's thoughts, actions and behaviours and, therefore, overall life.

Spirituality in New Zealand

New Zealand provides an example of a Western, individualistic society, where understandings of spirituality are complex and, for the most part, distinct from religion. In contemporary times, spirituality is positioned somewhat awkwardly among New Zealand's diverse, multicultural population. Although considered a fundamental component in the lives of the Indigenous people of the land, the rest of the population shows trends of growing secularisation (Vaccarino et al., 2011). While New Zealand has no specific religion of its own, a strong Judeo-Christian influence (reflecting European dominance) prevails, with 49.5% of New Zealanders identifying with a Christian religious affiliation (Statistics New Zealand, 2006). At the same time, however, the percentage of people reporting no religion has also increased from just 29% of individuals surveyed in 1991, to 40% in 2007 (Vaccarino et al., 2011). The same survey found that among those identifying as religious, 38.9% never attended a religious service and 55% never took part in church activities other than attending services. Vaccarino et al. (2011) therefore concluded that the New Zealand population is becoming increasingly secularised, where secularisation was defined as a decline in adherence to formal religious institutions, rather than a broader decline in religiosity. This decline seems to be counteracted by growing trends of spirituality, with one-third of the surveyed participants stating that while they may not follow a specific religion, they consider themselves as spiritual and interested in supernatural or sacred elements of life (Vaccarino et al, 2011). Suggestively then, New Zealand may be on the cusp of a spiritual revolution, with less people identifying with religion and more individuals turning towards spirituality, similar to the *spiritual-but-not-religious* perspective adopted across other Western countries discussed above.

Māori Spirituality

Important to consider in discussions of spirituality within New Zealand is understandings of Māori spirituality. As the Indigenous peoples of the nation, spirituality has played a vital role in the lives of Māori since pre-colonisation and even today (Durie, 1994). Prior to European colonisation, Māori spiritual healers (or *Tohunga)* provided Māori with a spiritual response to healing. *Tohunga* often had expertise in a specific discipline, emphasized the interrelated nature of the mind, body and spirit, and also held knowledge about the utilisation of plants for healing practices, along with spiritual capabilities (Durie, 2001). However, the Tohunga Suppression Act, an enactment of legislation by the New Zealand

Government to suppress *tohunga* in 1907, prevented such spiritual healers from providing care to Māori people (Voyce, 1989).

Durie's (1994) holistic model of Māori health, *Te Whare Tapa Whā,* is particularly relevant to the New Zealand context. Te Whare Tapa Whā roughly translates as the four cornerstones of health, suggesting that health and wellbeing is a balance between *taha tinana* (physical), *taha hinengaro* (emotional/mental), *taha whānau* (social) and *taha wairua* (spiritual) elements (Durie, 1994). Ill-health may be seen as an imbalance between any one of these four cornerstones (Rochford, 2004). The Tohunga Suppression Act did not necessarily prevent tohunga from practicing (or from Māori reaching out to traditional healers), but instead, it led them to practice in private; hidden from the political eye (Voyce, 1989). In fact, growing Māori dissatisfaction with the prominent Eurocentric worldview led to the Act being repealed in 1962 (Stephens, 2001). Today, Māori healers still consider spirituality as a core component of healing, with spiritual communication with ancestors being a part of the healing process as well as everyday Māori life (Mark & Lyons, 2010).

Valentine et al. (2017) and Lindsay et al. (2022) provide support that spirituality or *wairua* is still vital for Māori in contemporary times. Their qualitative findings confirm that colonisation failed to completely overrule the importance of spirituality within Māori belief systems. Nonetheless, a sense of unease or discomfort in sharing their spiritual experiences with health professionals was expressed by the participants, implying that even though such experiences hold deep meaning and importance for Māori, they still fear being incorrectly pathologized. These expressions point towards the ineffectiveness of current health models to incorporate Māori conceptualizations of health and wellbeing, with many Māori describing current health systems as hostile and alienating (Graham & Masters-Awatere, 2020). Regrettably, the psychological discipline still tends to overlook wairua as a legitimate source of wellbeing (McLachlan et al., 2017) despite the wide range of evidence depicting the fundamental role it plays in the lives of Māori people (e.g., Lindsay et al., 2022; Mark & Lyons, 2010; Valentine et al., 2017).

Spirituality in India

India is the world's largest democracy (Paranjape, 2008) with a population of 1.38 billon people. It is home to the world's oldest religion, Hinduism, with its roots dating back to nearly 5000 years (Frykenberg, 1993). Today, Hinduism remains the third largest religion in the world (Oman, 2019), with 94% of the world's Hindus residing in India itself. The consideration of religion may seem absurd in contemporary discussions of spirituality,

especially given recent emphasis on the necessity of their separation (Dyson et al., 1997; Hill et al., 2000; Carey, 2013). However, it is important to note that the disintegration of spirituality and religion has arisen in the *Western* world, in response to increasing dissatisfaction with religious institutions within *Western* contexts (Dalal & Misra, 2010); whether or not the same distinction applies in non-Western cultures remains debatable.

Spirituality has played an important role in Indian culture since the remote ages. It also has a fundamental influence on Indian psychology, which tends to take a more holistic, spiritual-growth perspective on human functioning, as opposed to the Western materialistic-reductionist approach (Dalal & Misra, 2010). Indeed, the concepts of transcendence and spirituality remain at the core of Indian psychological theories, which are not necessarily restricted to any particular system of faith (Dalal & Misra, 2010). Spirituality roughly translates to *adhyaatmikta,* where the search for the sacred is often referred to as *adhyaatma*, therefore, to be spiritual is to be *adhyaatmik* (Oman & Paranjpe, 2018). Spirituality thus refers to a search for *atman,* which is the core of oneself; one's *true* self. In other words, *adhyaatma* pertains to the metaphysical realm and involves an inward process and/or search for self-realisation, as opposed to referring to the physical, emotional or social self (Bhawak, 2015). Perhaps the first point of distinction of spirituality within an Indian context in contrast to the Western context is its strong emphasis on continual self-growth and introspection; processes which are seen as vital to human flourishing and progress.

Four common pathways have been proposed and utilised over hundreds of years to achieve spiritual realisation, namely; *bhakti-yoga*, the path of devotion; *karma-yoga*, the path of action; *dhyana-yoga*, the path of meditation; and *jnana-yoga*, the path of knowledge (Bhawuk, 2010). Regardless of which path one chooses, the ultimate goal remains the same; realization of one's true self (or *atman*), which leads to a peaceful state of mind. Such an understanding of the spiritual process already disintegrates the common archetype of the religious Hindu individual on a spiritual journey, who has renounced the world and all worldly desires (Raju, 1954). While renunciation may be one path, it is certainly not the only path. As such, it becomes more difficult to recognise an individual on the spiritual path of *karma-yoga* who perceives all of his/her actions as directed towards a higher purpose, with self-realisation as his/her ultimate goal. From the Indian perspective then, spirituality is a goal and process that can be attained by quite literally anyone, and through whichever method one prefers.

The concepts of *karma* and *dharma* – which are central to Indian spiritual thought – allude to the importance of differential pathways that lead towards spiritual realization. Also

acknowledged within Judeo-Christian teachings (Suchday et al., 2018), karma refers to the belief in the universal law that all action leads to a certain reaction. However, the Indian view extends this notion of karma, and suggests that *all* work and actions undertaken by a person is karma (Dalal & Misra, 2010). Therefore, to work, to speak, or to even simply breathe; everything is karma. Also fundamental to this view of karma is the belief in reincarnation; that an individual's life circumstances are a result of past deeds in both this life and previous lives, and that one's karma in the present day will determine their circumstances in the future of both this life and one's upcoming lives (Ghosh, 2014).

Dharma, on the other hand, is more complex to define and can broadly be understood as one's moral duty, obligation and/or responsibility, with the identification of ideas right and wrong, and in relation to the sacred and/or higher power (Suchday et al., 2018). Dharma refers to an individuals' contribution to the world and society as allowed by one's time and location (Dalal & Misra, 2010). Dharma, or righteous living, therefore, contributes to social harmony, with each individual carrying out their own moral obligations. Together, both karma (action) and dharma (fulfillment of responsibilities) lead to one's union with the sacred and/or divine (Suchday et al., 2018). As such, while a certain individual's dharma may be jnana-yoga (the path of knowledge) another may be karma-yoga (the path of action) and both are seen as just a means to achieve life's ultimate goal. Together, these four pathways, along with an understanding of the concepts of karma and dharma, are the core of Indian spirituality. Similarities in such beliefs are seen across many Indian religions including Hinduism, Buddhism and Jainism (Dalal & Misra, 2010) and therefore are not limited to any one particular religion. As such, when religion is seen as the pathway to spirituality it becomes difficult to differentiate between the two, and perhaps its necessity may also be questioned. Whether or not the separation of religion and spirituality is prominent (or even required) for Eastern contexts, such as India, still requires further investigation.

Contemporary Indian spirituality and Western understandings

There appears to be, however, a marked contrast between such an understanding of Indian spirituality (which has existed amongst Indian civilisation for thousands of years; Inbadas, 2018), and that of spirituality practiced in India today. According to ancient Indian spiritual texts, spirituality is known to be a fundamental aspect of the human psyche, having a prominent role in both Indian psychological and philosophical underpinnings (Dalal & Misra, 2010). However, similar to how European colonization in New Zealand led to the neglect of

spirituality for Māori health and wellbeing (Durie, 2004), British dominance also led to the widespread ignorance of spirituality in Indian psychology (Sinha, 1965). The last 100 years of psychology taught and practiced in India has been dominated by Euro-American perspectives, which have promoted Western scientific psychology, emphasising the attainment of quantified and objective knowledge (Dalal & Misra, 2010). Indian psychologists and researchers also adopted a decontextualised approach to understanding human cognition and behaviour. The result led to a widespread abandonment of spirituality within the psychological field in India throughout most of the 19th century.

The understanding of spirituality from a Western standpoint, which tends to be naturalistic, humanistic and scientific, differs greatly from an Indian perspective. Largely lacking from Western paradigms is an acknowledgement that the essence of spirituality entails an inwardness focus directed toward the spirit; the most intimate reality (Raju, 1954). Indeed, the rising discontentment among Indian scholars from the 1970s onwards highlighted that the scientific model excluded non-Western perspectives (Dalal, 1996). Yet, despite exposure to materialism, globalisation and notions of the independent self, and with psychologists in India endorsing the scientific framework, spirituality has remained prominent in the lives of people in modern India. As suggested by Suchday et al. (2018), young people in urban India still endorse traditional Indian values (such as karma and dharma), indicating that spiritual beliefs are intertwined with daily functioning. As such, a widespread call has been made to make psychology (as practiced in India) more attuned to its cultural context. Scholars have also called for the combination of traditional Indian and modern psychological thought (Sinha, 196; Dalal & Misra, 2010), tracing back to Indian roots for a greater understanding of spirituality.

Summary

It is important that with any attempt to define spirituality within Western academia, its relationship with religion is acknowledged; where spirituality refers to an individuals' external search for the sacred, and religion refers to the external practices to achieve the sacred. However, this distinction between spirituality and religion is perhaps limited to Western contexts, and may not necessarily apply to other countries, such as India.

In New Zealand, the distinction between spirituality and religion seems to be prevalent among those identifying as spiritual. Spirituality within this context predominantly reflects mainstream Western understandings of spirituality. For Māori, the Indigenous people of New Zealand, spirituality has always been embedded within their way of life.

Indian spirituality tends to see religion as providing individuals with the tools to reach their spiritual goals. Understandings of Indian spirituality are primarily grounded upon the notions of karma and dharma, and the four pathways to self-actualisation and/or transcendence; devotion, action, meditation and knowledge.

Chapter 2. Spirituality and Wellbeing

Previous literature has identified positive associations between spirituality and a range of wellbeing indicators across many cultures and contexts, such as life satisfaction (Kelley & Miller, 2007; Starks & Hughey, 2003), happiness (Winzer et al., 2018; Deb et al., 2020), resilience (Smith et al., 2013), reduced psychological distress (Corrigan et al., 2003) and a sense of meaning and/or purpose in life (Wagani & Colucci, 2018). The beneficial impacts of spirituality have been observed across multiple age ranges, encompassing adolescence (Brooks et al., 2018), young adulthood (Oxhandler et al., 2018) and late adulthood (Lifshitz et al, 2019). This chapter begins with a brief discussion of the international literature investigating the relationship between spirituality and wellbeing. Next, the literature on spirituality and wellbeing within New Zealand, followed by India, is presented in more depth.

A brief overview

The effectiveness of spirituality in managing psychological distress and wellbeing has been well documented. For instance, Corrigan and colleagues' (2003) quantitative analyses investigating a sample of predominantly European American individuals with serious mental illness revealed that higher self-reported levels of religiousness and spirituality were positively associated with psychological wellbeing and diminished psychiatric symptoms (operationalised as a diagnosis of bipolar disorder, schizophrenia, or major depression (Corrigan et al. 2003). In addition, through semi-structured interviews, Oxhandler et al. (2018) also found that religious/spiritual coping methods, such as prayer, reading of the Bible/scripture and support from one's religious/spiritual community were discussed as maintaining wellbeing among a sample of vulnerable young adults, who had utilised crisis emergency services and received a diagnosis of either bipolar disorder, major depressive disorder or schizophrenia spectrum disorder. Furthermore, Starnino's (2014) interviews with individuals diagnosed with mental illness within the United States reveal the importance of integrating spirituality within clinical contexts, as participants shared positive experiences when they felt that practitioners were effectively listening to their spiritual issues.

These positive influences of spirituality have also been found to assist individuals through physical illness. For instance, Bartlett and colleagues' (2003) quantitative investigation of the relationship between spirituality, wellbeing and quality of life among a sample of rheumatoid arthritis patients within the United States found that while disease prevalence was positively associated with depressive symptoms, individuals higher in

spirituality also reported higher positive affect and enhanced self-appraisals of health. Similarly, Hatamipour and colleagues' (2015) qualitative analysis on Iranian cancer patients' understandings of spirituality also suggests that spirituality played a vital role in allowing individuals to accept and/or cope with physical illness. Their semi-structured interviews revealed that these individuals placed frequent emphasis on achieving transcendence in terms of communication with God, praying and strengthening their spiritual beliefs.

Together, these findings suggest that spirituality may positively contribute to wellbeing throughout both psychological distress and physical illness. Spirituality and religiousness have been found to be significantly associated with hope, personal empowerment, recovery (Corrigan et al., 2003), protection, comfort (Oxhandler et al., 2018), a sense of meaning/purpose (Hatamipour et al., 2015) and positive reappraisal of difficult circumstances (Bartlett et al., 2013). These findings suggest two primary influences of spirituality on enhancing wellbeing; a) a disease-diminishing effect (as evident through enhanced recovery), as well as; b) a wellbeing-enhancing effect (as reflected through increased hope, resilience and personal empowerment).

Spirituality and wellbeing in New Zealand

Although research on the importance of spirituality, and its association with wellbeing is limited in New Zealand, the available literature is promising. For instance, O'Brien et al. (2012) quantitatively assessed whether religiosity and/or spirituality among a New Zealand sample of 3506 adolescents (aged 13 to 17 years) were protective against risky health behaviours. Their cross-sectional analysis revealed that higher levels of spirituality were associated with lower levels of sexual intercourse and fewer suicide attempts compared to adolescents with low levels of spirituality. Additionally, individuals low on spirituality were reportedly 1.5 times *more* likely to experience higher levels of depressive symptoms compared to individuals high in spirituality. High levels of connection (in comparison with low connection) with an individual's religious community were also associated with a range of protective behaviours, such as a lower reported frequency of binge drinking, smoking cigarettes and risky motor vehicle use. Interestingly, O'Brien et al. (2013) found that the combination of both high spiritual beliefs and high connection to a religious community was the most protective against risky health behaviours among their surveyed adolescent population. On the other hand, no major differences were found among any other combinations, specifically among those who were; a) highly spiritual/low on religiousness; b)

low on spiritualty/highly religious and; c) low on spirituality/low on religiousness. Such findings suggest that both connection to a religious community along with spiritual beliefs and/or values, are important for a protective influence on risk behaviours and wellbeing among adolescents.

Importantly, O'Brien et al. (2013) only analysed data for individuals who attended a church, mosque, temple, or any other place of worship (O'Brien et al., 2013). Questionably then, this measure immediately excludes one-third of the New Zealand population that values a wider belief of the supernatural and/or sacred over the affiliation with a religious place of worship (Vaccarino et al., 2011); the increasingly prevalent *spiritual-but-not-religious* group of people within the country. This becomes even more concerning when considering that Vaccarino et al. (2011) also found that the older population (i.e., those aged over 55) were more likely to have a religious affiliation compared to the younger populations, suggesting a decreasing trend towards young people's adherence to places of worship. As such, O'Brien and colleagues' (2013) study may not reflect the perspectives of adolescents who do not necessarily attend a religious place of worship, yet still value the spiritual elements of their lives.

Highland et al. (2022) also quantitatively investigated the role of spirituality in personal wellbeing and life satisfaction of New Zealanders. While O'Brien et al. (2013) used a cross-sectional approach (i.e., measurement at only one point in time), Highland et al. (2022) utilised a longitudinal measurement approach over a span of ten years, collecting data every year between 2010-2020. Their research found that among individuals who believed in a God and/or a spirit or life force, self-reported life satisfaction and personal wellbeing grew up to twice the rate as those who neither believed in a God or a spirit and/or life force (Highland et al., 2022). Interestingly, it seemed that belief in only one aspect (i.e., God or a spirit/life force) was sufficient in positively increasing life satisfaction and wellbeing. These findings are particularly relevant when looking at the impacts of spirituality on an individual's life, because while previous studies report findings on the combined effect of both religiosity and spirituality (e.g., O'Brien et al., 2013; Corrigan et al., 2003; Nejat et al., 2017), Highland et al. (2022) focused solely on the impact of spirituality on wellbeing, without incorporating measures of religiosity (such as religious affiliation, attendance to religious places of worship or engagement with religious practices; Koenig et al., 2015).

Highland and colleagues' (2022) study is also of relevance due to its longitudinal nature. While cross-sectional studies capture data at one point in time to understand a relationship between two variables of interest (in this case, spirituality and wellbeing), they

do not allow for claims of causality (Olson & St George, 2004); that greater spirituality *causes* increases in wellbeing. Rather, they only suggest the two variables are associated with one another. Longitudinal studies, on the other hand, collect data from the same sample repeatedly over a period of time and, therefore, allow researchers to analyse changes in the variables of interest (Cook, 2014). That is, longitudinal studies present how changes in spirituality may influence changes in wellbeing overtime; allowing greater confidence in concluding that spirituality may positively enhance wellbeing overtime.

Nonetheless, lacking from both longitudinal and cross-sectional analysis is an in-depth understanding of the participants perspectives on spirituality, which can best be achieved by examining qualitative literature. Nejat and colleagues' (2017) semi-structured interviews with colorectal cancer patients in both New Zealand and Iran provide an interesting cross-cultural analysis of spirituality and wellbeing. Discussions with patients revealed that both religiosity and spirituality provided a crucial form of support for all Iranian - and most New Zealand - interviewees. However, they also found the differentiation between religion and spirituality was only prevalent among the New Zealand participants. That is, the Iranian participants emphasised the inseparability of religion and spirituality, using both spiritual and religious resources to cope with cancer (such as belief in predestiny, faith in God, and engagement in religious activities such as reading religious books, praying or participating in religious meetings). Only among the New Zealand participants was the differentiation between religiosity and spirituality prevalent. Participants described using spirituality separately from religion, such as through using others' prayers, positive thoughts and belief in life after death as spiritual resources. In addition, the only three participants with no religious or spiritual affiliation in the study were – unsurprisingly – from New Zealand (Nejat et al., 2017).

Nejat and colleagues' (2019) findings are particularly relevant primarily for two reasons. Firstly, they provide support for conclusions made by Highland et al. (2022) and Vaccarino et al. (2011), suggesting that New Zealand has – and continues to – transform into an increasingly secular nation. This becomes even more apparent when compared with a theocratic society such as Iran, where the importance of – and interconnectedness between – religion and spirituality was emphasised. New Zealand participants also discussed relying on religion and spirituality to a lesser extent than their Iranian counterparts. Furthermore, Nejat et al. (2019) highlight the importance of cultural influences on individuals' understandings of spirituality. While the tendency to separate the spiritual from the religious may be common in New Zealand and other Western contexts (Weathers et al., 2015; Kelley & Miller, 2007),

such a tendency may not be generalisable to other, non-western contexts, such as Iran (Nejat et al., 2017), Sub-Saharan Africa (Lado, 1998) and India (Selvan, 2013).

Egan et al., (2013, 2017, 2017b) also present the importance of spiritual understandings and practices in New Zealand hospice and healthcare care. Through a mixed-methods approach of interviewing and surveying patients, family members and staff from 78% of New Zealand hospices, Egan et al., (2017) found that spiritual care needs among patients and their family members were high. Even staff within these hospices upheld the importance of spirituality in both their own lives and within the workplace. However, the participants' understandings of spirituality were broad and ranged from aspects such as a belief in God, to belief in an afterlife and paranormal experiences, to no particular beliefs at all. These findings reveal the diverse conceptualisations of spirituality within New Zealand and emphasise the need to take a patient-centred approach in providing spiritual care within healthcare settings.

Further New Zealand perspectives suggest that the importance of spirituality and religion is becoming increasingly prevalent within clinical contexts. For instance, Lee et al. (2019) investigated clinical psychologists' perspectives on the incorporation of spirituality and religion in therapy. Their discussions revealed that psychologists that self-identified as spiritual and/or religious discussed the potential positive psychological influences of spirituality and religion on clients' recovery. They also reported that therapy allows individuals a place to explore their identity and, therefore, spirituality and religion had an important role in the clinical context. However, the psychologists also mentioned a range of barriers in incorporating spirituality/religiosity into therapy, such as resistance, anxiety or shame regarding these aspects in mental health settings and widespread negative attitudes among psychologists themselves (Lee at al., 2019). In addition, psychologists mentioned the lack of sufficient training as a key barrier in the delivery of effective care regarding religiosity and spirituality, advocating for more professional development opportunities on these aspects of life.

Spirituality and wellbeing in India

The literature in India also provides support for the beneficial impacts of spirituality on wellbeing. Rentala et al. (2017) examined the influence of spirituality on a range of wellbeing indicators among a sample comprised of individuals with depressive disorder seeking treatment in Karnataka, India. Interestingly, they found a positive association between spirituality and wellbeing only among participants with mild depression, as opposed

to moderate or severe depression. Specifically, participants with mild depression scored higher on all spirituality subscales (tranquillity, resistance to disorientation and resilience), as well as on overall spirituality compared to those with moderate or severe depression. These findings allude towards two possible explanations; a) that spirituality may have a buffering impact on depression, such that it prevented those with mild depression from developing moderate or severe depression, or that; b) spirituality only has a mild protective impact on depressive symptoms, such that while it was associated with greater positive affect among participants with mild depression, it did not have a significant impact on participants with moderate or severe depression. Which of these explanations - along with potential others - may account for the relationship between spirituality and depression warrants further investigation.

Deb et al. (2020) also examined the relationship between spirituality and a range of psychological wellbeing indicators. Among their sample of post-graduate students in India, they found that spirituality was positively associated with subjective happiness and a sense of meaning and purpose in life. Interestingly, they found that spirituality was higher among participants belonging to middle-income families and/or joint families. Such findings may pertain to India's collectivist roots, in which the interdependent self is emphasised over the independent self (Triandis, 1993). It could be that familial norms within joint families provide greater exposure and acceptance towards spirituality (and/or spiritual practices), making individuals more likely to utilise spirituality within their own lives, compared to individuals belonging to single families. Moreover, these findings may also direct attention towards the importance of socio-economic factors within spirituality research, suggesting that perhaps low-income and high-income families are less likely to prioritise spirituality to the extent that middle-income families may.

While these studies suggest that spirituality may positively influence individual wellbeing in India, it is important to consider the quantitative and correlational nature of both studies. Firstly, the quantitative approach across these studies prevents an in-depth analysis of the participant perspective (Kelle, 2006). This is particularly relevant for Rentala and colleagues' (2017) study as it does not provide information about *how* spirituality acts as a protective factor for wellbeing among participants with mild depression, but not for those with moderate or severe depression. Since hopelessness is a key aspect of Major Depressive Disorder (Wang et al., 2015) it could be that those with mild depression are more willing to explore and utilise spiritual beliefs/practices (as presumably, they may have somewhat higher levels of hope) than those with moderate and/or severe depression. Alternatively, perhaps

those with moderate and/or severe depression are unaware of how to utilise spirituality for therapeutic benefits. Such explanations remain speculative and may be better addressed through qualitative approaches that aim to understand the participant perspective (DiCicco-Bloom & Crabtree, 2006).

Further, while the correlational nature of these studies can suggest that variable *x* (i.e., spirituality) and variable *y* (i.e., wellbeing) are related with one another (MacCallum & Austin, 2000), it remains inconclusive whether greater spirituality leads to enhanced wellbeing, or if greater wellbeing is related to enhanced spirituality. The former seems more viable, given that spirituality tends to provide individuals with a more optimistic outlook on life (Tankamani & Shahidi, 2016). Also of importance is that Deb et al. (2020) only found a *weak* positive correlation between spirituality and their wellbeing measures. Combined with Rentala and colleagues' (2017) findings, this suggests that spirituality may only have a slight positive impact on wellbeing, as seen through measures of tranquillity, resistance to disorientation, resilience (Rentala et al., 2017), subjective happiness and/or meaning in life (Deb et al., 2020). In this instance, the potential benefits of incorporating spiritual methods within therapeutic interventions may be questionable.

Here, Braganza and Piedmont's (2015) findings are particularly relevant, as they provide support for the beneficial impacts of spirituality within therapy in India. The authors investigated the impact of a psycho-spiritual intervention, Core Transformation, which aims to address emotional, psychological and interpersonal issues while also integrating spirituality within therapy (Andreas & Andreas, 1994). They found that engagement with the Core Transformation intervention over a span of four weeks tended to have a positive impact on anxiety and depression, such that significant decreases were found in anxiety and depressive symptoms post-intervention (Braganza & Piedmont, 2015). Interestingly, they also found the intervention resulted in the individual's engagement with spirituality and religion, and provided them with an improved relationship with God, helping individuals connect more strongly with spirituality and/or religion which, in turn, may have enhanced their wellbeing. If this is accurate, then interventions that aim to enhance and/or foster spirituality may prove beneficial for wellbeing and their utilisation within the therapeutic setting may be justified.

Similarly, Singh et al. (2020) provide support for the positive influence of religious/spiritual practices on a range of wellbeing indicators. Through a mixed-methods approach, their study looked at the impact of engagement in daily spiritual/religious practices on the health and wellbeing of elderly rural women in India. The authors found that

individuals that took part in their daily spiritual/religious intervention reported greater health (as indicated by self-care and physical balance) post-intervention. These women also showed increased enjoyment of daily life activities and adopted a more positive outlook on life compared to their pre-intervention measures. Furthermore, women that regularly engaged in spiritual/religious practices in general reported greater quality of life, mental and physical health, and greater social engagement.

Singh and colleagues' (2020) qualitative interviews with regular practitioners also revealed that participants happiness and life satisfaction was intertwined with their religious/spiritual practices and the wellbeing of their families. The authors conceptualised this finding as evidence that following a *Dharmic* lifestyle is associated with health and wellbeing among the Indian population. For these married women, the welfare of—and commitment towards—their family, along with remaining connected to a spiritual essence was their Dharma; therefore, those who regularly engaged in religious/spiritual practices and whom had a healthy family reported greater *personal* life satisfaction and health (Singh et al., 2020). Such findings allude towards the understanding that simply engaging in religiosity/spirituality may not be sufficient, and that carrying out individual responsibilities are also vital to experiencing spiritual progress as per the Indian perspective (Suchday et al., 2018).

Experimental designs, such as that utilised by Singh et al. (2020), better allow for the establishment of cause and effect, as the presence of a control group suggests that any changes associated with the dependent variable are related with the intervention imposed on an experimental group (Myers & Hansen, 2011). In this instance, the impact of religiosity/spirituality on wellbeing was assessed by comparing Singh and colleagues'(2020) experimental group (i.e., the group that were provided with a daily spiritual/religious intervention) with their control group (i.e., the group that did not engage regularly in religious/spiritual practices and were not provided an intervention); which suggests that engaging in daily religious/spiritual practices enhanced self-rated health and wellbeing among rural elderly Indian women (Singh et al., 2020).

Further qualitative literature also suggests that spirituality may influence the wellbeing of the Indian population. For instance, Wagani and Colucci (2018) interviewed university students in North India to understand the influence of spirituality on their lives, wellbeing and their perspectives on suicide prevention. Along with defining spirituality as self-improvement and self-knowledge, their participants discussed spirituality as providing them with greater happiness, optimism, inner peace and encouragement. Extending beyond

these affective influences, participants indicated that spirituality provided them with methods to achieve health and wellbeing (by giving them a source of meaning, refining their thoughts, feelings and actions, and providing methods such as meditation to maintain mental/emotional equanimity). Spirituality also influenced participants attitudes and helped them overcome negative and/or stressful life experiences such as feelings of anxiety, depression, loneliness and illness. Such findings led Wagani and Colucci (2018) to conclude that, given its pervasive influence on wellbeing and enhancement of positive emotions, spirituality should be incorporated within approaches to mental health and suicide prevention.

Taken together, the findings discussed above demonstrate the beneficial impacts of spirituality on wellbeing in India, suggesting that the incorporation of spirituality-based interventions within mental health care can prove fruitful (Braganza & Piedmont, 2015; Singh et al., 2020). Most importantly, given that Braganza and Piedmont (2015) and Singh et al. (2020) both utilised non-clinical samples, findings suggest that even individuals *not* experiencing severe mental distress can benefit from incorporating spirituality into their daily lives.

Summary

A general overview of the literature suggests that spirituality may play a fundamental role in maintaining individuals' wellbeing across multiple contexts and various life experiences. Within New Zealand, the limited literature available suggests that spirituality may contribute to New Zealanders wellbeing by encouraging health-protective behaviours (O'Brien et al., 2013), enhancing life satisfaction (Highland et al., 2022) and coping with illness (Nejat et al., 2017). It's incorporation within healthcare contexts has also been called for (Egan, et al. 2017).

Spirituality may also be positively associated with wellbeing among individuals in India. Across various Indian samples, spirituality has been associated with subjective happiness and meaning/purpose in life (Deb et al., 2020), decreased anxiety and depressive symptoms (Braganza & Piedmont, 2015) and providing individuals a more optimistic outlook on life (Wahani & Colucci, 2018). The next chapter focuses specifically on the role of spirituality during COVID-19.

Chapter 3. Spirituality and COVID-19

The current chapter discusses the role of spirituality in maintaining health and wellbeing amidst the pandemic. It begins with a general overview of the international literature on spirituality during COVID-19. Then, the mental health impacts of COVID-19 in New Zealand are discussed, followed by an overview of the currently limited literature on New Zealanders use of spirituality during the pandemic. Next, the Indian government's response to COVID-19 is discussed, followed by the current literature on spiritual coping throughout the pandemic in India.

Spirituality during COVID-19

The detrimental impacts of the COVID-19 pandemic on individual wellbeing have been well documented. For instance, a six-week longitudinal study investigating the mental health impacts of COVID-19 in the United Kingdom found that rates of depression, suicidal ideation, anxiety and loneliness increased among adults during the initial lockdown period (O'Conner et al., 2021). Future, Rossi and colleagues' (2020) web-based survey also found an increased prevalence of anxiety and depressive symptoms as a result of COVID-19 and its associated lockdown measures. Interestingly, however, spirituality (and religiosity) have been found to perhaps mitigate these adverse psychological impacts of the pandemic.

For instance, Lucchetti and colleagues' (2020) online surveys found that private religious activities positively impacted their participants' wellbeing amidst COVID-19, through lowering feelings of fear and worry. This finding is particularly interesting, given that previous literature tends to emphasise the institutional aspect of religion (i.e., contribution or participation in a religious community) as the most important factor for deriving the benefits from religion (e.g., VanderWeele, 2020). In fact, emphasis on its institutional nature is perhaps one of the very reasons why individuals seem to have developed a negative attitude towards religion in contemporary society (Turner et al., 1995). With the COVID-19 pandemics' preventative measures, the ability to physically participate in religious institutions was restricted, however, individuals' personal religious activities may still have positively impacted wellbeing during distressing times (Lucchetti et al., 2020). Such findings are indicative of a positive effect of religious practices without attendance at religious institutions, which may lead to greater public acceptance of a newly defined, personal religion.

Arslan and Yıldırım (2021) also found that COVID-19 stress significantly impacted Turkish young adults' meaning-based coping (defined as the positive reappraisal and restructuring of an adverse situation) and subjective wellbeing. In support of the beneficial impacts of spirituality, they found that spiritual wellbeing mediated the association between pandemic stress and wellbeing, with higher spiritual wellbeing mitigating the adverse impacts of COVID-19. In addition, Abbott and Franks (2021) investigated differences between how spiritual/religious and nonspiritual/nonreligious individuals coped with stressors such as the COVID-19 pandemic. They found that while an individuals' spirituality/religiosity did not prevent the experience of pandemic-related psychological distress, it may have impacted the specific coping mechanisms they engaged in to overcome that distress. More specifically, reliance on dysfunctional coping strategies was higher among individuals who also scored higher on non-religiousness/non-spirituality, leading to enhanced psychological distress among these individuals.

In further support of these findings, Captari et al. (2022) found the pandemic lockdown may have exacerbated pre-existing (or triggered new) religious/spiritual struggles among their sample of individuals from the Global South, and that such struggles were positively associated with depression. However, they also found a multidimensional aspect to this relationship such that positive religious/spiritual coping mechanisms (such as the belief in a divine presence and/or higher purpose) was associated with decreased depressive symptoms. Thus, it seems that religion and/or spirituality may influence wellbeing through providing individuals with a range of adaptive, positive coping mechanisms which may alleviate the adverse impacts of psychological distress. This would suggest that a belief in religion/spirituality may not prevent psychological distress itself, but rather, the way an individual utilises such beliefs during adversity may influence their wellbeing. For example, it may exacerbate distress when utilised maladaptively, but enhance wellbeing when practiced adaptively, through positive coping mechanisms (Captari et al., 2022).

While the quantitative literature provides support for the positive influence of spirituality on wellbeing during COVID-19, it remains questionable what these authors are specifically referring to when they speak of private religious practices (Lucchetti et al., 2020) or positive religious/spiritual coping strategies (Abbott & Franks, 2021; Captari et al., 2022), especially amongst the backdrop of a definitional debate between religion and spirituality (as discussed in Chapter 1). Taking the current (Western) definition of religion, as constituting a set of beliefs and practices often undertaken in a group or community setting to connect with the sacred (Myers et al., 2000) and spirituality, as a search for the sacred and/or existence

beyond humanity through methods adopted by an individual of their choice (Hill et al., 2000), it seems that what Lucchetti et al. (2020) refer to as 'private religious practices' fits the very Western definition of *spirituality* as opposed to religion. If so, this presents two possibilities; a) that religion is in fact spirituality (or very similar to) when stripped of its institutional nature, and that; b) spirituality is a more personal, private form of religion. Unless the private religious practices suggested by Lucchetti et al. (2020) vary significantly from the content of spiritual practices, the differentiation between the two becomes, again, extremely difficult to discern.

Some other important limitations of the quantitative literature discussed above should be mentioned. Of particular note is that Lucchetti et al. (2020) focussed on a Brazilian population. Because Brazil is considered a highly religious country (Pew Research Center, 2013), individuals in their sample might have had a higher tendency to utilise religious/spiritual practices in general, which may have a positive influence on their overall wellbeing. Further, Abbott and Frank's (2021) study seems to categorise religion and spirituality under one umbrella, referred to as religiosity/spirituality or non-religiosity/non-spirituality throughout their study. Such a categorisation fails to acknowledge over one-fifth of their participants' beliefs, who identified as spiritual but not religious, and whether their experiences differed from those who considered themselves religious or atheist. Again, it seems that the literature examining spirituality during COVID-19 continuously refers to both religion and spirituality interchangeably (e.g., Abbott & Franks, 2021; Captari et al., 2022; Lucceti et al., 2020), making it further difficult to differentiate the impacts of both on a person's life.

In addition, it remains undefined what exactly the various authors above are referring to as 'positive spiritual coping'. For instance, Lucchetti et al. (2020) acknowledge the prevalent use of religious and spiritual beliefs among their participants; Captari et al. (2022) refer to positive religious coping; while Arslan and Yıldırım (2021) refer to greater spiritual wellbeing as being associated with favourable wellbeing outcomes. However, it is difficult to conceptualise what spiritual/religious coping mechanisms these authors are referring to exactly. Whether spiritual/religious appraisal methods, such as believing that everything and/or everyone has a higher purpose (Arslan & Yıldırım, 2021), specific practices such as praying or meditating (Captari et al., 2022) or whether a combination of both is required to obtain positive wellbeing remains unexplained. In fact, *how* individuals engaged in spiritual/religious coping methods also requires further explanation.

The qualitative literature helps reveal the specific spiritual (and/or religious) techniques adopted to maintain wellbeing throughout the pandemic. For instance, through a mixed-methods approach, Zhang et al. (2021) qualitatively investigated the role of religion and spirituality during the COVID-19 pandemic. Their participants reported experiencing a range of spiritual/religious struggles, including doubt and divine-related struggles (i.e., difficulty maintaining faith in one's belief), ultimate meaning-related struggles (i.e., lack of perceived meaning in life) and moral struggles (i.e., trouble/guilt associated with moral principles). Further, the quantitative analyses within the same study reveal a close association between religious/spiritual struggles and religious/spiritual coping (Zhang et al., 2021). Specifically, all the individuals that reported experiencing religious/spiritual struggles also reported engaging in religious/spiritual coping strategies, whereas among those who did not report any religious/spiritual struggles, the majority also did not engage in any spiritual/religious coping strategies. These strategies included praying, seeking divine help, reading religious/spiritual books and/or videos, and practices such as yoga, meditation and fasting.

The close association between religious/spiritual struggles and religious/spiritual coping found within Zhang and colleagues' (2021) study is particularly interesting as it suggests that religiosity/spirituality may be a source of struggle itself during times of crises; also seen within Abbott and Franks (2021) analyses. Nonetheless, it seems that individuals that hold religious/spiritual beliefs would – rather than abandon their beliefs – turn towards religion/spirituality to alleviate that distress. Perhaps distressing life events (such as the pandemic) may trigger greater existential questions and concerns among individuals, for example, distress associated with one's belief in the divine and/or sacred (Zhang et al., 2021), which may then prompt a religious/spiritual search for answers to alleviate that distress.

Roberto and colleagues' (2020) mixed methods approach also found a prominent use of spirituality among their sample to cope throughout the pandemic. Firstly, they found a correlation between spirituality and resilience, such that higher levels of spirituality coincided higher levels of resilience. Further, the qualitative analyses within this study reveal that participants considered spirituality as being key to fostering growth and resilience during the pandemic, when nothing could have prepared them for it. Along with enhancing resilience, thematic analyses revealed that, like Zhang and colleagues (2021) participants, individuals' discussed aspects of spiritual coping such as cognitive reappraisal techniques. For instance, spirituality; a) reminded participants to practice gratitude; b) acted as a source of hope and; c)

encouraged individuals to reframe the crisis and focus on the positives. Overall, these methods provided participants with hope and optimism during a time of uncertainty.

Importantly, while insightful in portraying the importance of spirituality during the COVID-19 pandemic, the qualitative studies conducted by Zhang et al. (2021) and Roberto et al. (2020) used an online survey approach in which participants' provided answers to open-ended questions. As such, they did not allow for the researchers to ask questions, or seek clarification, to build on the participant's answers; a benefit entailed within a semi-structure interview approach to enrich the data obtained (Carruthers, 1990). In addition, the literature discussed thus far on spirituality - both qualitative and quantitative - focuses primarily on Caucasian individuals (e.g., Abbott & Franks, 2012, Roberto et al., 2020; Tuason et al., 2021; Zhang et al., 2021) with Christianity being the dominant belief system (Captari et al., 2022). Such findings fail to reflect the perspectives of non-Caucasian samples, or those for whom Christianity is not the prevailing belief system.

Addressing this gap, Alquwez et al. (2021) provide insight into Filipino and Saudi Arabian nurses' wellbeing and spirituality during COVID-19 through a semi-structured interview approach in Saudi Arabia. Their participants spoke about spirituality as belief in God, or a higher power, which provided them protection, hope and the ability to stay calm throughout the pandemic. Similar to the findings obtained by Zhang et al. (2021) and Roberto et al. (2020), Alquwez and colleagues' participants' discussed the beneficial impacts of spirituality on their mental health and wellbeing. However, extending these findings, they also mentioned the importance of spiritual encouragement from their spiritual communities and of spiritual attributes in the workplace. These included aspects such as spiritual support from leaders and colleagues, and undertaking spiritual practices in the workplace, such as praying together.

Such a strong communal emphasis seems to be lacking among the predominantly Caucasian participants' discussions presented by Roberto et al. (2020) and Zhang et al. (2021). One explanation for these differences may be the cross-cultural emphasis on individualism verses collectivism, where individualistic societies such as the United States endorse notions of the independent self (Kapoor et al., 2003), while more collectivist societies such as Saudi Arabia endorse notions of the interdependent self (Yakaboski, 2016). The dominant cultural context must be taken into account as it may impact the expression of spirituality (i.e., more communal in collectivist societies whereas more personal in individualistic societies).

Alternatively, perhaps the semi-structured interview approach utilised by Alquwez et al. (2021) allowed for further interviewer probing and expansion on their ideas, ultimately revealing the importance of a spiritual community during distressing times. In contrast, perhaps the open-ended survey format of data retrieval utilised by Zhang et al. (2021) and Roberto et al. (2020) unintentionally conveyed an emphasis on the individual, personal experience, and due to the inability of researchers to ask further questions, limited participants' responses. In light of these explanations, such findings emphasise; a) the importance of a researcher/interviewer in qualitative research to expand ideas and go in-depth with participants' responses and b) the need to examine spiritual perspectives across a range of cultures and contexts, as the understanding of spirituality and its impact on wellbeing may manifest differently across socio-cultural boundaries.

Mental health impacts of COVID-19 in New Zealand

The COVID-19 profile within New Zealand provides a unique comparison with other countries. While early 2020 saw a surge in confirmed positive cases and deaths associated with COVID-19, New Zealand's confirmed and probable cases, along with related deaths, remained comparatively low (Ritchie et al., 2020). This may in part be attributed to New Zealand's *'go hard, go early'* approach, where stringent lockdown and social distancing measures were placed across the nation as early as when the first few positive cases were confirmed in the country (Banyopadhyay & Meltzer, 2020). Such measures were undoubtedly successful in eliminating community transmission in New Zealand. But while such precautionary actions may have protected the physical health of New Zealanders, this protection may have entailed a psychological cost.

Gasteiger et al. (2020) investigated the mental health impacts of the first 10 weeks of the pandemic across individuals in New Zealand. Their surveys revealed greater levels of anxiety and depression among the New Zealand population during the initial pandemic phase. More specifically, almost two-thirds (64%) of their participants reported depressive symptoms and over half (53%) reported symptoms of anxiety, exceeding population norms. Young adults (aged 18-25 years) and those who identified as being at higher risk of COVID-19 infection (i.e., those with underlying health conditions) were at higher risk for such symptoms (Gasteiger et al., 2020). Similarly, Every-Palmer et al. (2020) conducted a survey examining the psychological impact of the COVID-19 related lockdown on the New Zealand population. Along with finding increased symptoms of anxiety, the authors also found

increased psychological distress and lower wellbeing among their nationally representative sample. Similar to Gasteiger et al. (2020), Every-Palmer et al. (2020) found young people to be at increased risk for pandemic-related mental distress, along with those who had lost their jobs or had previously received a mental illness diagnosis.

Kahawage et al. (2022) reported ongoing mental health issues as a result of COVID-19 among those most at risk. Their two-wave, multinational survey investigated the impact of the pandemic disruptions (such as altered sleeping, working, eating and exercising patterns) on circadian rhythms. Among those with a self-reported diagnosis of mood disorders (either major depressive disorder or bipolar disorder), disruptions to social rhythms were associated with enhanced levels of depressive symptoms. These findings support the Social Zeitgeber hypothesis, which proposes that disrupted/irregular social rhythms may increase the severity of mood disorders among those at higher risk (Ehlers et al., 1988). Given that New Zealanders comprised over half of the participants in Kahawage and colleagues' (2022) study, this calls attention to the mental health of vulnerable individuals within New Zealand.

Negative psychological impacts have also been observed across the Māori population, with Houkamau and colleagues' (2021) survey of Māori mental health revealing that nearly one in five (19.65%) of their surveyed individuals reported adverse psychological outcomes, including feelings of anxiousness, depression, exhaustion, sadness and worry. However, some participants also reported a range of positive outcomes associated with the pandemic, including strengthened family relationships, time for reflection, and relief from the usual pressure and fast-paced lifestyle (Houkamau et al., 2021). In fact, well over half of Every-Palmer and colleagues' (2020) respondents (62%) also reported a range of positive aspects of the pandemic and associated lockdown measures, including more time with family, the ability to work from home and a less polluted environment. Even Gasteiger and colleagues' (2020) study suggested that, while the pandemic may have increased psychological distress, their New Zealand sample showed lower levels of stress and anxiety in comparison to their United Kingdom (UK) sample, suggestive of the (perhaps) lower psychological toll of the pandemic among New Zealanders.

Such positive outcomes may be associated with New Zealand's overall lower infection rate in 2020 in comparison to other countries. Indeed, the early stringent lockdown measures decreased the rate of COVID-19 transmission within the community and, as a result, New Zealanders expressed lower perceived levels COVID-19 infection risk and less worry of the disease compared to their UK counterparts (Gasteiger et al., 2020). In addition, whānau (family) is seen as an integral component of Māori health and wellbeing (Durie,

2004). Therefore, perhaps being constrained to one's home may have proven beneficial for those who lived with their families and had good familial ties. This can be seen in improved family relationships as a result of lockdown among the Māori participants surveyed by Houkamau et al. (2021). These considerations imply that the pandemic not only entailed negative psychological consequences but also positive aspects for individuals in New Zealand.

Spiritual coping in New Zealand during COVID-19

Despite the fact that New Zealanders are showing increasing interest in spirituality (Vaccarino et al., 2011) and that spirituality has been associated with greater life satisfaction and wellbeing among individuals in New Zealand (Highland et al., 2022), there appears to be a dearth of studies investigating New Zealanders' spiritual experiences during the COVID-19 pandemic. Amongst the sparse literature, Waitoki and McLachlan's (2022) investigation of Indigenous Māori responses on social media found that Māori used virtual methods to remain connected spiritually during the lockdown phase. Their collected responses revealed that many faith-based and spiritual wellbeing sessions, aimed at self-healing, were held online by Māori tribal organisations; predominantly to overcome the disruptions to Māori cultural/spiritual practices (such as rituals around death/funerals and/or births) due to governmental restrictions, emphasising their importance for Māori during times of distress.

Previous responses to distress provide some key insights. For instance, the 6.3 magnitude earthquake which struck New Zealand on 22 February 2011, taking the lives of 185 people, is one of the most devastating natural disasters the nation has experienced in the last century. Sibley and Bulbulia (2012) found in their investigations of religiosity across the Christchurch earthquakes, that individuals who experienced the earthquake(s) were more likely to be attracted to religion compared to New Zealanders not (directly) exposed to the earthquakes. Additionally, a loss in faith was found to be associated with decreases in subjective health only among those who were exposed to the earthquakes. Those who lost faith and were not directly exposed to the earthquake showed no such decreases in subjective health. Such findings indicate the importance of religious and/or faith-based values in helping New Zealanders overcome adversity.

However, studies on religiosity within secular societies such as New Zealand may not reflect people's spirituality to the same extent as non-secular societies, such as India. For instance, in India, definitions of spirituality tend to overlap with definitions of religiosity

(Rao, 2014), and therefore, studies on religiosity may provide an indication of individuals' spiritual beliefs and/or practices (e.g., Ganga and Kutty, 2013). Contrastingly, in New Zealand, where understandings of religiosity and spirituality are becoming increasingly segregated (Vaccarino et al., 2011), studies of religiosity may not reflect understandings of spirituality. As such, investigations of spirituality within the New Zealand context must avoid aspects of religiosity within its measures, as this may result in an invalid measurement of spirituality. Therefore, Sibley and Bulbulia's (2012) investigation cannot be taken to reflect New Zealander's use of spirituality during distress; nonetheless, they indicate the importance of faith-based values/beliefs, and their influences on subjective health during adversity.

Other researchers have also investigated the role of spirituality after the Christchurch earthquakes. For instance, in examining aspects of post-traumatic growth, Smith's (2015) qualitative analysis found a change in spiritual and/or philosophical beliefs reported by their New Zealand participants; with some suggesting a strengthening of beliefs and others stating that spirituality provided them with comfort amongst turmoil. Similarly, Young's (2020) qualitative investigation looking at the role of spirituality in post-earthquake coping among New Zealanders revealed that participants relied upon spirituality to cope with and transcend their experiences. Spirituality helped them cultivate acceptance of the situation and provided meaningful ways to overcome their distress. Participants also mentioned engaging in spiritual practices such as prayer and meditation to deepen their experiences of transcendence and achieve greater awareness to overcome adversity (Young, 2020).

COVID-19 in India

The first COVID-19 case in India was reported on 30 January 2020. By March 10, 2020, rapid community transmission of the disease was evident across the country, with over 1000 confirmed cases by the end of the month (Changotra et al., 2021). Such an exponential growth in positive COVID-19 cases may be attributed to India's high population density, along with increasing testing capacity. Beginning on 25 March 2020, India entered its first nationwide lockdown, initially implemented for 21 days, which was further extended three times until 31 May 2020 (Soni, 2021). Following guidelines suggested by WHO (2022), the government of India imposed a nationwide lockdown, introduced fines for individuals seen in public settings without a mask (Rubesh et al., 2021), promoted personal hygiene, such as regular handwashing and sanitising and encouraged COVID-19 testing by increasing test-capacity (Changotra et al., 2020). A mobile app 'Arogya Setu' was also launched to monitor

the movement of people and their risk of exposure to the disease. After over two months of nation-wide lockdown, the slow unlocking and re-emergence of the economy was initiated from 1 June 2020.

Amidst the pandemic in India, particularly noteworthy were the initiatives undertaken by the Indian government to promote unity and hope among its population. For example, on 22 March 2020, during the initial phases of India's curfew the Prime Minister of India, Narendra Modi, in addressing the severity of COVID-19 to the nation requested Indian residents to clap and beat steel plates (*thali's*) from their balconies at 5 P.M. to show their support for the healthcare and essential workers, and their fight against COVID-19 (Khattri, 2020). On 5th April, around two weeks into India's lockdown, Modi again encouraged the country to light lamps (*diyas)* on their balconies for nine minutes, while observing social distancing rules. Such initiatives by Modi were greatly encouraged by the Indian population and trended widely across all social media platforms (Khattri, 2020); undertaken by millions in the country (Kapoor et al., 2022).

These initiatives are of important consideration given that amidst the pandemic (where the dominant approaches prioritised the protection of physical health), Modi tended to take a more holistic approach, implementing measures to protect the physical as well as psychological and (presumably) spiritual health. While the act of clapping and beating *thalis* for healthcare workers may be seen as an act of unity (Khattri, 2020), it also attends to the virtue of gratitude, which is fundamental to religions such as Buddhism (Berkwitz et al., 2003). Furthermore, the lighting of *diya's* may be interpreted spiritually as the removal of negativity and attraction of divinity and may also be associated with the Hindu festival of lights celebrated annually in India (Kapoor et al., 2022). Such interpretations suggest these acts were encouraged to promote the spiritual health of individuals during the pandemic.

Furthermore, the Indian governments' explicit reference to ancient Indian spiritual scriptures further emphasises the importance of spirituality – and spiritual teachings – for the country. For example, during the lockdown phase, the government of India re-telecasted two serials depicting India's sacred scriptures derived from Vedic literature; the *Ramayana* and the *Mahabharata*, which showed huge public support and reportedly improved individual wellbeing during the pandemic (Patel & Binjola, 2021), even providing them with a renowned sense of self (Mahapatra et al., 2021). In his addressing to the country to promote social distancing and abidance of lockdown measures, Modi makes references to these texts, encouraging individuals to follow the moral codes of highest virtues and self-control often depicted by the characters in these texts (Bansal, 2021).

Interestingly, Modi even recommended that people draw an imaginative *Lakshman Rekha* (protective line) outside their homes and to not step outside this line (or *Rekha)*. This was in direct reference to the spiritual text, *Ramayana*, where the character *Lakshman* drew a protective line around his sister-in-law, *Sita's* house, and asked her to stay within the line until he returned from his search for *Sita's* husband, *Rama. Sita*, however, fell into the demon *Ravana's* trap, who disguised himself as a beggar and forced *Sita* to cross the protective line drawn by *Lakshmana*, which resulted in *Sita* being kidnapped by the demon. The metaphorical nature of a protective line (*Rekha*) was used to promote the idea that if people failed to adhere to lockdown measures and left their home, they would also face undesirable consequences, such as *Sita,* which in this case would entail exposure to COVID-19 (Tagat & Kapoor, 2020).

These examples depict the importance of spirituality for Indians, showcasing how medical information is combined with spirituality to render greater adherence to protective health measures and promote psychological and/or spiritual wellbeing. As discussed earlier, the COVID-19 pandemic has significantly impacted mental wellbeing globally, with India being no exception to its consequences. For instance, the pandemic has been associated with heightened levels of stress, anxiety and depressive symptoms (Gopal et al., 2020), fear, denial and anger (Roy et al., 2020) and even increased suicide cases (Dsouza et al., 2020) across the country. Such adverse psychological impacts tended to exacerbate overtime, with depressive and anxiety symptoms reportedly increasing as lockdown was increasingly prolonged (Gopal et al., 2020).

Spiritual coping in India during COVID-19

Interestingly, amongst this psychological crisis, Tripathy et al. (2020) observed increased spirituality among individuals in India which, in support of the previously discussed literature, suggests that distressing life events may facilitate a search for the sacred and/or spiritual aspects of life. Furthermore, Simon and colleagues (2021) revealed that COVID-19 had significant impacts on psychological and spiritual wellbeing across their Indian participants, however, what exactly these *significant impacts* entail remains unclear. Hakhu and Ambala's (2020) surveys also depict that spirituality helped their participants in reducing symptoms of anxiety, improving wellbeing and providing hope throughout the pandemic. Of particular importance is that most of their survey items referring to spirituality

entailed a belief in God, which may not necessarily align with current definitions of spirituality (Hill et al., 2000).

Gupta and Nayar (2021) found that along with an acceptance of medical information, their participants in India discussed COVID-19 as a divine intervention to bring balance between life and nature. Aligning with Indian spiritual teachings of karma (Ghosh, 2014), people attributed the pandemic situation as being the result of human interference with, and harm against, nature. They also discussed the pandemic as a time in which humans needed to reflect on their own lives and materialistic tendencies. Such perspectives provide support for spirituality as being embedded within Indian perspectives and how they make sense of the world.

Similarly, Pandey et al. (2020) found through qualitative interviews the importance of familial support, religious practices and spirituality for wellbeing during the pandemic. Their participants reported engaging with religious practices to maintain peacefulness, including practices such as praying, devotion and meditation. While such practices were not novel for these individuals, engagement with them during the pandemic provided a deeper connection and sense of wellbeing than previously, when they were practiced as daily rituals. The differentiation between spirituality and religion was prominent within these discussions, with individuals preferring the former over the latter, and reporting practices such as meditation, reading of Indian spiritual texts and yoga to cultivate a spiritual essence during the pandemic.

These discussions not only support the beneficial impacts of religiosity/spirituality during times of distress, but they also depict the subjective nature of defining spirituality for oneself. For instance, while some participants discussed meditation as a religious practice, others defined meditation as a spiritual practice (Pandey et al., 2020). This could perhaps depict; a) the undefinable nature of spirituality, where individuals' pick and choose what constitutes their definition from a broad range of possibilities (Pargament, 1999) and/or; b) as, Ganga and Kutty's (2013) findings suggest, the overlap between religion and spirituality characteristic of Hinduism, the dominant belief system in India (Majumdar, 2018), which makes it difficult to entirely separate the two constructs.

In another study, Patil et al. (2021) interviewed hospitalized COVID-19 patients on their experience of the disease. While many of their participants spoke of the negative emotional and/or psychological consequences of their situation, including feelings of anxiousness, worry, loneliness and isolation, some also mentioned the use of spirituality throughout their stay in hospital. Specifically, around one quarter of their participants utilised spiritual coping methods, such as chanting, listening to spiritual/devotional music and

praying to overcome feelings of distress. Given that previous studies examining spirituality during the pandemic have focussed predominantly on the general public (Gupta & Nayar, 2021; Pandey et al., 2020; Tripathy et al., 2020), the findings obtained by Patil et al. (2021) aid understanding of spirituality during distressing times as they focus on a group of people *directly* impacted by (and exposed to) the COVID-19 disease. Presumably, feelings of distress may be heightened among these individuals, and therefore, their tendency to engage in spiritual coping further accentuate its importance during the pandemic.

Even post peak-pandemic phase, there seems to be a general tendency among people in India to undertake spiritual/religious tourism, defined as tourism that is underpinned by divinity/divine intentions (Haq & Jackson, 2009) and may involve visiting places of spiritual significance, such as sacred cities and/or structures (Kala, 2021). For instance, Kala's (2021) survey reveals people's intentions for post-COVID-19 religious travel and reveal that Indians prefer to visit sacred destinations to thank God, regain their energy and pray for a more hopeful future. Bhalla et al. (2021) suggest similar findings from their discussions, which revealed the negative emotional impacts of the pandemic due to fear of virus infection, unemployment and/or losing loved ones. As a result, people were inclined to undertake spiritual tourism to connect with nature and heal from their distressing experiences (Bhalla et al., 2021). Both these quantitative and qualitative findings indicate that Indians place emphasis on spirituality and/or the sacred in helping them get through adversity, to whom they pay homage to and gain further strength to carry on with their lives.

Summary

Altogether, it seems that spirituality may have fostered a range of positive coping strategies and cultivated individuals' resilience during the COVID-19 pandemic. This positive association between spirituality and wellbeing during the pandemic seems to be evident across a wide range of cultures and/or contexts, such as the United States (Tuason et al., 2021), Brazil (Lucchetti et al., 2020) and Turkey (Arslan & Yıldırım, 2021). Particularly, it seems that active engagement with – as opposed to merely passive acceptance of – religion/spirituality as a positive coping mechanism is important in experiencing the beneficial impacts of such belief systems on overall wellbeing (Abbott & Franks, 2020; Captari et al., 2022). Otherwise, religiosity and/or spirituality may lead to increased psychological distress by exacerbating a sort of existential crisis during times of adversity.

Although there is little research on how New Zealanders utilised spirituality during COVID-19, the use of religiosity/spirituality by New Zealanders in coping with the 2011 Christchurch earthquakes indicates that spirituality may be an important aspect in supporting New Zealanders during adversity (e.g., Sibley & Bulbulia, 2012; Smith, 2015).

The Indian governments' initiatives to promote the psychological and spiritual health of the Indian population provides a unique insight into the importance of spirituality for majority of the nation and were largely supported by the Indian population. Spirituality was reported in assisting individuals through the pandemic by reducing anxiety (Hakhu & Ambala, 2020), promoting peace (Pandey et al., 2020) and providing hope (Patil et al., 2021). Explanations of the pandemic through a divine perspective were also expressed (Gupta & Nayar, 2021).

Overall, there seems to be a lack of qualitative literature, especially within New Zealand, investigating the role of spirituality among individuals' lives across New Zealand and India. The following chapter outlines the research objectives of the current study, along with explanations for why the current study was undertaken.

Chapter 4. Research Objectives

The primary aim of the current research project is to gain an in-depth understanding of how spirituality may have contributed to individuals' experiences of the COVID-19 pandemic. As discussed, spirituality can play an important role in fostering resilience and positive coping through adversity. However, despite the personal, subjective nature of spirituality, most of the literature investigating the phenomenon tends to be quantitative in nature. Such measures, through their emphasis on generalisability, assumed universality and establishment of correlation, tend to restrict participant responses to a pre-determined set of answers, limiting the potential for in-depth investigation. Spirituality may be an important aspect in helping New Zealanders overcome distressing life events, however a qualitative investigation of its role amidst the COVID-19 pandemic remains unexamined.

The literature also suggests spirituality is an integral aspect of Indian people's lives. Indians not only provided spiritual explanations for the nature of the disease and pandemic (Gupta & Nayar, 2021), but they also considered spirituality as an important aspect of their overall health and wellbeing (Pandey et al., 2020; Patil et al., 2021) and desire to undertake travel for spiritual purposes as a token of thankfulness and to pray for a hopeful future (Bhalla et al., 2021; Kala et al., 2020). However, from the studies investigating spirituality in India during COVID-19, spirituality only emerged as a theme rather than being the central focus of the research.

Sociocultural context may have fundamental influences on understandings and conceptualisations of spirituality. Indeed, culture significantly impacts individuals' perceptions of the world, impacting processes such as child development (Chen, 2012), moral framework development (Bedford & Hwang, 2003) and even understandings of and treatment approaches towards health and illness (Ramakrishnan et al., 2014). For instance, depression as a disorder is recognised globally, however, its symptomatology may vary across cultures; Western understandings of depression primarily focus on affective influences, such as low mood, feelings of hopelessness and worthlessness, while non-Western understandings focus on somatic expressions, such as lack of appetite and/or sleeplessness (Marsella et al., 1985).

Similarly, understandings of spirituality also tend to vary across cultural contexts. For instance, in countries such as India there is a high religious tendency with 77% of the Indian population practicing Hinduism, 18% identifying as Muslim and 2.3% adhering to Christianity (Majumdar, 2018). Therefore, the way in which spirituality is conceptualised and practiced in India is likely to vary greatly from the way it is understood and practiced in Western countries such as New Zealand, whose population shows growing trends of

secularisation and deidentification with any particular religion (Vaccarino et al., 2011). Despite this diversity, the current state of psychology (and hence, spirituality) reflects the perspectives of Western, Educated, Industrialised, Rich and Democratic (WEIRD) societies (Henrich et al., 2010). As a result, the perspectives of individuals and/or societies that fall outside these parameters are rarely acknowledged.

Cross-cultural psychology arose as a dissatisfaction with the general tendency to ignore cultural variations in mainstream psychology; typically considered as extraneous variables, unworthy of specific focus (Kagitcibasi & Poortinga, 2000). It argues against the assumed universality of findings from WEIRD samples and instead encourages understandings of cultural variations. For instance, Macdonald and colleagues (2015) cross-cultural, quantitative investigation examining the universality of spirituality across seven countries revealed that spirituality is indeed experienced and accepted similarly across cultures. However, they also found that definitions of spirituality were culture-bound and must incorporate aspects of the surrounding cultural context to be considered viable.

Similar findings have been observed by Dy-Liacco et al. (2009) who investigated the validity of Western spirituality and religiosity understandings in non-Western cultures. Their quantitative surveys revealed that faith maturity (measured through aspects such as a tendency to seek spiritual growth and sense of responsibility to alleviate suffering of others) was higher among their Filipino sample compared to U.S. university students, suggesting variability in the expression of spirituality across cultures. Furthermore, assessing data from the World Values Survey, Lun and Bond (2013) found in societies that show greater support for religious socialisation (such as Egypt, Indonesia and Iran), subjective wellbeing was higher amongst individuals who engaged with spiritual practices, compared to those who did not. In contrast, amongst societies that endorsed lower religious socialisation (such as Norway, Spain and Taiwan), greater engagement with spiritual practices were associated with lower subjective wellbeing, which Lun and Bond (2013) suggest may be attributed to the varying functions served through spirituality. Places with higher religious socialisation may potentially be associated with individuals seeking to reach closer to the divine through their spiritual practices, and in turn, positively influencing their wellbeing, while places lower in religious socialisation may potentially be associated with individuals seeking to gain material objects and/or alleviate their distress, which may be associated with lower wellbeing. Such findings allude to the important influence of cultural context in shaping spiritual experiences and their association with wellbeing.

Hofstede's (1980) individualism-collectivism theory has been widely influential in understanding such cultural variations. Hofstede proposed that societies vary in the extent to which individuals integrate with groups, with more collectivist societies endorsing notions of group cohesion and social harmony, while more individualistic societies endorse notions of independence, where individual needs are prioritized over group needs.

Hofstede's (1980) theory may also have important implications for understandings of spirituality across cultures. For instance, as mentioned in chapter 1, the separation of religion and spirituality may be limited to the West, with spirituality considered a private, personal endeavour associated with the culture of individualism prominent within industrialised, Western societies (Motak, 2009). Secondly, especially given Lun and Bond's (2013) findings, the extent to which religiosity is endorsed by a specific society influences the impact of spirituality on an individual's life. Finally, given that higher collectivism within a culture is also associated with higher religiosity (Cukur et al., 2004), there may be a relation between the levels of individualism/collectivism, religiosity, and experience, expression and/or understandings of spirituality within a given society.

Study aims

Taking the prominent influence of culture in shaping individuals' thoughts and perspectives into account, an important aim of the present study is to provide a cross-cultural comparison of spirituality and its functions. Two contrasting cultures will be compared; New Zealand (a Western, predominately individualistic country; Goodwin & Goodwin, 1999) and India (an Eastern, predominately collectivistic country; Rathi & Lee, 2021) to investigate potential points of divergence and convergence across the two contexts. It is hoped this investigation may provide alternative or additional spiritual perspectives within the currently Western-dominated literature to further argue for the consideration of culture in psychological research. It also aims to elucidate commonalities and provide insight into the universal core of spirituality; that is, aspects of the phenomenon that potentially transcend culture(s).

Given the ambiguity regarding definitions of spirituality, especially in regard to its relationship with religion and the tendency of researchers to conflate both phenomena, the current study makes a conscious attempt to avoid contributing to this ambiguity. As such, the current study aims to investigate spirituality, as opposed to *religion/spirituality*. In saying that, it is accepted that spirituality may encompass a wide range of experiences for individuals, which may also include aspects of religiosity. As such, the current study does not

adopt a particular definition of spirituality; instead, individuals are encouraged to define it for themselves.

Specifically, the following questions lead the current investigation:

- How do definitions of spirituality differ and/or converge across individuals in New Zealand and India?
- How does spirituality contribute to one's wellbeing during times of distress?
- What role did spirituality have in individuals' lives during the COVID-19 pandemic?

Chapter 5. Method

This chapter begins with the philosophical assumptions and ethical considerations underpinning the current study. Then, the participant selection criteria and study procedure are presented. Next, data analytical strategies are explained and finally, a discussion of how methodological integrity was ensured is provided.

Research design

The current study adopts a qualitative research approach, underpinned by a phenomenological epistemology. Phenomenology aims to investigate phenomena as understood and experienced by the individuals themselves (Giorgi, 1997). Primarily, it attempts to understand how people make sense of their experiences. In addition, qualitative research emphasises notions of meaning, discovery and detail, as opposed to the traditional approaches of natural science which aim for prediction, control and generalisability of results (Osborne, 1994). Together, a qualitative phenomenological approach to science allows for findings that provide an in-depth analysis of individuals' experiences and the meaning that such experiences hold for people.

Spirituality is one such phenomenon that is difficult to reach definitional consensus upon, primarily because of various subjective differences in how it is experienced across individuals and cultures. Various attempts to define spirituality have been made within the literature, however, there seems to be a lack of agreement regarding its precise definition. As Hodge (2001) suggests, subjective phenomena such as spirituality are best captured through qualitative research methods, as opposed to quantitative methods, which tend to limit constructions of reality into predetermined categories and leave little space for flexibility in participants' responses.

An important aspect determining the quality of a study is not necessarily the method utilised, but rather the appropriateness of the adopted method in relation to the researcher's questions (Coyle, 2008). As such, given the current study aims to investigate experiences of spirituality and COVID-19, a qualitative, phenomenological approach seemed most appropriate for various reasons. Firstly, qualitative, phenomenological methods are particularly beneficial for examining experiential and intensely personal phenomena such as spirituality, as their holistic nature allows researchers to capture participants' experiences of reality, while obtaining the richness within participant narratives (Pietkiewicz & Smith, 2014). Secondly, research examining spirituality and its correlation with mental health is still

in its infancy, especially in New Zealand. It remains unclear how and/or why spirituality may impact wellbeing. Of the literature that does exist, there is a dominant focus on New Zealand's healthcare settings rather than everyday contexts (Egan et al., 2011; Egan et al., 2017). Qualitative methods are particularly valuable for examining under-researched topics such as spirituality, as they allow researchers to adopt the research questions as needed and use participants' responses to lead the research process, allowing for the generation of novel themes. Thirdly, quantitative measures may not adequality capture cultural differences in understandings of spirituality, given that definitions of spirituality vary, not only temporally, but also culturally (Coyle 2008). A qualitative approach may better capture various perspectives.

Finally, a cross-cultural comparison of individuals' experiences of COVID-19 and spirituality across New Zealand and India is an aim of the current research. Within cross-cultural methods, Wagner et al. (2014) caution against ethnocentrism; that is, the tendency to compare Western-derived phenomena with similar variables across cultures without sufficient evidence of their conceptual equivalence. This is because questionnaire items (within quantitative methods) and texts produced (through qualitative methods) have culturally specific meanings embedded within them, and therefore, cannot be examined against the same semantic metric across cultures. To be conceptually defined, it must be evident that the psychological construct being examined through the measurement scales is defined similarly across the cultures being compared.

Given that the Indian sample within this research is predominantly recruited from rural Northern India, it would be inappropriate to assume that the Indian sample has the same English literacy skill as that compared to the New Zealand sample, for whom English is the primary language. In addition, while traditional psychological quantitative methods often enhance the power dynamics in psychological research - where the interviewer is perceived to hold greater power than the interviewee – with a semi-structured, qualitative interview approach, such power dynamics are reduced, allowing researchers to build rapport with participants to encourage them to share their experiences, thoughts and emotions that they may otherwise be reluctant to express (Smith, 1995). This approach is also culturally appropriate, as India is a collectivist society which encourages interpersonal relationship building and connectedness with others (Chadda & Deb, 2013) and even for New Zealand, as these values also align with those of Asian, Māori and Pasifika descent.

Ethics

This research project was reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/06. Informed consent was obtained from all participants prior to taking part in the study. Participants were advised prior to the study that no identifying information would be provided to anyone beyond the primary researcher, and potentially the supervisor of the current study, if need be. All interviews were audio recorded through a digital recorder and stored safely on password-protected devices.

In terms of physical safety, some interview participants were known to the primary researcher, while others were conducted via Zoom ensuring both participant and researcher safety. The only slight cause of concern was the potential for psychological and/or emotional distress when speaking about distressing life events. However, as Seikkula and Trimble (2005) have suggested, speaking of distress with others through an open, dialogical manner may actually entail therapeutic benefits. As individuals speak about their experiences, they begin to express previously suppressed thoughts and emotions, which allow them to make sense of, and accept, their experience(s). Further support was made available to participants if required, but this was not requested by anyone.

Cultural sensitivity, or awareness of one's own cultural values and/or beliefs, along with the acknowledgement that one's beliefs and values may differ from others – was an important ethical and methodological concern given the nature of the current study. Historically, the dominance of Eurocentric thought has exploited the views of minority groups and Indigenous peoples within psychology (Steinmetz, 2022). For example, the American Psychiatric Association's handbook of diagnostic criteria for psychiatric illness – the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* – is primarily rooted within a biomedical model of health, and assumed to be of universal relevance (Stewart, 2012). However, the criterion for certain illnesses within the DSM are largely problematic cross-culturally, for example, across Chinese, African and Indian philosophies, which tend to be grounded in a more natural, religious/spiritual and/or holistic understanding of wellbeing (Steinmetz, 2022).

European psychology's historical lack of ability to consider non-Western beliefs and values has caused distrust among ethnic minorities/Indigenous peoples. For instance, due to its ethnocentric approach to science, Western psychological science has largely failed to respect Māori culture, norms and knowledge. Even today, despite cultural diversity within New Zealand, a Western individualistic perspective remains the dominant cultural and power structure. Resultingly, Māori communities tend to lack trust towards psychological science,

due to the adverse impacts on the health and wellbeing of Māori people it has caused (Stewart, 2012).

Various attempts were made to address issues of cultural sensitivity within New Zealand. Firstly, the semi-structured, qualitative approach is extremely appropriate when working with culturally diverse samples, as it reduces the typical power dynamics within the research setting; allowing researchers to build relationships with their study participants (Liamputtong, 2008). Secondly, given that the primary researcher belongs to an ethnic minority group within New Zealand, she has insight into issues of cultural marginalisation through an emic perspective. As such, the primary researcher attempted to remain reflexive throughout the interview process and aimed to reduce influencing responses with her own beliefs about the world. Finally, the focus on spirituality within the current study renders the current research as culturally relevant to the goals of psychological research within New Zealand, which currently strives for a greater inclusion of Māori people, culture and values within research, wherein recognition of spirituality, or wairua, is an important aspect (Stewart, 2012).

Cultural sensitivity was also considered for the participants in India. Despite being Indian herself, the primary researcher has been trained with Western psychological research methods as opposed to Indian psychological methods, therefore, an attempt to remain reflexive throughout the research process was especially exercised. However, as a bicultural researcher, one obvious advantage is that the Indian interviews were conducted in Hindi, the local language of the participants, which ultimately reduced any language-related barriers. Furthermore, perceived similarity with the researcher has been shown to enhance participants' perceptions of the researcher's trustworthiness and reliability (Liamputtong, 2008), which is especially relevant for the current study as it asks participants to share vulnerable life experiences. Finally, research participants in India were individuals with whom the primary researcher already had established links within the community, further enhancing trustworthiness.

Participants

Selection Criteria

A snowball sampling method was used to recruit participants for this study. Snowball sampling is a form of purposive sampling, in which participants that are suitable for the means of the research are sought; usually those with lived experiences of the phenomenon

under investigation (Woodley & Lockard, 2016). Snowball sampling tends to take a word-of-mouth approach, where researchers access potential participants via contact information provided by other participants, utilising their already established social networks (Noy, 2008). This sampling technique is particularly effective in obtaining information from typically hard-to-reach, or 'hidden' populations (Noy, 2008). Given that discussions of spirituality are still sparse within the psychological literature, a snowball sampling method helped gain access to participants that otherwise may have been hard to obtain through other recruitment methods, for example, via advertisements.

Initially, this study was restricted to individuals aged between 20-27 years of age. However, soon into the recruiting period it became clear that this age range was too restrictive. As such, the study was open to all individuals over 20 years of age who were able to provide informed written consent. Participants were required to self-identify as spiritual and/or consider spirituality an important component of their lives and be willing to share their experiences of COVID-19. This criterion made no mentioning of religiosity. As such, religious individuals who identified as spiritual were also eligible to participate. As understandings of spirituality may vary between individuals, participants were trusted to decide whether they fit the participant profile of the study, and therefore, no screening measures were used. All participants were recruited through the researcher's social and acquaintanceship networks.

Participant characteristics

A total of 15 participants were recruited, seven from India and eight from New Zealand. Sample size within qualitative research methods is generally guided by the concept of saturation; the point at which no new information emerges from the data (Mason, 2010). Because qualitative research is primarily concerned with meaning, frequencies are less of a concern. As Guest et al. (2006) suggest, a sample of 6-12 interviews is usually sufficient to reach saturation and provide insightful interpretations and themes. Saturation was determined as the point at which no new insights were provided regarding a) definitions of spirituality and b) the utilisation of spirituality amongst distress/COVID-19. Interviewing beyond this point was likely to entail inappropriate use of resources, as a larger sample may not necessarily have enhanced the quality of the research.

The New Zealand sample comprised of one male and seven female participants. Six were in their twenties, one was in their thirties, and one was in their fifties. The study aimed

to reflect the ethnic and cultural diversity within New Zealand. As such, three participants identified as Asian (one Chinese Pākehā, one Indian and one Fiji-Indian), one identified as Māori, one as New Zealand European, one as Cook Island, Māori and Pākehā, one as Brazilian/New Zealand European and one as Latin American/New Zealand European. Participants were located across the North Island, with three based in Wellington, three in Manawatū, and two in Auckland.

The sample from India comprised of four male and three female participants. Two were in their twenties, four were in their thirties, and one was in their forties. In terms of ethnicity, all participants identified as Indian, reflecting the relative homogeneity of the population in India. All participants were located in the Indian state of Uttarakhand—the primary researcher's home state. Participants were distributed across both urban and rural areas of Uttarakhand. Table 1.1. and 1.2. outline demographic information for New Zealand and Indian samples.

Table 1.1. Participant Demographics: New Zealand

Participant	**Gender**	**Age**	**Ethnicity**	**Location**	**Occupation**
Participant 1	Male	21	Chinese Pākehā	Wellington	Student
Participant 2	Female	21	Indian	Wellington	Student
Participant 3	Female	31	Fiji-Indian	Wellington	Early Childhood Teacher
Participant 4	Female	28	Māori	Manawatū	Student
Participant 5	Female	25	NZ European/ Pākehā	Manawatū	Student
Participant 6	Female	24	Cook Island/ Māori/ European	Manawatū	Student
Participant 7	Female	52	Brazilian/European	Auckland	Call Centre Staff
Participant 8	Female	23	Latin American/European	Auckland	Gym Instructor

Table 1.2. Participant Demographics: India

Participant	**Gender**	**Age**	**Ethnicity**	**Location**	**Occupation**

Participant 9	Male	30	Indian	Uttarakhand (rural)	Banker
Participant 10	Male	37	Indian	Uttarakhand (urban)	Engineer
Participant 11	Female	34	Indian	Uttarakhand (urban)	Housewife
Participant 12	Female	25	Indian	Uttarakhand (rural)	Banker
Participant 13	Female	25	Indian	Uttarakhand (urban)	Student
Participant 14	Male	32	Indian	Uttarakhand (urban)	Electrician
Participant 15	Male	41	Indian	Uttarakhand (rural)	Healthcare Worker

Procedure

Procedure in India

The primary researcher was located in Uttarakhand, India at commencement of the research, therefore, Indian participants were recruited and interviewed first. To maintain cultural safety, a community spiritual leader was contacted to share information about the study. This approach assists in gaining participant trust in the research and the researcher, as individuals prefer to identify a common person known by both them and the researcher (Liamputtong, 2008). Community leaders may also assist the researcher in identifying and dealing with prominent issues within the community, including ethical concerns.

The community leader provided the primary researcher with a list of potential participants who they deemed eligible for the purposes of this research. Both the community leader and the primary researcher contacted each potential participant over the phone and discussed the purposes of the study and asked for their willingness to participate; of which all contacted individuals agreed to participate. As Marshall and Batten (2003) suggest, consent is a more fluid, on-going concept within some cultures, and merely providing participants an information sheet and consent form does not necessarily mean that they understand the means and/or purposes of the study. As such, participants first provided verbal consent to participate over the phone, after which they were sent the study information sheet and consent form. At

the beginning of the interviews, each participant was again asked for verbal consent. This approach assured that the participants were fully informed of the study.

Consent forms were signed and returned prior to interview commencement. Three interviews with individuals known to the researcher were held in person at the researcher's place of residence in India. These interviews were recorded through a sound recorder on the researcher's personal device. Four interviews were held online and recorded over Zoom, as these individuals were located in other parts of the state. All interview recordings were stored on the researchers' password-protected computer (recordings on the personal device were transferred to the computer and then deleted from the device). No one other than the primary researcher had access to the interview recordings.

Procedure in New Zealand

Interviews in New Zealand began once the primary researcher had returned to New Zealand. Ten potential participants known to the primary researcher and/or her supervisor who expressed verbal interest in the study were sent the study information sheet via email and invited to participate; of which eight participants responded to schedule a time and place suitable for both the primary researcher and participant. Both written and verbal consent was obtained from participants.

Three interviews were held in-person in Wellington: two in a local café and one by the local beach. Interviews were recorded on the researcher's personal device. Two interviews were initially scheduled to be in-person in Manawatū, however, as the primary researcher identified as a household COVID-19 contact on the schedule interview(s) date, five interviews were conducted and recorded online via Zoom, as participants were located across Manawatū and Auckland. All interviews were saved on the researcher's password-protected computer ensuring both data security and confidentiality.

Interview structure

An in-depth, semi-structured interview approach was utilised to capture participant experiences as this method aligns with a phenomenological epistemology (Giorgi, 1997). Semi-structured interviewing methods allow both the participant and researcher to engage in dialogue. Discussions may be initiated by the researcher's questions; however, they are led by the participants responses (Smith & Fieldsend, 2021). Unlike a structured interview approach in which the researcher tends to have a list of predetermined constructs and aims to

elicit responses that correspond with these categories, a semi-structured interview approach offers greater flexibility, allowing the interview to go towards novel, unexamined areas (Smith & Fieldsend, 2021).

Previous research has suggested that open, qualitative interviews are the most effective method to examine spirituality, as quantitative and/or structured approaches tend to restrict participants' responses (e.g., Hodge, 2001; Kapuscinski & Masters, 2010; Zinnbauer et al., 1999). On the other hand, an unstructured interview approach may lead to discussions off-topic which may not be relevant to the purposes of the current study. A semi-structured approach strikes a balance between the two, allowing participants to speak freely, while also allowing the researcher to ensure that discussions remain relevant to the study aims.

An interview schedule with potential open-ended questions was developed. As suggested by Smith and Fieldsend (2021), this schedule was used merely as a guide to prompt conversation, rather than dictate it. Example questions regarding spirituality include 'What does spirituality mean to you?' and 'Are there any spiritual practices you regularly engage in?' Questions regarding COVID-19 include 'How have you been impacted by the COVID-19 pandemic?' and were further prompted 'Socially?' 'Psychologically?' 'Physically?' 'Spiritually?' Further examples include: 'Do you think your spiritual beliefs and/or practices helped you to maintain your wellbeing during this COVID-19 period or not?' and 'Did the pandemic lead you to question the meaning of life or not?' Interview length ranged between 20 minutes and 1 hour and 49 minutes, with an average length of 46 minutes.

Data analysis

Analytical philosophy

All interview recordings were transcribed manually by the primary researcher. Transcripts were then analysed through an inductive thematic analysis approach; an analytical approach for the identification, analysis and reporting of repeated patterns (or themes) across a data set (Braun & Clarke, 2008). A particular advantage of this approach is its theoretical flexibility; that is, thematic analysis is not underpinned by any epistemology, and therefore can be used across various epistemological frameworks (Braun & Clarke, 2006). As such, thematic analysis is compatible with an essentialist/realist method, which reports peoples' experiences, reality, and meanings, aligning with the phenomenological epistemology of the current study (Spencer et al., 2014), and therefore, seemed appropriate for meeting the research goals of the current study.

An *inductive* (data-driven) analytical approach was utilised, in which the themes and codes are derived from the data, as opposed to a *deductive* (theory-driven) approach, in which a pre-existing theory or concept is used to code the data (Braun & Clarke, 2012). Further, a primarily semantic, rather than a latent, approach was utilised, where the former involves the identification of themes from the surface of the data – not looking beyond anything the participant says – while the latter refers to searching for meanings and/or assumptions beyond what has been said (Braun & Clarke, 2006). Examination of the explicit data to derive understandings of human experience makes semantic inductive thematic analysis particularly useful in examining novel and/or under-researched phenomena (Terry et al., 2017). As such, a semantic inductive thematic analysis approach was deemed the most appropriate for analysing the current study's qualitative data, primarily because; a) a coherent conceptualisation of spirituality and its impact on wellbeing is yet to be achieved; b) the qualitative literature examining individuals' experience of COVID-19 is relatively sparse and; c) an analytic approach which takes language as reflective of participants lived reality (Starks & Brown Trinidad 2007) aligns with the phenomenological epistemology underlying the current study.

Braun and Clarke's six-phase approach

The qualitative data of the current study was thematically analysed and guided by Braun and Clarke's (2006) six-phase approach. Each of these six steps were first applied to interviews conducted in New Zealand and then to those in India. Finally, themes across both cultures were triangulated. A brief summary of each of the six step follows.

Phase 1: Familiarisation of the data

Familiarisation with the data requires the researcher to be aware of the depth and breadth of their data. As the primary researcher manually transcribed each of the interviews, this process of transcription facilitated familiarisation with the data. While transcribing, potential themes/repeated patterns of data and intriguing points were highlighted and made note of. Once all interviews were transcribed, transcriptions were checked against the original audio recordings to ensure accuracy.

The interviews in India were conducted and transcribed in Hindi instead of being translated into English. As suggested by Wagner and colleagues (2014), translating text from one language to another risks alteration of implicit and contextually embedded meanings.

Instead, they suggest that the original text should be interpreted by local, culturally competent researchers to ensure that culturally relevant meanings are not lost. Therefore, along with transcribing interviews in Hindi, the data was also analysed in Hindi, and only the researcher's *final interpretations* of the text (as suggested by Wagner et al., 2014) were translated for the final write-up of the results.

Phase 2: Generating initial codes

Once familiarised with the data, the researcher began generating initial codes of the data manually. Codes refer to segments of the data that may provide important information about the experienced phenomena. To identify codes, the primary researcher read through each of the transcripts and highlighted statements that seemed to capture interesting and repeatedly discussed features of the phenomenon. Coded segments of the transcripts were categorised with coloured post-it notes to reflect repeated patterns of data. As coding advanced, data was categorised into previously identified patterns, or to reflect new potential themes. Once initial coding of transcriptions was complete, each of the transcripts were re-read to ensure that no important information was missed. A segment of data is provided below in Table 2 as an example of how initial codes were generated.

Table 2. Generating initial codes

Segment of data	**Initial code name**
I've definitely felt, well depression, depressionism, and COVID definitely influenced that, and progressed it, and the development of it.	Negative affect
It's what gives me purpose, helps me to get through the day and helps me get through all the challenges and difficulties.	Spirituality provides hope
I don't talk about spirituality to many people, like you were one of the people.	Discomfort

Phase 3: Searching for themes

Once initial coding of transcriptions was complete, all codes were assessed and, according to their semantic similarity, were categorised into potential themes on a thematic map. While codes identified segments of data, themes exist at a higher level and consist of several codes that may explain several aspects of a particularly important pattern of data. A separate thematic map was created for the New Zealand interviews, one for the India interviews, and one was created to compare and contrast themes across the two cultures through a triangulation method (further discussed below). An example of a thematic map is provided in Figure 1.

Phase 4: Reviewing themes

Once a set of candidate themes had been established, they were further reviewed and refined. Candidate themes were assessed to determine whether coded segments of data within these themes formed a coherent pattern, and whether they were; i) sufficient as a stand-alone theme ii) could be collated with other candidate themes, or iii) could be discarded as a theme altogether. Once themes had been established, the transcripts were reviewed again to ensure the identified themes sufficiently captured the meanings within the data set. Where previously discarded segments of data seemed to fit within the identified themes, these were re-coded and categorised as well.

Phase 5: Defining and naming themes

After candidate themes had been reviewed, they were further defined and named. At this point, the candidate themes identified in phase four were converted into sub-themes and grouped against their similarity to form a larger, overall theme. Themes were considered on an individual basis, as well as how they related to each other. Each theme was assessed to determine whether it conveyed a unique element of the data. If two themes significantly overlapped, the most relevant subthemes and codes were combined to create an overall theme. Once themes had been established, they were named according to the aspect of the participants' accounts they reflected. Lastly, each of the final themes were again assessed to ensure they made sense on their own, and that they also reflected an overall 'story' accurately explaining the obtained data. An example of the identification of a potential theme, along with associated sub-themes and codes is presented in Table 3.

Phase 6: Producing the report

The final report was written to reflect the primary researcher's analysis of interviews. An attempt was made to present the results, as far as possible, in participants' own words. Contextual information surrounding data excerpts was provided to produce a holistic understanding of the participant perspective. Excerpts of data were chosen on the basis of their richness and capacity to present a particular theme, as well as providing readers the opportunity to judge whether the researchers' interpretations were supported by the data. Where needed, some excerpts were slightly altered to improved readability of data. This involved removing filler words and repetition, such as 'um' or 'like', providing translations where needed and the removal of any personally identifying information.

Figure 1: Thematic map example

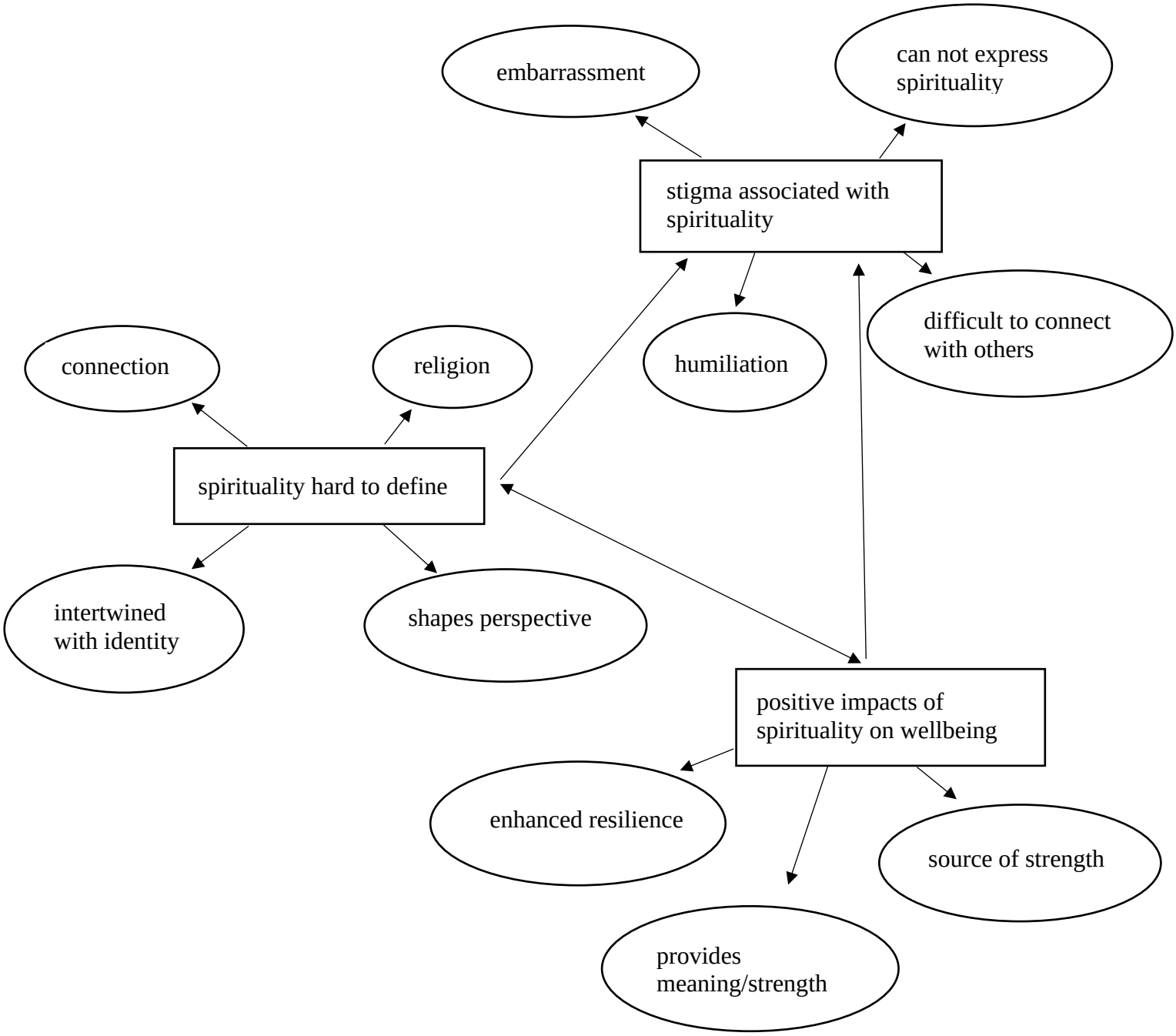


Table 3. Defining and Naming Themes

Theme	Sub-theme	Coded data
Spirituality as understood in New Zealand	Spirituality as improving wellbeing	Provides comfort
		Sense of meaning
		Source of strength
	Connection to something beyond humanity	Higher power and/or God
		Felt internally
	Stigma associated with spirituality	Lack of connection with others
		Embarrassment
		Difficulty expressing beliefs

Triangulation of data

Triangulation is a strategy that allows researchers to make sense of phenomena by utilising multiple researchers, data sources and/or methods (Mathison, 1988). Given that the current study obtained two sets of interview data, a data source triangulation method (in which two or more sets of data are compared) seemed appropriate to analyse the current findings. The interviews across India and New Zealand were triangulated to determine whether the data showed; a) convergence, where data across both contexts agree; b) complementarity, where differences arise between data and/or; c) dissonance, where data tend to produce opposing depictions of reality (Erzberger & Prein, 1997). Triangulation proved valuable for the current study, as it enhanced credibility, reliability, and in turn, validity of findings (Farmer et al., 2006). Further, it allows researchers to construct meaningful theories by taking into account contextual factors, encouraging researchers to utilise their knowledge of the world to produce a holistic understanding of the investigated phenomenon (Mathison, 1988).

Up to step 5 of Braun and Clarke's 6-step approach to data analysis was applied first to the New Zealand interviews, and then the India interviews. Once themes were defined and named, they were compared across both contexts to assess for their convergence, complementarity and/or dissonance. For example, definitions of spirituality shared

convergence across cultures, where participants often described it as the acceptance of a higher reality. Complementarity arose where Indian participants were more likely to conceptualise this higher reality as God, while those in New Zealand did not. Finally, dissonance was evident where New Zealand participants clearly differentiated between religion and spirituality, while Indian participants did not. This comparison revealed important differences and similarities in conceptualisations of spirituality and its role during COVID-19 across both cultures.

Methodological integrity

Trustworthiness is the criterion against which the worthiness of qualitative research is measured (Levitt et al., 2017). It allows readers and researchers to assess how sufficiently a study has captured significant experiences and/or processes related to the topic of interest. Central to trustworthiness is methodological integrity; the degree to which a study's design and procedures align with; a) the research goals; b) the researchers' approach to research and c) the characteristics of the overall study topic and its participants (Levitt et al., 2021). Methodological integrity is further underpinned by the concepts of fidelity and utility, which, as suggested by Levitt et al. (2017), guide methodological and procedural decisions of research study.

Fidelity

Fidelity to the research topic refers to the degree to which researchers utilise procedures that develop and maintain adherence to the phenomenon under study (Levitt et al., 2018). Fidelity can be enhanced through its' four principles; namely, *data adequacy,* where researchers obtain data from sources which represent the diversity of phenomenon under study; *perspective management in data collection,* where researchers are aware of – and aim to appropriately limit – the influence of their own perspectives within data collection; *perspective management in data analysis,* where researchers are aware of how these perspectives may influence/guide their analysis to enhance perceptiveness and; *groundedness,* where research findings are adequately supported by data. Below is a brief discussion of how the current study adhered to these principles of fidelity to enhance overall integrity, and therefore, trustworthiness of this study.

Data adequacy

Data adequacy in the current study was ensured throughout the data collection phase. Firstly, rather than predetermining a sample size, participants were recruited until theoretical saturation was reached. Further, the interview schedule remained flexible and interview questions were adapted to follow participants' accounts. The semi-structured, conversational approach to interviewing allowed to maximise the participants' perspectives, keeping interviewer contribution to the conversation minimal. As data was obtained, the primary researcher further adopted interview questions to probe novel areas of understanding, enriching variety within the data.

Perspective management in data collection and analysis

Qualitative researchers acknowledge that data collection and analysis are rooted in subjectivity, and therefore they aim to make explicit their own assumptions and biases (Morrow, 2005). The research topic stemmed from the primary researchers' own experiences of spirituality as providing a way of life. Having grown up within New Zealand's predominantly Western framework and being accustomed to a materialistic, rational and logical worldview, the primary researcher had been unaware of spirituality for most of her life. However, a particular life event introduced her to spirituality and provided a new framework for understanding. The major contribution of spirituality towards the primary researchers' own life encouraged her to question how other people may experience spirituality, and given the novelty of COVID-19, the question arose of how spirituality may have contributed to individuals' experiences of the pandemic. As such, the current investigation was inspired by the both the primary researchers' curiosity and a desire to contribute to the relatively sparse qualitative literature on spirituality.

Throughout the data collection phase, there was a conscious attempt to recruit a diverse range of participants that could speak about their experiences (for example, as reflected in the ethnic diversity within the New Zealand sample). The researcher also maintained a reflexive journal to note any reactions or emerging biases and assumptions that may have risen. Care was taken to limit these assumptions from distorting data analysis, so that the findings reflected the participants perspective, rather than merely reproducing the primary researcher's beliefs.

The primary researcher's own demographic characteristics were also considered throughout data collection and analysis processes. As a Kiwi-Indian, educated in Western psychological theories and methods, yet also informed of Eastern (especially Indian) philosophical frameworks, this bi-cultural lens allowed the primary researcher to understand

diverse perspectives across the cultures compared. However, even when researchers share identities with participants, divergence due to varying experiences (such as educational and/or socioeconomic differences) still prevail (Levitt et al., 2021). For instance, after the first interview in India, it became evident that merely translating the research questions from English to Hindi was not sufficient for probing in-depth answers from participants. The primary researcher was required to reflect on how Western academia may have influenced her research questions, and to adopt interview questions that were more culturally appropriate. In turn, the researcher effortfully avoided assumptions of similarity, and became more reflexive of how perhaps implicit differences may influence data collection and analysis.

For instance, it was difficult to obtain a literal translation of the word '*wellbeing*' in Hindi, and proxies failed to sufficiently capture the term in the way it is predominantly understood in English. Given that the Indian participants were also educated and proficient in English, the term wellbeing could have could have been used in these interviews. However, an understanding of wellbeing as referring to an individual's sense of contentment and happiness may be culturally embedded in Western contexts and may not be defined similarly by individuals in India. Instead, questions were formed to assess the influence of spirituality on Indian participants wellbeing, such as by asking *'what is the role of spirituality in your life?'* and *'what do you think life would be like without spirituality?'* In addition, after the first interview in India, the primary researcher consulted the research questions with the community spiritual leader to ensure conceptual equivalence. In a process similar to parallel translation (Buil et al., 2012), the interview questions were discussed with the community spiritual leader, who not only provided sufficient translations of the interview questions, but also suggested new questions, such as *'is your spirituality limited to a belief in God or is it wider than that?'*

Groundedness

Groundedness was enhanced by ensuring that each of the themes were sufficiently supported by data, which provide insight into the participant context. The reader can judge whether the themes were adequately supported by the excerpts of interviews provided.

Utility

Utility in achieving goals refers to the ability of the research design and procedures in achieving the research questions and study goals (Levitt et al., 2018). Utility can be enhanced

through its' four elements; *contextualisation,* considering the impact of context on the research elements (i.e., researchers, participants, phenomena); *catalyst for insight*, obtaining data that allow for insightful analyses; *meaningful contributions,* producing findings that meaningfully achieve the research aims; and *coherence*, examining potential differences among findings and explaining how they may relate to one another. Below follows a brief discussion of how the current study adhered to these elements of utility.

Contextualisation

Contextual information has been provided where needed. Firstly, it has been made clear that the current study has been situated across two countries: India and New Zealand. Further, the literature review provides understandings of spirituality in each country, setting the scene for the current analysis. Thirdly, adequate participant demographic information has also been provided, which assists readers to determine whether the findings may transfer to their own settings (Levitt et al., 2021). Finally, relevant contextual information around quoted data has also been provided to represent differences in findings across participants and/or contexts.

Catalyst for insight

Various approaches were undertaken to ensure that the data provided rich grounds for analysis. For instance, the use of a semi-structured interview approach allowed for unconstrained responses, which enhanced richness of data (Levitt et al., 2017). Individuals who self-identified as spiritual were purposively sought for participation in this study, assuming that such individuals would provide the greatest detail of their experiences. Further, the primary researcher utilised her interpersonal relationships during data collection, as maintaining a friendly, conversational interview style allowed participants to speak openly about their experiences of spirituality, distress and COVID-19; topics that one may otherwise be hesitant to speak about with people unknown to them.

Meaningful contributions

The data collected from India meaningfully contributes to understandings of spirituality within the academic literature, in which Western understandings of spirituality prevail. They allow for a unique, differing perspective that can broaden common understandings of the phenomenon. Both sets of data provide insights into how spirituality

may be utilised during times of distress (e.g., COVID-19) and can further advance understandings of its therapeutic potential.

Coherence

Findings have been presented in a way in which the data fit together and form a data-based story. Each theme has been organised into several sub-themes to assist readers in making sense of the data. Where discrepancies have emerged, potential explanations for the differences have been proposed.

Summary

The current study adopted a phenomenological inquiry approach to provide a cross-cultural comparison of individuals understandings and experiences of spirituality during COVID-19. Fifteen individuals participated in a qualitative, semi-structured interview across New Zealand and India. Interview transcripts were thematically analysed through an inductive (data-driven approach), guided by Braun and Clarke's 6-phase approach. Results were then triangulated across cultures to examine areas of convergence, complementarity and dissonance across cultures. Trustworthiness and adequacy of findings were ensured by enhancing methodological integrity, by attending to elements of fidelity to the subject matter and utility in achieving goals. The following chapter presents the results obtained through this qualitative investigation.

Chapter 6. Results

This chapter comprises three sections that describe common themes and subthemes that were constructed from the data in relation to the research questions. The first section presents a comparison of understandings of spirituality among New Zealand and Indian participants. The second section describes the psychosocial impacts of the COVID-19 pandemic. Finally, the third section presents the role of spirituality during COVID-19. Interpretations of the data are supported by quotes from the interviews. After each quote, participant ID, age and country of residency are provided in parentheses.

Comparison of spirituality in New Zealand and India

Aligning with the first goal of the study, that is, to provide a cross-cultural comparison of participants' understandings of spirituality, the following section provides a brief summary of the similarities and differences between India and New Zealand. Overall, across both cultures, spirituality was commonly defined as a belief in a higher power and/or energy, with participants in India being more willing to conceptualise this power as God. Distinctions arose between emphasis on spiritual practices and conceptualisations of spirituality as religion. Finally, stigma associated with spirituality was similarly experienced across both cultures. These sub-themes are further discussed below.

Belief in a higher power/God

Across both cultures, spirituality entailed a belief in a higher power. Most participants acknowledged that there was a reality beyond the physical world and that spirituality provided a means to connect with that reality. As suggested by the following participants when asked to define what spirituality meant to them:

> spirituality to me is like, mindfulness, acknowledging that there is something, an energy that is not scientifically defined. There is like this, yeah, this spirit I guess or energy, a universal one, that I can, kind of, I don't want to say 'use' cause that sounds kind of malicious, but like…utilise, and to help my mental wellbeing, and therefore, how I interact with the world around me (Participant 1, 21, New Zealand).

> spirituality is a supreme power which allows an individual to internally feel that there is a divine energy that is with us. We can't physically touch that divine energy, nor

> can we see it, but even if we could see it, it still wouldn't be as powerful as that which we can feel internally. You only know what it is when you feel it (participant 12, 25, India).

Participants expressed discontentment towards the tendency of mainstream social media conceptualisations to portray spirituality as a materialistic endeavour. Instead, spirituality provided individuals an understanding that was beyond the physical, material world. As stated by one participant: "[spirituality] gives a broader understanding of life. Not coming here to eat every day, drink, go to work…sleep, and that's it. You know I think we all as humans, physical form, animal nature has a purpose here" (participant 7, 52, New Zealand).

One participant, who had not experienced spirituality for most of his life provided a comparison for the materialistic life versus spiritual life:

> …when I was living my old way of life, if I was the tiniest bit stressed, I'd drink. If I felt physical pain, I'd drink. Someone's birthday? I'd drink. But ever since I've connected to spirituality, all my bad habits just stopped (participant 15, 41, India).

The conceptualisations of this higher reality, however differed across cultures. When asked to define spirituality, participants in India often referred to their belief in God, despite their diverse backgrounds. As stated by one participant who worked in a bank: "Spirituality for me, in a way, is just God. To think about God and to meditate on God just in my mind, that is spirituality. It's not anything separate" (participant 9, 30, India) and by another who was an ambulance driver: "…spirituality to me is God's grace, and God is everything" (participant 15, 41, India). However, spirituality as *not* only being limited to God was also expressed, as suggested by one participant who was a housewife:

> It's not that [spirituality is] just related to God, it can also be related to yourself, right? Like to know yourself better, to understand what we are, what we want in life, what we expect in life, just to know oneself better (participant 11, 34, India).

Alternatively, while New Zealand participants acknowledged a universal energy beyond physical reality, they were unwilling to conceptualise this higher energy as God; primarily due to the relationship between a belief in God and religion. For instance, one

participant of Māori descent expressed discontent with the term ‘God’ primarily due to its connection with religion, and the impact religion had via colonisation on Māori people. Instead, this participant drew upon her indigenous Māori knowledge of wairua and came to re-frame God as Io;

> Beforehand, I didn't really like to say God because it was very much a colonial construct and religion has done a lot of negative things for Māori. But I've sort of come to learn about Io, and Io's not really known as a God, it's just like this, the greatest wairua energy, and that's sort of how I've come to reconceptualize God into Io. So I do believe in Io, and I do believe that we connect to and pull from Io. And I've come to learn about the whakapapa or the ancestry of Māori, and of human beings in general, that we do descend and we are defined beings, so we can connect to Io…Io created this world, and so in that sense we are all connected to him because we can whakapapa to him, because, or her, or them, I've gotta stop saying the *him*, I've got to stop adding that. I think that again that is sort of a throw-back to the colonial idea of God as him, but we won't get into that. I mean yeah it's just cause my family were bought up, most of my family are Catholic, and so this is another part of decolonising I think, there's still this idea of God as being a him… (participant 4, 28, New Zealand).

Relationship between religion and spirituality

Discussions with participants in New Zealand reflected a clear differentiation between religion and spirituality. In fact, some participants began defining their spirituality by firstly stating: “I don’t see spirituality as religion” (participant 7, female); as if they were indicating that a separation from religion may provide insight into their understanding of spirituality. For some of these participants, religion was viewed as too restrictive. Some mentioned the colonial impacts of religion as negatively impacting (particularly) Indigenous and/or minority populations. Others simply did not want to identify as religious, even if they incorporated religious teachings in their lives. One participant, who had grown up within a spiritual household shared:

> I definitely wouldn’t say that I’m religious, umm yeah, I think being spiritual, so to speak, is a good identifying label because it takes a broader view of many, I guess you

> could call them common traits, that you can find even within religion, but not necessarily identify to a religion, but still appreciate I guess what certain religious teachings can represent for you and implement that into your life, so yeah, I would not identify as religious (participant 8, 23, New Zealand).

Similarly, participant 7 also shared a preference for spirituality over religion, as a religious 'label' was seen to restrict individuals to only one particular system of faith, and in turn, pitted individuals of various faiths against one another:

> I don't affiliate myself with any religion. And can I tell you why? I may be wrong, but I think if you're affiliated to a religion and you're really into the religion, you're separating yourself from others, and I believe in oneness, so that's why, even if I have a religion, let's say that I follow the most, like Buddhism, I really follow it, I really try to incorporate it into my daily life, I don't say much, you know. Cause it's like, oh so you don't believe in Jesus? So you don't believe in this this and that? I don't like the separation that people make when they hear this…I like oneness…I know this and you know this, oh I can incorporate this in my life too (participant 7, 52, New Zealand).

The intimate relationship between spirituality and religion contributed to the difficulty in precisely defining spirituality. When asked her perspective on the difference between spirituality and religion, participant 5, who had completed postgraduate research on spirituality and was well-versed on the psychological literature on spirituality, expressed the difficulty in differentiating between the two. However, she also expressed a preference for spirituality due to its more personal, intimate nature compared to religion:

> Well that's where I get tongue-tied and I can't express what I think spirituality is. Because growing up, everything was religion, so I mean I find it hard to differentiate cause I can't really express what my own spirituality is…but for me the difference is like religion is an organized spirituality, and then I think just the more general spirituality is a bit more personal, and a bit more individual, but still collective, but not like organised. There's not like a set route, like religion, there's like, I don't know, in Christianity there's a church, there's a group of people, and you tend to do all of your

> spiritual-ness in the church. Whereas spirituality for me is like always here (participant 5, 25, New Zealand).

New Zealand participants did, however, express preference for Eastern religions, particularly Hinduism and Buddhism and their philosophies, and Māori spirituality. Dissatisfaction towards religion was limited to only Christianity:

> I think when I'm like differentiating between spirituality and religion, my mind is automatically going to Christianity, cause that's what I'm most familiar with, like I, my family is Catholic but I don't really engage in anything, but that's like the dominant religion here so that's like where my differentiation is coming from (participant 5, 25, New Zealand).

On the other hand, Indian participants showed no differentiation between religion and spirituality, neither when defining spirituality for themselves, nor at any other point during their interviews. Religion and spirituality seemed to be intertwined for these participants. For instance, these participants commonly described spirituality through aspects that would generally be framed as religion from a Western perspective. These included a belief in God, prayers and an emphasis on practicing one's faith. As shown through one participant's firm belief in God: 'I've always believed in God and positivity, that it exists. You can call it spirituality or positivity, it's definitely there (participant 13, 25, India). As further shared by participant 12 on her emphasis on practicing one's spirituality:

> …to remain connected to spirituality, I mean, to remain connected to anything you have to practice it, right? You shouldn't stop practicing. Similarly, to remain connected to your spirituality, I think meditation is important. If we stop doing it, it breaks that flow (participant 12, 25, India).

Internal belief system versus an emphasis on practice

Another distinction arose regarding spirituality as an internal belief system versus an emphasis on spiritual practices. Participants in New Zealand struggled to express how they engaged with their spirituality, often emphasising spirituality as an internal feeling, a way of

being. When asked whether there were any spiritual practices she engaged in, one participant responded:

> I don't know, it's really difficult to kinda say, express some of the things that I feel like I do, I've never actually said them out loud, so now I'm just trying to figure out, hang on how do I explain these because they're things that just happen…I think a lot of the way that I think in day to day life is quite spiritual, um thinking beyond what we know, what we see (participant 5, 25, New Zealand).

Participant 4 again drew upon her knowledge of Māori spirituality to express her views on spiritual practices. For this participant, engaging in spiritual practices was less important than the internal connection with a higher reality/wairua:

> I think karakia [prayer or incantation] is one of them. I, I'm one of those people that, cause, I would get told oh you know you should try karakia-ing every day and I'm like cool. It doesn't really phase me. Like I karakia when I feel the need to, that's sort of how I roll. That's probably the most, I guess the, the I guess obvious practice. For me, it's more about, so ever since I was young, I've always been able to see and feel sort of things that we can't see in the physical, so in that meta-physical space, we call it matakite [Māori seer or clairvoyant]. So those who can see the unseen. And that's been quite normal. So it's an interesting thing. I don't think it's more me practicing something, it's just something that's been a part of my life anyway. It's just tied into the fabric of what I do, but not me consciously making a decision to practice (participant 4, 28, New Zealand).

Most New Zealand participants did not feel the need to go out of their way to practice their spirituality, and instead, it was something more convenient for them:

> …but right now I would honestly say that reflection is what I mostly use. Cause I just think that it's just something that comes so much more naturally, you don't have to go out of your way to do it, you know, you could just be driving and be like *'oh my God I am so grateful that I am able to drive, like not many people can do it'* you know? (participant 2, 21, New Zealand).

Alternatively, along with an acceptance of spirituality as an internal belief system, participants in India also placed greater emphasis on carrying out spiritual practices to remain connected with that divine energy. These practices were deemed important and part of one's daily routine. As suggested by one participant, when asked on his perspective on the importance of actively practising his spirituality: "My routine is that I wake up, shower, pray and meditate, that is, my routine, even if I'm getting late for work, you know, I'll meditate faster but I'll definitely do it" (participant 9, 30, India).

Along with describing their practices, many participants also emphasised the importance of these practices in order to remain connected to that higher power/energy:

> …it is vital, it's a part of life. Even if its just 5 or 10 minutes, you don't have to spend hours. You know as they say, as long as you truly believe, then even if you just wholeheartedly think of the divine then that's enough. As long as you feel it, that's the most important thing, even if you spend only 10 minutes praying (participant 9, 30, India).

Stigma associated with spirituality

Interestingly, participants across both New Zealand and India similarly discussed the stigma associated with spirituality. Due to this societal perception, participants were unwilling to discuss or express their spirituality with other people. Where individuals have shared their spiritual beliefs with others, they have been made to feel uncomfortable and even further embarrassed. This stigma often made it difficult for participants to connect with others on a deeper level. Importantly, these discussions of stigma often arose unprompted, as shared by one New Zealand participant:

> …especially in a world that, you know, highly dogmatises science…I've always felt a little, I don't want to say black-sheeped, cause that's a little extreme…but I've never been able to connect with people, especially my age, who were open to discussing the esoteric elements of reality and you know, asking the bigger questions, philosophising the reality of God or you know, whatever. So in that way, I've always, you know, I've had good relationships in my life but I've never really found that profound kind of connectivity with people on a deeper level, and I don't think it takes having

> necessarily identical spiritual beliefs to attain that but I do think that open-mindedness and curiosity does play into that, because you know, the times that I have been a little bit more open with certain people, about with my belief around you know the soul or spirit or whatever, I've always just been type-casted and it's like oh, you know, you're that person (participant 8, 23, New Zealand).

Especially within the workplace and academic settings, self-identifying as spiritual, discussing spirituality or showing visible signs of one's spirituality may lead to the questioning of one's credibility as an educated, intelligent individual. One participant of Māori descent, who discussed regularly communicating with her ancestors for guidance shared:

> it's so identifiable when you are in a Western space and you just off-handedly say, like I've said it before, *'oh yeah, I've talked to my ancestors today'* or something, and they're like, and you're awkwardly like *'oh yeah, that's what I do.'* And you don't want to be seen as like, like I'm still academic, I can still be in this space, but I can also be in the other space and they're fine being inter-changeable (participant 6, 24, New Zealand).

Similarly, Indian participants also expressed unease with displaying outward signs of their spiritual beliefs. This stigma was especially prevalent in official spaces, for instance, the workplace, and particularly in front of senior staff members. The visibility of a *'teeka'* – a small mark of red turmeric powder on one's forehead – often was perceived as a precursor for stigmatisation. As shared by one participant who worked in a bank:

> when I'm outside, like you know, if I'm at work, and there's other official staff members, then I'm a bit hesitant to show all these things, like if I've got a *teeka,* I'll usually rub it off so that they won't think that I'm weird. But like I fully believe and trust it but these days it's the norm that whoever is well-educated doesn't really believe in these things (participant 9, 30, India).

Participant 14, who worked as an electrician and was an essential worker during the pandemic, discussed how this stigma disconnected one from their spiritual beliefs: "…if you have a *teeka* and you go to work, you're going to be made fun of. Half of the time these

things disconnect you as well." This participant also mentioned the mainstream belief in India of spiritualty as being only for the elderly. A young person practicing spirituality is likely to be mocked: "now I'm sort of at that age where, I pray and stuff, and if people see me doing that then they will make fun of me. People here assume that all these things are for the elderly" (participant 14, 32, India).

Psychosocial impacts of the COVID-19 pandemic

The following section presents participants psychosocial experiences of the COVID-19 pandemic. Experiences and levels of distress varied among individuals, with some individuals discussing changes in mood, depressive symptoms, stress, uncertainty and even positives such as greater time for self-improvement and family. Each of the themes and associated sub-themes within this section are discussed below.

Distress

Although many participants reported feeling distressed in some way, it was evident that participants in India expressed distress more in terms of infection from COVID-19, such as stress of disease, infection and death, reflecting the higher number of COVID-19 infections and deaths in India as compared to New Zealand. While also reporting disease-related distress, participants in New Zealand discussed experiencing frustration, irritation and anger at the uncertainty of disease. It seemed that the pandemic impacted individuals' wellbeing, regardless of whether they were at high risk of infection or not. Further, restrictions as a result of the disease also had negative psychosocial impacts, such as preventing individuals from engaging in death-related processes and social isolation. The subthemes within this section, along with relevant examples from the data, are presented below.

Uncertainty. Distress associated with uncertainty of the pandemic was most evident among discussions with participants in India. Especially during the initial phases of the COVID-19 outbreak, feelings of uncertainty and fear were enhanced. When asked to reflect on the beginning of the pandemic, when disease uncertainty was the highest, one participant responded:

> at the beginning we were scared because no one knew, even worldwide, no one could understand what exactly was going on. We had no idea of the scope of the disease, the distance from which it could spread. Even scientifically, we just didn't know anything (participant 10, 37, India).

One participant, who was living alone for his job, often discussed feeling distress due to not only the uncertainty of the disease, but also the fact that he was separated from his family, and therefore had no one to care for him in case he became infected:

> There was just a constant feeling of stress, because we didn't have much information about the disease at the time, how long it stayed in the air, how long it stayed on surfaces, on liquid. And that really made you think like what would happen if we got it?...we even had a few relatives pass away because of COVID. So that increased the fear that, you know, if by any chance I was to become infected, I would have no one to even look after me (participant 14, 32, India).

One participant, who worked within the ambulance services shared his experience of working during the pandemic. He discussed how with such close exposure to the disease he and his colleagues were fearful for their own lives every day:

> There was definitely a time where I became very hopeless. I used to think that I'm working for other people right now, but who knows what's going to happen in the future, will I ever get to see anyone again or not? I was certain that I was going to die, that I could die at any moment (participant 15, 41, India).

His experiences with COVID-19 patients often came back as flashbacks when trying to rest:

> …when I'd lay down at night, I wasn't able to fall asleep, cause I'd just get flashbacks, like there were so many casualties in front of our eyes, people died, lots of people died. And I'd see us driving in the ambulance, and they'd be struggling to breathe in the back, they'd say *I can't breathe, I can't breathe,* even though we had provided them oxygen…it was a horrifying situation…not something anyone would want to see (participant 15, 41, India).

Disease uncertainty also caused a mixture of other emotions, including irritation, frustration and anger. As expressed by participants: "…it just got tiring after a certain point, you know, you were just kind of like we know exactly what the heck is going around this world, we're in this fucking lockdown, like what the fuck are we doing?" (participant 2, 21, New Zealand) and: "I became quite angry at COVID and the world, just at everything…I wanted to be selfish, and I couldn't be selfish (participant 5, 25, New Zealand).

Lost bereavement processes. COVID-19 social distancing measures meant that normal death and bereavement-related processes ceased or were carried out in a restricted manner. Across both countries, these restrictions prolongated the grief and bereavement process and became a source of distress amidst the pandemic. As described by one participant on the death of her Nana during the pandemic:

> …that was very difficult because I was not there, could not be with my family, that was very difficult…we couldn't have a funeral until July, and she died in April. So it was a very elongated process which made things really hard to keep going…it did make me think a lot more about the grief and bereavement processes that we have as humans and that across cultures as well, just being, when you're not allowed to engage in them, they become more apparent, and it became clearer that these processes are so important and being with people is so important (participant 5, 25, New Zealand).

At one point, the number of deaths from COVID-19 in India exceeded the time and space available at the cremation grounds. In fact, dead bodies were being thrown into the rivers due to fear of contamination. As described by one participant when describing the pandemic situation:

> …in our Hindu *dharma,* if someone dies then you're supposed to, according to the sacred laws, you take them to the cremation ground and you complete their funeral there, but who knows what was happening at that time…people were just throwing dead bodies in the rivers because there were just so many people dying, there wasn't enough space to cremate them…so that really put a fear in you, like look at how people are dying, and no one's willing to even touch them, they're just being left (participant 12, 25, India).

Social isolation. The lockdown(s) constrained individuals to their homes and restricted social interaction. They also had a negative consequence on participants' wellbeing. When asked if the pandemic may have caused any distress, participants shared the impacts of social isolation:

> I've definitely felt, well depression, depressionism, and COVID definitely influenced that, and progressed it, and the development of it. I have definitely felt, I've had a lot of time of like introspection, and that has some positives, but I've also felt very trapped, I've felt too isolated (participant 1, 21, New Zealand).

Even as someone that enjoyed being alone, participant 4, who was living alone with a shared kitchen space, shared feeling too isolated, which had a negative impact on her mood:

> But I think it got to the point where I was alone for too long. Cause I don't mind being around people even if I don't talk but I just need that energy from other people…I definitely became, I guess more sensitive. My moods weren't great and I did find myself crying a few times and it's just, because I just couldn't really bring myself or centre myself as well as I would usually be able to (participant 4, 28, New Zealand).

While social isolation and/or loneliness as a consequence of the pandemic was predominately discussed by New Zealand participants (particularly among those living alone and/or without family), one participant in India shared how the pandemic resulted in a mixture of emotions, including loneliness: 'a lot of emotions just got mixed up. There was anger, irritation, loneliness, like everything sort of just got all mixed together' (participant 14, 32, India).

Discrimination. Another factor contributing to COVID-19 related distress was the societal perception of the disease and treatment towards those who tested positive, with both cultures sharing experiences of discrimination. One Indian participant spoke of the daily hassles that they experienced when travelling between work and home amidst the initial lockdown period:

> The way society behaved was pretty much like we were zombies, not humans. There was no such thing as humanity at that time, not allowed to touch each other, not

> allowed to look, can't walk past each other too closely. Even the way the police was acting was a bit rude. There was fear but there was also anger…I mean the recovery rate was also high, not everyone was dying, but because of the way people acted, it became known as something deadly from the beginning (participant 14, 32, India).

One participants' decision to not get vaccinated against COVID often brought upon further stigmatisation, as her decision went against the majority. This participant shared her experience on how remaining unvaccinated impacted her negatively:

> I think the biggest impact that *[COVID had on my life]* was after, it wasn't about COVID itself…I think it was the pressure that the society made me go through…then came the mandate and everything gone…I lost my friends, I lost my job, because of COVID and I lost everyone inside because they were like oh yeah yeah yeah, but at the end, yeah don't come. Like I was a plague or something (participant 7, 52, New Zealand).

One participant, who lived in a rural village in Uttarakhand, Northern India, shared the experience of when individuals from the cities began returning to their villages amidst the pandemic. As these individuals had come from the COVID hotspots in India, the villagers often avoided any form of contact with them which contrasted the usual meet-and-greet customs, where villagers often went to visit those coming from the cities in their homes:

> There was a lot of discrimination at that time. Like if someone was coming from the city, no one would even go to their house, everyone just tried to avoid them. Everyone would become flustered and agitated, like *'look this person's come, that person's come.'* So all those coming from outside of the village had to face that discrimination (participant 9, 30, India).

Silver linings

Participants also mentioned positive aspects of the pandemic. These experiences primarily arose from the extended time available as a result of lockdown(s). Some individuals mentioned being able to devote time for self-improvement, while others shared being able to spend quality time with family.

Self-improvement. Although the pandemic time was filled with uncertainty and fear of disease, there were also positive experiences, or silver linings, that arose amidst the turmoil. The lockdown period provided time for individuals to focus on aspects of their lives which they had previously neglected due to lack of time. This enhanced time was utilised for self-improvement:

> you have so much time at home during COVID, 'cause you have literally nothing at home, you're stuck in your house with all these people, and like the internet is kind of like all you got. You've got social media, like that's it. And I feel like around that time is kinda like when everyone dove into like *"oh my God how can I make myself better?"* (participant 2, 21, New Zealand).

One participant spoke about her ongoing body image issues, and how a break from social media, with an authentic focus on what health really meant for her led to a place of accomplishment and contentment:

> …honestly lots of personal transformations for myself were through the pandemic, like even physically speaking, during the pandemic is when I went and started my training as a [gym] instructor, because I was really focused on what health really meant to me…I came out of that, well lockdown, the last lockdown, feeling accomplished in many ways, because I was, finally like content with myself…I even took a break off social media for a really long time and that was awesome…and ultimately, it gave me a new perspective because I built mental fortitude (participant 8, 23, New Zealand).

Quality time with family. The importance of family safety was also emphasised, especially by participants in India. Being together with family and knowing they were safe reduced an aspect of distress: "…and secondly, everyone was together at home, so I didn't have to worry about family members being in another place" (participant 10, 37, India). With enhanced time during the lockdown, individuals were able to spend greater quality time with family, an opportunity they never had in their 'normal' lives:

> …at that time we used to play a lot of games at home, like loddu, badminton, lots of games. So we did really enjoy it…my husband never got so much time off work, and the kids from school, my mother- and father-in-law were home, so I did really like it, cause you know that quality time with family, we got that because of the pandemic (participant 11, 34, India).

Familial support was also emphasised. One participant who tested COVID-19 positive amidst the lockdown shared how the support from her family was key to her experience and recovery:

> Family support also had a big role. Our family, we live in a joint family, so we've always seen that if anything ever happens to anyone, our family has been quite supportive at that time. So when COVID came round, we again saw that same familial support. Even at that time, they'd take care of our medicines, look for ways to prevent the infection from increasing severity, looking after what we ate like fruits and stuff, so they really paid attention and took care of me at the time (participant 12, 25, India).

One participant shared her idea of what her experience of the lockdown may have been without her family members, clearly emphasising the role family had in maintaining her wellbeing amidst the pandemic:

> Cause like even when you're trying to distract yourself everyday, I guess in my way it was hanging out with my siblings, doing something with my siblings, you know, baking, cooking, watching movies. Had I not done that, had I been completely isolated, completely alone with no one to do anything with, I'd be absolutely fucked. I would be absolutely out of my fucking mind, I don't know. There's [only] so much that you can do by yourself as well, you know? (participant 2, 21, New Zealand).

The role of spirituality during COVID-19

Participants reported engaging with and utilising their spirituality in a range of ways during the pandemic. From these discussions, it was evident that spirituality had a major influence in maintaining wellbeing. Not only did spirituality prevent participants from

experiencing distress, but it also provided hope for a better future and further allowed individuals to find a meaning and/or purpose behind what they were experiencing.

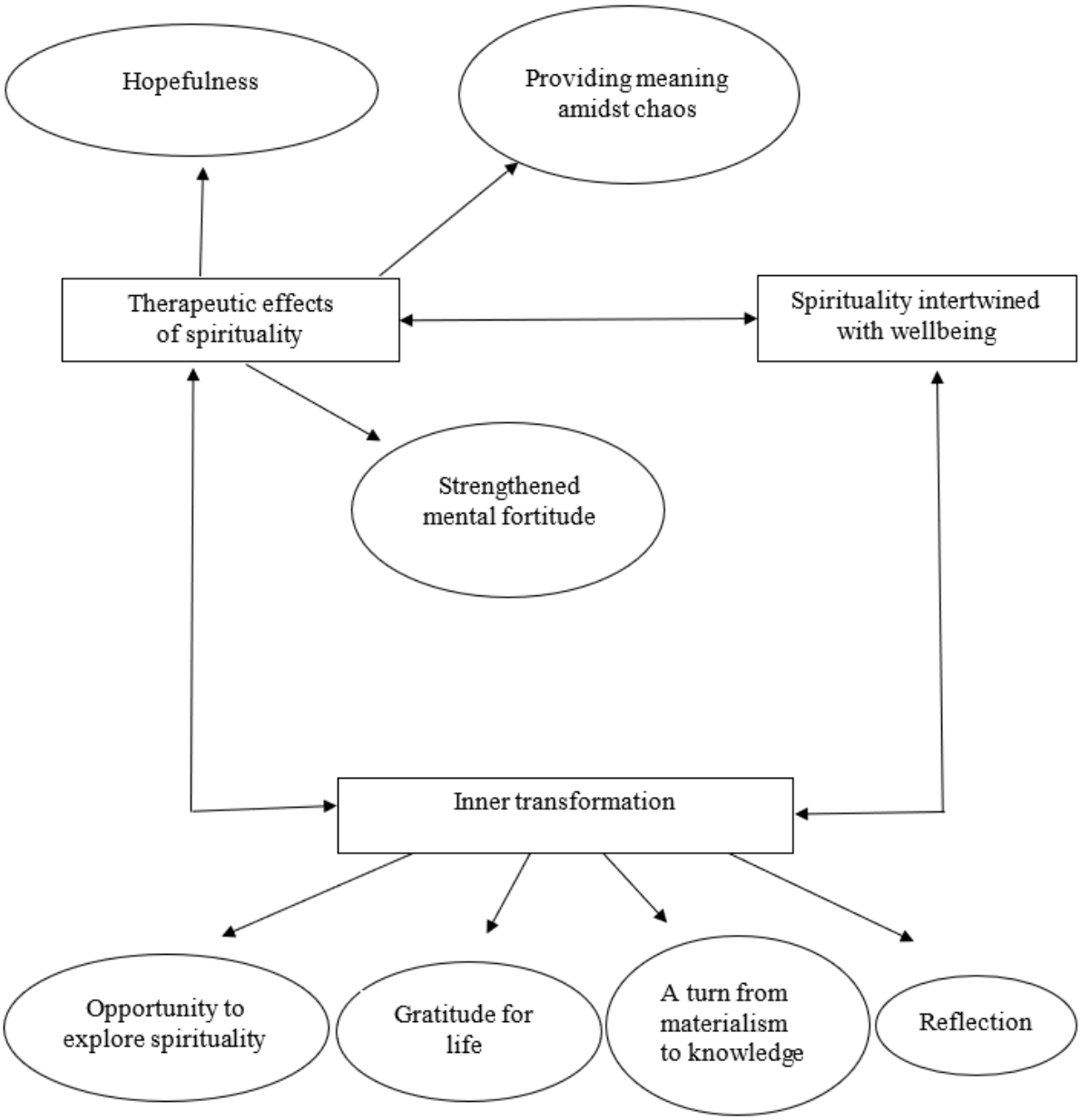
Many participants also spoke of the interconnected nature of spirituality with wellbeing, indicating that a strong spiritual foundation enhanced their resilience towards stressful life events, such as the pandemic. Finally, spirituality facilitated internal changes within individuals, leading them to re-evaluate their values, enhanced their gratitude and ultimately allowed them to determine what was truly important for them in their lives. Three main themes arose from these discussions: a) therapeutic effects of spirituality; b) spirituality intertwined with wellbeing and c) a time for inner transformation. These themes and their associated sub-themes representing the role of spirituality during COVID-19 are depicted in Figure 2 and further discussed below.

Therapeutic effects of spirituality

Participants reported a range of therapeutic effects of spirituality during the pandemic, which tended to be similar across cultures. As discussed previously, the pandemic brought along a range of distressing experiences. However, all participants acknowledged spirituality as something that allowed them to accept the situation and guided them through their experiences. No participants discussed any negative effects of spirituality during the pandemic. Three sub-themes reflecting the therapeutic effects of spirituality are discussed below.

Hopefulness. Spirituality provided individuals with a source of hope amidst the pandemic, as it allowed them to accept the situation with a firm belief that circumstances would improve. One participant shared how they previously found it difficult to understand how spirituality could provide hope, however, after experiencing it herself, she came to understand the benefits of spirituality in helping one get through difficult times. Such a sentiment reinforced the idea that spirituality must be felt internally for one to understand what it has to offer:

Figure 2. The role of spirituality during COVID-19: Thematic map of associated themes and subthemes



> …it makes me understand why people who go to prison kind of, you know, find God. Um I never really understood that when I was younger, so I was like what how did they not find God before? But now that I've gone through all these experiences, I'm like well okay this is something that actually gives me a pull to continue and get through all the crappy times (participant 6, 24, New Zealand).

When asked how spirituality may have contributed to her experience of the pandemic, Participant 2 (female) shared how investing in herself spiritually kept her engaged throughout the lockdown, almost like a survival mechanism:

> …cause I think that maybe if I hadn't found that like little light of hope, if I hadn't like gone out of my way to search for it, I would've kinda been like what the fuck am I gonna do? Like what am I going to be doing now, I have so much time that's been given to me on my hand…what the fuck would I do? So I guess you kinda…it's kinda like a survival thing. You know if you're in the desert you'd try and look for water, you're trying to survive. I guess it's something like that, you're trying to find that little light of hope (participant 2, 21, New Zealand).

Participants in India particularly acknowledged that Indian governmental initiatives provided hope through such distressing times. The re-telecasting of the Indian spiritual epics, *Ramayana* and *Mahabharata,* supported individuals in a range of ways, such as through bringing family together, distracting individuals from pandemic related news and/or thoughts, and providing examples of how Indian spiritual figures navigated through distress in their lives. Participants implemented these teaching in their own lives, which, as a result, reduced pandemic-related distress. As shared by participants:

> …our government was great in that Modi re-telecasted religious serials, like *Ramayana* and *Mahabharata*, and that definitely had an impact. So when we'd watch them, we'd talk about it among our family, and even when I'd be alone I'd think about how like, when God came on this Earth, they faced many challenges, but they did their duties and faced everything with courage, so we should try be like that too. So that did teach a lot…because of that, I'd focus less on the actual disease (participant 13, 25, India).

> …watching *Ramayana* became a part of my routine…it provided hope that, man, God had to face such tough times and that this pandemic was nothing compared to that…and it really taught me that we shouldn't get so stressed over tiny things in our lives (participant 9, 30, India).

If anything other than these epics were telecasted, then, as suggested by one participant, they would not have had the same impact on individuals. Instead, it was the spiritual nature of these serials that kept participants hopeful:

> If it was something else that was telecasted, like we do watch movies and stuff, but even if we watched movies, there'd only be so many we could watch. We'd just get bored of them. I mean most people had even watched *Ramayana* way before the pandemic, but at that time it was just different…all I'd think about is how God spent their time on earth and these things set forth an example for us on how to deal with tough times (participant 9, 30, India).

Participant 14 acknowledged that while these initiatives could not cure the disease, they did uplift people's spirits. He felt it was clear that these initiatives were providing spiritual and/or psychological support, rather than misleading people into thinking that they could fix the pandemic situation:

> in a way it had no impact, like obviously beating steel plates and lighting lamps clearly wasn't going to affect the virus, but it did provide a source of enjoyment, if someone was distressed then for that time, even for a little while, we'd feel happy again, it provided hope that everything would get better (participant 14, 32, India).

Providing meaning amidst chaos. Participants felt that spirituality provided them a framework to help navigate through distress. This spiritual framework not only provided individuals with a sense of meaning and purpose, but it also prevented them from delving too deeply in their emotions; acting as a barrier that protected their wellbeing throughout the pandemic. When asked how her spirituality may have prevented her from experiencing distress, participant 8 shared that spirituality provided her a framework to navigate through her emotions and the ongoing worldly events. It brought a sense of control in her life which

prevented her from engaging in coping mechanisms that may potentially be harmful to her health and wellbeing:

> …I was and continue to be quite devoted in my own ways, so that again provided me with structure and purpose, which at least gives me some kind of framework to work off of, whereas you know, I feel if there were no limitation surrounding what I was involving myself in, you would be way more prone to certain mental downfalls I would think…so my spiritual practice allowed me to at least mature within that and I guess self-soothe in a more productive way instead of just allowing myself to resort to more unhealthy habits, which oh I've definitely been prone to (participant 8, 23, New Zealand).

Participant 4 shared how spirituality allowed her to re-interpret difficult experiences into situations that could help her grow, again preventing her from experiencing extreme distress and providing a more optimistic outlook on life:

> …it helps to I think reframe a lot of things that we see as negative into being things that can help you grow…it just provides I guess, in a Western way, a framework for you to explain and interpret your experiences, which adds a more, which makes it seem more fulfilling, rather than looking at everything as being oh this is really shit, you know, it had no way of helping me in my life (participant 4, 28, New Zealand).

Participant 5 discussed the importance of spirituality in guiding her through and accepting the death of a family member during the lockdown period, where no other grief or bereavement processes could be carried out:

> I think that it helps me, when I do lose someone, just being able to know that there is something further, or beyond what we know, I think that's helpful in terms of grief and bereavement. Making death not necessarily easier, but you have a better understanding of it, and its' still sad but it's less sad in a way because death is just natural, it's part of life, and it has to happen (participant 5, 25, New Zealand).

Strengthened mental fortitude. It was evident from participants' discussions that spirituality had a protective impact on mental wellbeing. Spirituality acted as a barrier

between one experiencing distress from external life events. As such, spirituality built mental fortitude that assisted them in facing difficult life situations, such as COVID-19 related distress, with an awareness that they would have their spirituality to rely upon. For instance, participant 4 discussed drawing upon Māori beliefs and philosophies to navigate through the pandemic:

> …if I didn't have spirituality, if I didn't have wairua [spirituality] or my connection to it, I think my mental health would have suffered a lot more. Definitely because at least I knew, I sort of walk through my life, through all the challenges and hardships and anything like that I always knew that I would get through it and that there was a greater purpose for me. So I've always just had that feeling, so with that I was able to be like, okay it's alright, you'll get through this, this is important in some way for this point in your life right now, and it will play into whatever you are doing in the future…and so even though it was like not fun, if I didn't have the spirituality, I don't think I would have been able to navigate it or come out of it as well as I did (participant 4, 28, New Zealand).

In discussing the isolation and prejudice experienced for her decision to not get vaccinated, participant 7 discussed relying on her spirituality when she had no external support:

> yeah, definitely, because it's where we feel safe, right? It's like the space that, it's like our home, this physical thing here that we live in, for me is like my temple, I call it my temple…I have so much gratitude for this, and during the pandemic, we definitely all went at home more into this as well, because it was supporting us. Cause we didn't have any support out there, any (participant 7, 52, New Zealand).

The calming effects of spirituality were also discussed in maintaining mental strength. Participant 9 discussed using his spiritual practices to help keep calm as it directed his attention to something more positive:

> for that while [that you're practicing spirituality] your mind becomes fixated on that thing, because we always have something going on in the back of our minds…so for

> that while that we're focused on our spirituality, our minds feel relaxed as well (participant 9, 30, India).

The notion of spirituality keeping one away from negativity was also expressed by participant 10, "I think [spirituality] helped by keeping you away from negativity, cause you could believe that there was a higher energy or power that you could put your trust in instead" (participant 10, 37, India).

Participant 15 shared the difficulty he experienced while working during the pandemic. When working under such extreme pressure, he discussed feeling lost and upset himself. However, despite being physically and mentally exhausted, his spirituality gave him strength to carry on and help others:

> I didn't have enough energy to get through, cause I hadn't eaten anything, we were constantly on the road, we'd pick up one patient and immediately after we'd be told that there's another patient somewhere else, and his wife is crying, his sister is crying… I hospitalised thousands of patients, during the night, during the day, I was pretty much working 24 hours…and it was only God's energy that was getting me through (participant 15, 41, India).

Intertwined with wellbeing

When asked about how spirituality may have contributed to their experience of the COVID-19 pandemic, all participants spoke of spirituality as maintaining their wellbeing. When further prompted to share how it may have contributed to their wellbeing, many participants spoke of the interconnectedness of spirituality with other realms of health and wellbeing. In discussing his diagnosis of clinical depression during the pandemic, participant 1 shared how a deviation from spirituality contributed to his depression, but depression also reduced the prominence of spiritualty in his life, indicating the cyclical relationship between spiritual and psychological wellbeing:

> I guess there was a correlation between both so, oh not correlation, but spirituality lessened [which resulted] in depression, but depression lessened my focus on spirituality, but I don't know which one came first, does that make sense? They were both simultaneously affecting each other (participant 1, 21, New Zealand).

Participant 5 similarly expressed the importance of spirituality for maintaining overall wellbeing:

> I think when I'm not well in terms of my wellbeing, my spirituality helps me through that and helps me gain my wellbeing back, and vice versa, maybe when my spiritual wellbeing isn't too great my wellbeing goes down with it. So I think it is like the rock in me, the solid part of me, that needs to be maintained in order for everything else to be maintained (participant 5, 25, New Zealand).

The importance of spirituality in guiding one through life was also expressed by participant 4, through describing what it would be like to live without her spirituality. This participant again drew upon Māori spirituality when speaking of its interconnectedness with wellbeing:

> If I suddenly couldn't feel what I feel or sense what I sense, or anything like that, that would be super distressing. If I lost that connection in some way shape or form that would be hard I think, cause that's what helps me navigate this world…without wairua, I just have this idea that my body would break and my mind would just be restless, like I don't think I would be a functioning person or being (participant 4, 28, New Zealand).

Some participants, particularly of Māori descent, mentioned Māori models of health and wellbeing to indicate the importance of spirituality for their wellbeing. These conversations drew upon Māori Indigenous knowledge, in which spirituality is intertwined with all other aspects of life, and where a deviation from spirituality, or wairua, was often seen as a contributor to ill health. Participant 4 continued:

> …I guess the psychological and the mental ill-health, a lot of it has a basis we like to say in wairua…it's sort of like when you spin, you know Te Whare Tapa Whā, there's another way of looking at it, so there's the mountain, it's like a mountain, and at the top there's a waterfall, and that's wairua and there's three pools on the mountain. So there's this, the first pool at the top is hinengaro [mind], the next one is tinana [physical body], and the bottom one is whanau [family]. And so if there's like, I guess

> poo, or shit, or pollution in the top pool, it travels down and it affects your physical self and your whānau, and so if you can turn that tap on you can clear it out (participant 4, 28, New Zealand).

> …for me, it's like a marae, like a house, and all of the things are connected. So your mental, emotional, spiritual and physical, all connected, so for me, if I'm having a bad day, not only is my maybe physical is impacted because I'm sitting in a chair, hunching over all day, but my emotionals getting affected because I'm in a bad mood, so then my spiritual side is getting affected because how can that not? Like it's all intertwined for me (participant 6, 24, New Zealand).

New Zealand participants without an Indigenous Māori background also expressed the notion of spirituality as being intertwined with their wellbeing, for instance:

> I think that, you know, it's a part of it. I wouldn't say that it's necessarily the root of it, but I like to think of it, which goes back to my first, my opening statements, it's the interconnectedness of spirituality alongside all other realms, so I'd like to think that spirituality and my practice is a part of my wellbeing, just as, you know, eating very nutritiously dense foods and taking care of my body is also a part of my wellbeing, and then you know, positively finding outlets to express emotion is also a part of wellbeing, so like definitely, it does contribute to like all of that as well. And I think that spiritual help is very important, it's something that people need to talk about more (participant 8, 23, New Zealand).

Although participants in India did not explicitly discuss spirituality as being intertwined with wellbeing, their descriptions of what life would be like *without* spirituality depicts the importance of spirituality for living a fulfilling and purposeful life:

> I feel like life without spirituality would be a mechanical, robotic life. Even now if we look closely at people living in urban cities, from morning to night they just wake up, and their running and earning money just for survival, that's what life would be like and what is there in that?...You'd still be living, but the meaning or purpose of life may be different, like for some, it could be just to earn money (participant 10, 37, India).

> …I feel like there would be a sort of emptiness in life without spirituality, and if you don't believe in anything then perhaps your life might be a bit like an animals…just eating, drinking, sleeping (participant 14, 32, India).

Facilitated inner transformation

Spirituality not only had a role in protecting and maintaining individuals' health and wellbeing, but it also had a life-enhancing effect. That is, spirituality facilitated inner transformation that increased participants desire for knowledge, appreciation for life, self-acceptance and overall contentment. The associated subthemes depicting the inner-transformative role of spirituality are presented.

Opportunity to explore spirituality. Participants discussed the pandemic time as a rare opportunity to explore their spirituality. However, instead of the pandemic initiating a spiritual endeavour, it seems that the pandemic provided an opportunity for individuals to further understand their already-acknowledged spiritual side:

> …yeah I think that's kinda where it started for me like around that period. I've always been interested, like I've always had that kinda low-key spiritual side…but I feel like that [the lockdown] was kinda the time period to like dig into it…I kept learning more and more about it, and I became very spiritual after that (participant 2, 21, New Zealand).

The importance of turning inwards, as opposed to limiting oneself to materialistic endeavours was emphasised, as suggested by one participant:

> …I think this experience also came in a way to remind us that we need to focus more into this *points to self*, instead of waiting for [something] like what we've gone through to happen to us to go inwards. No, we have to do this, you know? (participant 7, 52, New Zealand)

Participant 4 described it as a time to understand the origins of her spiritual knowledge. Despite having grown up in a wairua space, this participant shared her experience of going back to her roots:

> it was a period of time that was needed so that I could go back to my roots. So I've gone back home to my whānau and I do a few wairua courses as well with a couple of tohunga [Māori spiritual healers]. It's given me time to dive deep and go back and to, it's not so much about strengthening my beliefs, it's more about understanding the origins of it all that I just didn't have…that is really what the last 2 years of COVID has been about (participant 4, 28, New Zealand).

A turn from materialism to knowledge. The pandemic time provided individuals an opportunity to re-evaluate their focus on materialism. The idea of the temporary nature of the world was particularly highlighted during this time. One participant from India used a common philosophical and spiritual Hindi phrase *"sab moh maya hai"* which suggests that all material objects between the sky and land are an illusion. Attachment to these temporary material objects often limit one's spiritual growth. This participant used an example of a son not being able (or willing) to carry out any of the death-related processes for his father, such as cremation. Being unable to carry out these rituals may enhance distress, as shared by participant 14:

> Everything else was fine, I was still working. But you know, the way in which everything was happening, it felt like, you know how they say that everything is an illusion *[sab moh maya hai],* I was feeling that. Because the news was all about that, like a son not even touching his fathers' body, not doing any of his death rituals, that news was so painful to watch (participant 14, 32, India).

This shift from materialism was compensated by a focus on knowledge, "it's definitely made me have more of a focus on knowledge than, yeah, materialistic ideas, materialism" (participant 1, 21, New Zealand). Participant 2 shared how she began researching ways to enhance knowledge to become better "…and so like that's kinda where it started and I started researching certain books and podcasts even, and just certain things you could do to become better like every single day" (participant 2, 21, New Zealand).

Gratitude for life. The abrupt change in lifestyle, uncertainty of disease and saliency of death encouraged individuals to practice gratitude for what they did have, and for the activities they previously were able to do, "you start appreciating things a lot more, like even the little things we take for granted, like going out" (participant 3, 31, New Zealand). A comparison to others who may be experiencing more difficult circumstances inspired individuals to practice gratitude:

> When all the news was all COVID COVID, the death toll, this happened, that happened, we did feel bad thinking of how many people died, entire families died, and all these people would have had so many dreams about their future...so we'd always discuss how lucky we were that nothing like that had happened to us (participant 11, 34, India).

Despite the low infection rate in New Zealand, one participant discussed being aware of the saliency of the disease among other countries, which allowed her to practice gratitude for being in a relatively safe area, compared to other countries such as India: "I was very aware of how it was in other countries, but like still grateful that it wasn't as bad here, but like you know, eventually it's got here" (participant 2, 21, New Zealand).

Gratitude also encouraged individuals to help other people. Participant 10 discussed the importance of providing for their housemaid during the pandemic, "…like we have our housemaid, we should also try to help these people during such times because these guys are solely dependent on us. At least we're getting paid by our employer" (participant 10, 37, India). Participant 11 also discussed this increased desire to help others, describing it as her purpose:

> I'd think that with the life we do have now, it must have a purpose, so we should use it for good, to help other people, whether that be financial help or any other type of help. And obviously, no one's seen tomorrow, who knows if we get COVID as well? So as long as we're here, we should do something. That's what I used to think. (participant 11, 34, India)

Reflection. The pandemic also provided individuals an opportunity for reflection. Once individuals had accepted this new phase of life, they were able to explore previously unexplored areas of themselves. As suggested by participant 10, his "isolation slowly turned

into solitude after a while." This participant described spending time alone, in silence, contemplating life:

> I used to spend a lot of time, sitting on our rooftop, I'd sit alone, and I'd just sit, even though it was March, so it was quite hot, I'd sit there for hours, and I'd think, I mean I'd feel like I was meditating, even though I don't meditate, I don't even know how to, but I felt that I was meditating…so I really did utilise that time to search for the meaning of life I thought, I don't know that maybe I'd reach enlightenment *laughs*, that didn't happen but I feel like if you give yourself some time, if you remove yourself from wordly matters, become a little introverted, then your spiritual content increases (participant 10, 37, India).

Participant 5 discussed re-evaluating her values to determine what was really important in her life, "I think I was realising what was important and what wasn't during that time you were locked away, and you couldn't do everything and you couldn't see everyone so I think, during that time, things became clearer for me." She further discussed that the time after lockdown provided an opportunity to reflect on what spirituality meant for her. Although this process may have led to self-doubt and the questioning of her own spiritual position, she came out of the pandemic with a further strengthened belief and confidence in her spirituality:

> …after first lockdown I started thinking a lot more about my master's research and what I wanted to do. So I was doing a lot of reading about spirituality and I begun to feel that maybe I wasn't spiritual enough, should I be researching something in the spiritual realm when I don't necessarily, I don't know, I just wasn't spiritual enough, I wasn't as spiritual as the case studies I was reading or the literature. I wasn't exactly like that so I guess that put a lot of self-doubt in me, my spirituality, but overtime, I've come to know that no that's not true, there's no such thing as being spiritual enough. You can't quantify it. So I think yeah it did get me a bit down, it did bring some difficulties, but I did rise from that and I think my spirituality was even stronger because of that reflection (participant 5, 25, New Zealand).

Participant 8 (female) shared how this time allowed her to re-evaluate her intentions behind her actions, which ultimately led to a place of greater self-acceptance:

> …I really started questioning what I was doing and why I as doing the things I was doing, and seeing whether or not they were coming from a genuine place of you know, curiosity, introspection, or if it was just a means for me to have to present to be something so that I didn't have to focus on how bad I felt about myself, because I feel like there's a very big difference between you know, improving yourself because you're aware that you do inherently deserve the love, attention and things that you deserve, and then on the other hand, you know, feeling like you have to change because you'll feel unlovable otherwise. And so I tried accepting the former strategy and becoming a little bit more aware of the ways that I wasn't being a good friend to myself, so ultimately, it was just a really big process…it's led to more peace of mind, despite all of the craziness in the world (participant 8, 23, New Zealand).

Summary

Through discussions with participants, it was evident that spirituality entailed a belief in a higher power and/or reality, with participants in both New Zealand and India emphasising its experiential nature. Indian participants, however, placed greater emphasis on the undertaking of spiritual practices than that expressed by New Zealand participants.

The COVID-19 pandemic brought along a wide range of emotions and experiences for all participants, including fear, anxiety, loneliness, anger, frustration, but also positive experiences, such as increased gratitude, greater family time and an opportunity for self-improvement.

Spirituality played a vital role in individuals' experiences of the COVID-19 pandemic. Many participants spoke of the therapeutic effects of spirituality as providing hope, a sense of meaning during a time of uncertainty, and strengthened mental fortitude amidst distress. The interconnected nature of spiritualty with other aspects of wellbeing, such as physical and psychological health, also emerged in many discussions. Further, spirituality facilitated inner transformation during the pandemic by providing time to explore spirituality, facilitating a shift from materialism towards increasing knowledge, enhancing gratitude for life and allowing for a period of reflection, in which individuals spent time introspecting and re-evaluating their values.

The following chapter provides a discussion of these results in relation to the research questions and provides a comparison with previous literature on spiritual coping. It suggests

some potential limitations of the current study and indicates potential for further research on spirituality.

Chapter 7. Discussion

While evidence for the therapeutic effects of spirituality is increasing, there remains a dearth of qualitative studies investigating the role of spirituality in individuals' lives. Taking the COVID-19 pandemic as its primary focus, the current study sought to qualitatively investigate conceptualisations and the utilisation of spirituality during times of distress, across both New Zealand and India. Overall, it seemed that spirituality manifested in a similar manner across both cultures. That is, participants across both New Zealand and India discussed the therapeutic effects of spirituality predominantly as providing hope, maintaining wellbeing and cultivating resilience throughout the COVID-19 pandemic. The current chapter provides a discussion of these results in comparison with previous literature. Firstly, the conceptualisations of spirituality across New Zealand and India are discussed. Then, a discussion of the role of spirituality during COVID-19 is provided. Finally, the implications, limitations and potential for future research are presented.

Conceptualisations of spirituality

The proposed definition of spirituality in the current study as a realisation, process and goal, was supported by results across both cultures of comparison. Spirituality as a realisation was evident through acknowledgement and acceptance of a sacred/divine reality beyond the physical realm. This realisation of one's existence in relation with the world and other beings often encouraged individuals to engage in processes of self-improvement, introspection, cultivating compassion and non-judgement towards others, supporting the notion of spirituality as also being a process. Finally, spirituality as an ultimate goal was expressed through participants' desire to remain connected to that sacred. Aligning with Jastrzebski's (2020) definition of spirituality as a personality trait, it was evident that spirituality was embedded within individuals' lives and played a fundamental role in defining who they were across both New Zealand and India.

Differences between Western versus Eastern conceptualisations of spirituality were evident among discussions. Perhaps the most salient distinction arose in understandings of religion in relation to spirituality. Similar to Vaccarino and colleagues (2011) results that depicted trends of growing secularisation within New Zealand, the current study found that most New Zealand participants did not identify with any particular religion and, instead, expressed a preference for spirituality. The qualitative nature of the current study provides

insight into *why* a *spiritual-but-not-religious* perspective is being increasingly adopted within New Zealand and other Western contexts (Pargament, 1999; Hill et al., 2000).

Importantly, many of the conversations on religion arose unprompted. In fact, in defining spirituality for themselves, many participants in New Zealand first described spirituality as distinct from religion. Such a tendency to consider religion when asked to define spirituality depicts the intimate relationship between the two, as if differentiating between the two may provide insight into the other. As suggested by Dyson et al. (1997), this intimate relationship between spirituality and religion made it difficult for participants (in New Zealand) to precisely define what spirituality was.

Not only did New Zealand participants express an understanding of spirituality devoid from religious influence, but they also expressed a certain dissatisfaction with religion. Supportive of Parament's (1999) claims, labelling oneself with a particular religion was perceived as restricting and separated individuals from each other. Because of the lack of prescribed rules, regulations and philosophies, spirituality was deemed more inclusive and allowed an understanding of multiple faith systems. Further, disillusionment with external expressions of religion were expressed, as they did not necessarily indicate whether those engaging in such practices were *actually* internally connected with a higher power/reality, or whether they truly had good intentions.

A distinction between spirituality and religion was largely lacking from discussions in India. When asked to define spirituality, or *adhyatma*, for themselves, similar to conceptualisations in New Zealand all participants expressed a belief in the existence of a higher, divine energy. However, while Indian participants readily termed this higher energy as God, New Zealand participants expressed a particular unease in using this term, separating their belief in a higher energy from a belief in God. Presumably, this resentment towards a belief in 'God' may be associated with the general discontentment with religion in New Zealand, where God was predominantly associated with religion, and religion, in turn, was perceived negatively due to its restrictiveness, emphasis on external practices of belief, and colonial history. Contrastingly, in India, where no such dissatisfaction with religion seemed to exist, individuals were also more likely to accept a belief in God when defining spirituality.

Interestingly, a slight difference in understandings of God across cultures was hinted at. Among discussions with New Zealand participants, the essence of God reflecting a supreme being and/or person, the controller of all life and the goal of all prescribed religious teachings was alluded to. Belief in God was associated more with religion while spirituality

was associated with belief in a higher power/reality; with individuals preferring the latter over the former. In India, however, many participants discussed that their spirituality entailed a belief in God, and God, in turn, was the term used to refer to a formless, all-pervading, higher/divine energy. As such, it seems that what Indian participants refer to as *God* is the very phenomena that individuals in New Zealand refer to as a *higher energy* in their definitions of spirituality. These differences indicate potential for further investigation into the influence of culture on understandings of God, and consequently, how this may influence individuals' overall conceptualisations of spirituality and religion.

A distinction between spirituality as being an internal endeavour versus an emphasis on practice also arose. That is, New Zealand participants frequently discussed spirituality as being indescribable, subjective and experienced internally. In fact, many of these individuals found it difficult to express how they engaged, or stayed connected with their spirituality and, instead, described it as being intertwined with their way of life; giving little weight to the need to engage in spiritual practices. Indian participants, however, were more expressive in describing their spiritual practices, which often involved meditation, daily prayers, introspection and yoga, aligning with Rao's (2014) suggestion of religion as providing individuals the tools to enhance and/or achieve their spiritual goals. In fact, they even emphasised the importance of carrying out these practices to remain connected to that divine reality, or otherwise, risk becoming disconnected.

These findings support those suggested by Nejat et al. (2017) on the cultural influences on spirituality, who found religion and spirituality to be intertwined, with their Iranian participants emphasising the importance of spiritual practices (or *religious* practices, according to Western terminology) and a prominent belief in God. This study extends these findings to India and further supports the notion of the interrelatedness of both constructs prevalent within Eastern contexts. Importantly, given that both these studies specifically aimed to investigate spirituality (as opposed to spirituality and religion), these findings depict the importance of religious considerations on studies of spirituality in non-secular societies, as reflected in the tendency for religious discussions to arise unprompted.

Intriguingly, it seemed that the dissatisfaction with religion among New Zealand participants was limited to specific aspects of Christianity, as opposed to *all* religions. For instance, some participants acknowledged their uneasiness with religion arose from having grown up in a Christian or Catholic family, or from understandings of the impact of colonisation and the use of religion to exploit minority and/or Indigenous peoples. Due to their essence of entailing a way of life, a preference for Eastern religions and their teachings,

such as Buddhism and Hinduism, was instead expressed. In fact, the two Indian participants who had grown up in New Zealand even acknowledged the similarity between the religious Hindu teachings and Western understandings of spirituality. Such an explicit dissatisfaction with religion was lacking among participants in India, who had been predominantly exposed to Eastern philosophies.

Stigma associated with identifying as spiritual was reported across both New Zealand and, surprisingly, also in India, and was especially prominent in educational and/or professional spaces. In such contexts, expressing spiritual beliefs, or displaying outward signs of one's spirituality often led others to question their intelligence or capability. Experiencing stigma in relation to spirituality has also been reported by previous authors (e.g., Oxhandler et al., 2018; Lindsay et al., 2018) and is further supported by the current study. However, this study illustrates that this stigma is not necessarily limited to secular societies, and in fact, may be experienced in contexts such as India, where religion/spirituality is endorsed by the majority. Such findings suggest a clear distinction between a logical/fact-based and an intuitive/feeling-based view of the world, which seem to exist in conflict with each other, subjecting those who identify as spiritual to stigma in a world that prioritises a Western-scientific perspective.

Although participants in India expressed understandings of spirituality that largely resembled definitions of religion from a Western perspective, an emphasis on its institutional nature was largely lacking. That is, while Indian participants discussed the importance of engaging with certain practices as pertaining to spirituality, they did not express the need to engage in these practices collectively, or within a certain institution. Instead, it seems that Indian participants' definitions of spirituality fit Lucchetti and colleagues (2020) reference to *private religious practices*. Specifically, when asked to define spirituality, individuals in highly religious cultures refer to a range of practices that they *independently* engage in to stay connected with the sacred. The current results, combined with those suggested by Lucchetti et al. (2020) imply that, stripped of its institutional nature, religion may actually be very similar, or even synonymous with Western spirituality (as understood in increasingly secular societies). As such, the distinction between the two may be extremely difficult in these highly religious contexts.

An overview of the results also suggest that understandings of spirituality varied more greatly amongst New Zealand participants as opposed to Indian participants. Spirituality in India can largely be deduced to an understanding of a higher reality that individuals consciously attempt to remain connected to. In New Zealand, however, there was greater

variance amongst these conceptualisations, where spirituality was understood as entailing a belief in a higher power, as being wairua, Io, and even as a belief in God. Such diverse understandings may reflect New Zealand's multicultural make-up, with 70% of the population identifying as European, and over 16% and 15% identifying as Māori and Asian (respectively), with the Asian ethnic group being the fastest growing ethnic group within the nation (Statistics New Zealand, 2018). Indeed, given that culture has been suggested to influence individuals' understandings of spirituality (Macdonald et al., 2015; Dy-Liacco et al., 2009), New Zealand's ethnic diversity may explain such variances in conceptualisations of spirituality, and call to attention the impact of cultural influences on spirituality once again.

New Zealand as a largely individualistic society (Oyserman et al., 2002) may also explain the difficulty in reaching a nationally applicable definition of spirituality. As suggested by Motak (2009), it seems that amongst societies valuing the independent notions of self, spirituality is primarily understood and accepted as a private endeavour. These findings were also supported through the current study, where New Zealand participants accentuated the subjective nature of spirituality, claiming that it was morally wrong to project one's own understanding of spirituality on to others. This very subjective nature of the phenomenon, underpinned by the prominence of independence and individualism across the nation, may contribute to the difficulty in reaching definitional consensus on spirituality within the country, and possibly other Western contexts as well.

It seems that at its core, spirituality entails a belief in a higher reality/energy. This metaphysical aspect has been emphasised by previous authors (e.g., Hill et al., 2000; Niekerk, 2018; Weathers et al., 2015) and is suggestive of a universal aspect of spirituality that entails a transcendental realm. However, the means and methods adopted by individuals to remain connected to this higher reality may vary across cultures, which may ultimately lead to various understandings of spirituality across contexts. Through the current results, spirituality was understood by New Zealanders as; a) internal, feeling-based as opposed to being expressive, practice-based; b) something that is convenient to individuals and does not require one to forcefully engage in any specific practices/rituals and; c) beyond merely a materialistic endeavour that heavily influences one's perception of themselves and the world. In comparison, spirituality in India was largely understood as; a) a belief in God, where God is mostly understood as a divine energy; b) something that requires constant effort from an individual to remain connected to it; c) an engagement with specific practices that provide the means to express one's beliefs. Importantly, despite these variations, spirituality provided

individuals a sense of connectedness, which led to the cultivation of values such as compassion, altruism, selflessness and understanding, all of which had a fundamental influence on individuals thoughts, feelings and actions.

The role of spirituality during COVID-19

The COVID-19 pandemic catalysed a wide range of emotions and experiences, some of which negatively impacted individuals' wellbeing. Among New Zealand participants, COVID-19 distress was manifested through depressive symptoms due to isolation, prolongated grief due to lack of ability to engage in usual death-related processes, frustration, anger and impatience due to disease uncertainty and loss of normalcy. Participants in India also discussed these aspects, along with uncertainty, trauma and fear of contracting the disease. These findings are supportive of previous literature, suggesting that the COVID-19 pandemic may have enhanced psychological distress among individuals in New Zealand (e.g., Every-Palmer et al., 2020; Gastieger et al., 2020) and India (e.g., Gopal et al., 2020; Roy et al., 2020).

As has been suggested by Russo et al., (2012) perceived control over a particular environmental stressor may influence an individuals' resilience to that stressor. In turn, the inability to exercise control over one's personal circumstances may exacerbate distress (Overmier & Seligman, 1967). These findings are particularly relevant for the current study, where the pandemic was a time characterised by extreme unpredictably. Findings of the current study support those found previously (e.g., Abbott & Franks, 2021; Captari et al., 2022; Patil et al., 2021; Wagani & Colucci, 2018) which indicate that while spirituality may not necessarily *prevent* individuals from experiencing distress, it may provide a range of tools/methods to guide one through it; ultimately entailing therapeutic effects for its users. For instance, spirituality has been found to provide individuals with a sense of a higher purpose (Captari et a. 2022), optimism, inner peace and encouragement (Wagani & Collucci, 2018), which enhance an individuals' ability to cope through adversity. In the current study, these tools included hope, a framework to navigate with and strengthened mental fortitude which helped to moderate the negative effects of pandemic experience.

The importance of spirituality was captured through one participant's conceptualisation of spirituality as a 'survival' mechanism, who metaphorically compared the role of spirituality during the pandemic to that of someone looking for water in the desert. Spirituality provided individuals the strength and will to get through distressing times,

assuring them that circumstances would get better. In India, the spiritual interventions implemented by the government were discussed as providing hope, by setting forth examples of how one should act during adversity and providing something more positive to focus on. While individuals acknowledged that such interventions could not fix the situation, they cultivated a positive environment which prevented individuals from delving too deeply in their emotions.

These findings support those amongst previous literature, which suggest that spirituality may provide hope amidst psychological distress (Corrigan et al., 2003) and more recent literature suggesting the association between spirituality and greater hopefulness amidst the COVID-19 pandemic (Lucchetti et al., 2020; Zhang et al., 2021). Given that hopelessness has been found as one factor of Major Depressive Disorder (Wang et al., 2015), the current results are suggestive of the therapeutic effects of spirituality as providing a source of hope during difficult times.

As well as hope, spirituality also provided individuals a framework to navigate through distress. As mentioned by one participant, this framework set the bounds for emotional involvement during the pandemic, preventing rumination and instead encouraged individuals to take control over their emotions and habits, which eventually offered reassurance. Additionally, supportive of Gnanaprakash's (2013) findings, spirituality provided individuals a more optimistic perspective and cognitive reappraisal strategies, allowing negative pandemic experiences to be reframed as positive or growth experiences, leading to greater fulfilment. It also assisted in psychological bereavement processes, cultivating an understanding and acceptance of death as a natural process of human life. Indeed, cognitive reappraisal has also been found to positively impact individuals experience of the pandemic (Roberto et al., 2020), and the current study suggests that spirituality may play an important role in encouraging these reappraisal strategies.

Park's (2010) integrated meaning-making model also indicates the importance of cognitive reappraisal in facilitating a coherent sense of meaning in the world. In relation to this model, the COVID-19 pandemic may have triggered a process of situational meaning, whereby individuals must assign meaning to the pandemic. If this situational meaning varies little from pre-established global meaning(s), the overall impact would be reduced distress. If the pandemic situation is appraised positively, this may reduce discrepancy between one's global meaning and situational meaning, having an overall positive impact on wellbeing. Alternatively, if the pandemic is appraised negatively, this may *increase* discrepancy between one's global meaning and situational meaning, distorting one's sense of meaning and

negatively impacting overall wellbeing. Given the relationship between greater meaning in life and lower COVID-19 anxiety and stress (Trzebiński et al., 2020), the process of cognitive reappraisal—facilitated through spirituality—may have enhanced one's sense of meaning and positively impacted wellbeing during the pandemic.

Also evident from participants' discussion was the role of spirituality in strengthening mental fortitude; that is, the capacity to face hardship with courage (Fletcher & Sauar, 2016). Individuals had a firm belief that throughout life's adversities, they would have their spirituality to rely upon. This belief had a calming effect, providing individuals a sense of safety and the courage to get through the pandemic. Given that resilience denotes one's ability to face hardship and recover back to their normal psychological state (Hu et al., 2015), spirituality may play an important role in building mental strength, which may ultimately enhance individuals' resilience and reduce susceptibility to extreme distress. Indeed, the influence of spirituality on enhancing resilience amidst distress (de la Rosa et al., 2016; Gnanaprakash, 2013; Manning, 2012) and the importance of resilience in maintaining individuals' wellbeing throughout the pandemic has been suggested by previous authors (e.g., Chan et al., 2021; Surzykiewicz et al., 2021). The current study extends this literature, and further supports those suggested by Killgore et al. (2020) and Roberto et al. (2020) who found that higher levels of spirituality may have enhanced individual resiliency and promoted health and wellbeing during COVID-19.

Interestingly, when participants were asked to share how spirituality maintained their health and wellbeing throughout the pandemic, many participants discussed the interconnectedness of spirituality with various other forms of health such as physical, psychological and social health. These findings align with holistic models of health, such as Te Whare Tapa Whā (Durie, 1994) and suggest that spirituality plays a fundamental role in health and wellbeing. Durie's (1994) model suggests that ill-health may be a result of an imbalance between the four cornerstones of health: namely, physical, mental, social and spiritual. Participants in the current study extended this notion to suggest that spirituality not only contributed to wellbeing, but in fact, it was central to it. That is, when one's spiritual wellbeing was intact, their overall wellbeing was also enhanced. Importantly, even those without an understanding or reference to such holistic models discussed the importance of spirituality for living a purposeful and meaningful life. As such, it seems that holistic models of health, which acknowledge the importance of spirituality (such as Te Whare Tapa Whā) may not necessarily be restricted to Māori, and instead, may provide insight into understandings of health and wellbeing for individuals across cultures and contexts.

Intriguingly, the current results suggest that spirituality not only had a health and wellbeing-maintaining effect throughout COVID-19, but it may also have had a life-*enhancing* effect. That is, spirituality not only built resilience (and therefore, reduced their experience of distress), but it also increased the sense of fulfilment and meaning in life. These findings support and extend those suggested by Houkamau et al. (2021) and Every-Palmer et al. (2020), which reported New Zealanders' positive experiences of the pandemic. Importantly, these positive experiences were not only limited to New Zealand, with its comparably lower rates of COVID-19 infection (Ritchie et al., 2020), but were also evident among the Indian participants in the current study, where COVID-19 infections were high (Changotra et al., 2021).

As suggested by Tassell-Matamua et al. (2021), significant life events may indeed enhance the search for meaning in one's life. Specifically, increased free time provided by the COVID-19 lockdown(s) provided individuals the opportunity to explore their acknowledged, yet largely unexplored, spiritual side. This opportunity facilitated a process of inner transformation that ultimately provided individuals with a renewed sense of self and perspective of the world. These processes, for instance, included a shift from materialistic tendencies to a focus on accruing knowledge, particularly *self*-knowledge, providing enhanced gratitude for life, and encouraging reflection and/or alteration of one's beliefs and/or values. Overall, it appears that this process led to self-improvement and provided individuals purpose even amidst the uncertainty in the world.

The shift in individuals' perspectives of the world is similar to Singh and colleagues' (2020) findings, where spirituality provided their participants a more positive outlook and increased sense of enjoyment in daily life. The current results, however, extend those found by Singh et al. (2020) and suggest that such a shift in one's beliefs/values may function to maintain individuals' wellbeing amidst distress. In the context of COVID-19, Chen et al. (2020) also found a shift in sources through which individuals derive meaning in life from pre- to post-pandemic levels, which, combined with the current results, suggest that the pandemic may have decreased emphasis on materialism, and increased desire for wisdom and minimalistic living. The qualitative approach utilised in the current study (as opposed to the quantitative one used by Chen et al., 2020) suggests that spirituality may have been a core factor facilitating this process.

The current results also relate to Van Tongeren and Showalter Van Tongeren's (2021) Existential Positive Psychology Model of Suffering (EPPMS), which views the enhancement of meaningfulness in life as key to alleviating suffering. Through the sudden implementation

of nationwide lockdown(s), loss of autonomy, prevalence of isolation and uncertain state of the world, the COVID-19 pandemic may have disoriented individuals' pre-established sense of meaning and/or purpose, triggering a sense of distress, suffering and/or existential concerns, manifested through inner conflict. Amongst this uncertainty, the current results suggest that spirituality may play a vital role in re-establishing a sense of meaning, and therefore, alleviating suffering amidst the pandemic. As such, these results not only support the EPPMS; that suffering may be an existential issue which may be alleviated through re-establishing meaningfulness, but it also depicts the positive influence of spirituality in enhancing meaningfulness when meaning may be distorted.

Also relevant is Heine and colleagues' (2003) Meaning Making Model (MMM), suggesting that individuals' aim to maintain a sense of meaning in their lives. According to this model, COVID-19 may have altered individuals pre-established sense of meaning in the world, and therefore, encouraging them to search for alternate sources of meaning. This was evident through the current results, where individuals placed greater value on focussing on the internal aspects of themselves, questioning the intentions behind their actions and developing a novel perspective that was authentic to their true selves. Deeply ingrained within these changes was a desire to become a better person, do better in the world and for others, and to be more aligned with one's own thoughts, feelings and introspections. As such, based on these results, two pathways may be suggested through which spirituality may have influenced meaning-making processes throughout the pandemic; a) through providing cognitive reappraisal strategies and reducing the discrepancy between global and situational meanings and b) through providing an alternate source of meaning and re-establishing presumably altered sources of meaning.

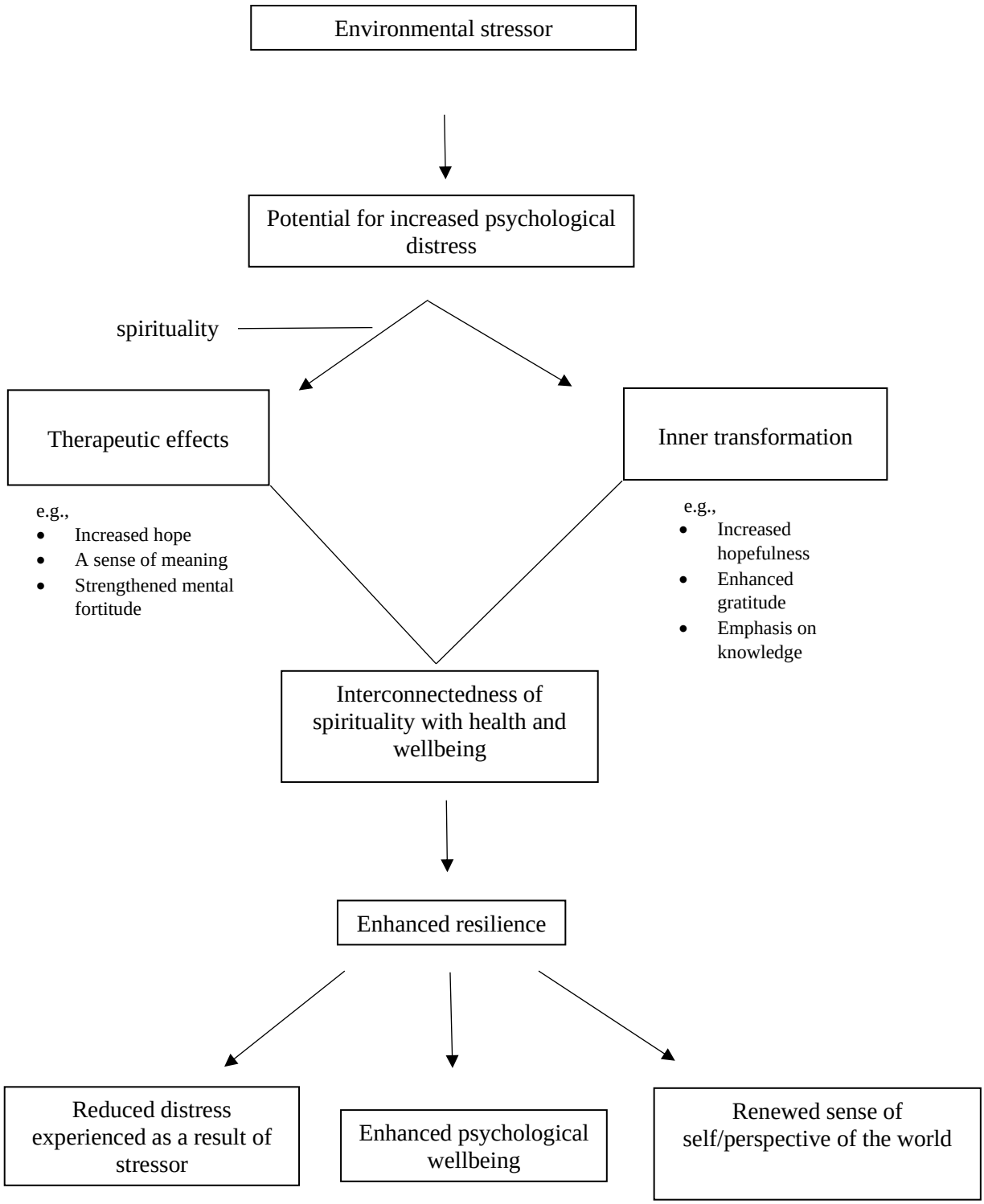
Killgore and colleagues' (2016) findings suggested decreased levels of resiliency (at least among their participants) compared to individuals pre-pandemic levels of resilience. Further, Abbott and Franks (2021) found higher dysfunctional coping strategies among their participants scoring high on non-religiousness/non-spirituality, compared to those scoring lower on non-religiousness/non-spirituality. However, spirituality, has been associated with increased resilience and therefore enhanced mental wellbeing across previous literature (e.g., Roberto et al., 2020; Killgore et al., 2020). Altogether, these findings indicate that reduced resiliency may be associated with enhanced distress (Killgore et al., 2020) but distress may be buffered by greater engagement with spirituality (as evident in the current study and that conducted by Abbott & Franks, 2021). As such, the therapeutic effects of spirituality may prove fruitful for maintaining one's health and wellbeing. A visual representation proposing

the functions of spirituality during COVID-19 across New Zealand and India is presented in figure 3.

It is proposed that this depiction of spirituality may not necessarily be limited to COVID-19, but also has utility in understanding how spirituality may support individuals across various life stressors/experience. Two aspects are particularly important in this model. First, the therapeutic effects of spirituality, which work to provide individuals the mental capacity to experience distress. Secondly, the inner-transformative impacts of spirituality, which assist to *transcend* one's experience of distress. Given that previous studies have found that individuals tend to utilise spirituality during difficult circumstances, such as coping with cancer (Nejat et al., 2017) and psychological distress (Rentala et al., 2017), this model provides insight into how spirituality may function to maintain wellbeing across these experiences.

Key to all these aforementioned processes is the enhancement of individual resilience; the ability to return to their 'normal' psychological state after experiencing adversity. The current results indicate that spirituality may not necessarily *prevent* the experience of distress, but rather, as suggested by Wagani and Colucci (2018), it may provide a range of tools to enhance resilience, and in turn, the capacity to deal with adverse circumstances. Indeed, resilience has been found to assist individuals in overcoming a range of adversities (e.g., Färber & Rosendahl, 2018; Gloria & Steinhardt, 2016; Hartley, 2011; Lee et al., 2014) and its importance has also been evident among COVID-19 (Chan et al., 2012; Surzykiewicz et al., 2021).

Figure 3: A proposed model of the role of spirituality during distress



Implications

The current results suggest that the influence of spirituality on health and wellbeing may be both recovery oriented, where participants shared relying on their spirituality to overcome distress, and prevention-oriented, where spirituality *prevented* individuals from experiencing extreme distress. As such, the current study provides support for the potential advantageous influence(s) of spirituality within healthcare settings. These findings somewhat align with those suggested by Corrigan et al. (2003), who found a two-fold influence of spirituality on mental wellbeing; a disease-diminishing and a wellbeing-enhancing influence. Together, these findings suggest that within healthcare/clinical settings, spirituality may provide individuals the psychological/mental strength to deal with their circumstances.

The participants in New Zealand discussing their reliance on spirituality throughout the pandemic indicates that despite trends of growing secularisation (Vaccarino et al., 2011), spirituality can play a fundamental role in the lives of New Zealanders. Braganza and Piedmont's (2015) study utilising the Core Transformation intervention found the beneficial impacts from the inclusion of spirituality within therapy. However, whether such an intervention may prove fruitful in New Zealand (where conceptualisations of spirituality tend to vary widely across individuals) and are not just limited to India (where understandings of spirituality vary only slightly among individuals) requires further investigation. Indeed, support for the incorporation of spirituality within healthcare is already established and growing within the literature (e.g., Braganza & Piedmont, 2015; Egan, 2017; Lee et al., 2019; Corrigan et al., 2003). The question now remains of *how* spirituality may effectively be introduced and utilised within these settings.

Unfortunately, while spirituality is acknowledged as an important aspect of many individuals' lives, there remains widespread stigma associated with the phenomenon, often preventing spiritual expressions and discussions. This stigmatisation cannot be attributed to increasing secularisation, as participants in India similarly shared their experiences of stigma, particularly in professional settings. Shame associated with self-identifying as spiritual may prevent the understanding of what health and wellbeing entails for individuals. As such, a holistic approach to health and illness requires a de-stigmatisation of spirituality at a wider scale, which perhaps can be initiated through its inclusion in healthcare services first. For instance, more evidence of the therapeutic effects of spirituality, such as that provided by the current study, create an argument for integrating spirituality within healthcare settings. Further, perhaps including spirituality within clinical discussions with patients may allow an understanding of patients' spirituality and their willingness to incorporate it within their

healthcare. Finally, spiritual techniques derived from Eastern philosophies, such as meditation, may also be incorporated within healthcare services for their relaxing and therapeutic effects, and their somewhat wider acceptance within secular societies (as evident through the current results).

Limitations

Although the current study provides support for spirituality as a coping mechanism through times of distress, potential limitations should be considered. Importantly, the lack of men within the New Zealand sample may be a limitation of the current study. For instance, previous literature suggests that women may entail a higher inclination towards religiosity and spirituality compared to men (Bryant, 2003). This tendency may partly be explained by societal perceptions of masculinity, where men are expected to display signs of aggression, power and dominance (Engebretson, 2006) which may contradict with common spiritual values such as oneness, connection and faith. As such, even though men may be interested in spirituality, they may be reluctant to share such beliefs/values in fear of being stigmatised in a society that predominantly endorses a rational scientific worldview (Henrich et al., 2010). The lack of men among the New Zealand interviews prevents an in-depth insight into their understandings of the phenomenon. As such, the current results on spirituality are primarily limited to the spiritual experiences of women within New Zealand.

The participants demographic profile may also contribute to the results obtained. Specifically, while most Indian participants were employed and working, many New Zealand participants were students. In fact, half of the New Zealand participant sample were psychology students that were interested in the spiritual realm. This educational background may have provided these participants greater insight into the current state of spirituality within the psychological literature (for instance, as seen through these participants' tendency to refer to holistic models of health and wellbeing, such as Te Whare Tapa Whā) and more time to reflect on their own spirituality. As such, perhaps a focus on only one particular occupation (e.g., student or employed) may reduce any bias stemming from educational background and provide insight into how a particular groups of individuals conceptualise spirituality and its use during significant life events.

Previous literature has also suggested potential distress that may arise from spirituality. For instance, Captari et al. (2022) found that the pandemic may have triggered new or exacerbated pre-existing religious/spiritual struggles, suggesting that when utilised

maladaptively, religiosity/spirituality may be a source of distress itself during significant life events. Related to spiritual distress is the phenomenon of spiritual bypassing, in which individuals use spirituality to repress apparently 'negative' emotions, such as anger and sadness (Picciotto, 2018). As shared by participant 8 in the current study, at a certain point she came to realise that she may have been using spirituality to avoid the aspects of herself she did not like, as opposed to working on becoming a better version of herself. This tendency of bypassing meant that spirituality was acting as a source of distress in her life, as opposed to adding a sense of joy, meaning and purpose. Therefore, a further limitation of the current study may be that it only focuses on the positive impacts of spirituality.

Future research

As suggested by the results of the current study and the preceding literature review, spirituality may entail therapeutic effects for its users and may become extremely prominent during distress. Importantly, however, the sample within the current study had no existing mental or physical illness, and therefore findings are limited to the general population without a particular illness. Rentala et al. (2017) found a positive association between spirituality and wellbeing only among those with mild depression, as opposed to more moderate or severe depression. As such, whether or not the therapeutic effects of spirituality found in the current study may prove beneficial for those with clinical depression or other psychopathologies requires further investigation. This further research may also assist in determining the utility of spirituality within mental healthcare settings.

As suggested by Captari et al. (2022), there is potential for significant life events to intensify the questioning of one's own spiritual beliefs/values. As such, future research may also benefit from examining potential distress that may arise from spirituality and the factors that contribute to some individuals experiencing distress, while others experience positive effects. For instance, it may be interesting to investigate the influence of a spiritual community and how this may contribute to one's own, individual spirituality. Perhaps, during times of spiritual distress, the presence of a community may protect an individual's wellbeing, providing spiritual and social support.

The cross-cultural comparison of spirituality within the current study reflected differences in understandings of spirituality across two cultures. For instance, while religion and spirituality were mostly conceptualised as separate phenomena among interviews conducted in English, no such distinction arose among conversations in Hindi. As such, it seems that language may play a fundamental role in shaping understandings of spirituality,

especially regarding its separation from religion. For instance, Estanek (2006) found that emerging spiritual discussions can be considered a novel discourse, as they tend to separate spirituality from its religious roots. Whether or not such a segregation may be present in languages other than English, such as Hindi, still require further investigation.

The current study proposes that the dissatisfaction with religion seems to be limited to Western contexts. Further, this discontentment is likely limited to Christianity, and individuals seem to be gravitating towards Eastern religion(s)/philosophies, cultivating a sort of *new-age spirituality*. It is proposed that many contemporary understandings of spirituality largely stem from Eastern religious teachings, which provide individuals a range of options through which they can choose which beliefs and/or practices they wish to incorporate in their lives, without having to identify with a particular religion itself. This is further supported by the fact that Indian participants expressed no such discontentment with religion. Such claims, however, warrant further investigation to determine their validity.

Conclusion

Despite conceptualisations varying across New Zealand and India, spirituality may entail similar functions across cultures. As evident through the current study, these functions may primarily manifest in two ways; a) through providing individuals a range of tools to navigate through distress, such as hope, a framework to work with, and strengthened mental fortitude; and b) by enhancing wellbeing through providing a sense of meaning and/or purpose when one's sense of meaning may be distorted. Further, the interconnectedness of spirituality with health and wellbeing suggests that spirituality may be a vessel through which overall wellbeing may be maintained. That is, engagement with spirituality may not only assist individuals in navigating through distress, but it may also enhance their spiritual wellbeing, and in turn, their overall wellbeing.

Although the dominant worldview tends to endorse a scientific, materialistic worldview, spirituality remains a prominent factor in many individuals' lives and its importance may be particularly accentuated during significant life events. Among the unique context of the COVID-19 pandemic, which brought about a novel period of uncertainty, isolation and fear, spirituality has helped many individuals navigate through the experience. Indeed, the therapeutic impacts of spirituality are various and large, and may prove useful within clinical/healthcare settings where a holistic view of health and wellbeing is endorsed. It is hoped through the current study that the importance and potential utility of

spirituality within the psychological field is depicted, and consequently further investigated, especially within New Zealand. Indeed, the acknowledgement of spirituality within psychology may lead to the revitalisation of a core aspect of life that may have been long lost due the increasing secularising state of the world.

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Appendix A: Study Information Sheet (English)

MASSEY UNIVERSITY
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UNIVERSITY OF NEW ZEALAND

NGĀ KUPU WHAKAMĀRAMA/INFORMATION SHEET

He aha te kaupapa o tēnei rangahau? / What is this research about?

Spirituality is known to be an important aspect in many people's lives, considered by some to be a vital aspect of their health and wellbeing. Significant life events, such as natural disasters and/or the loss of a loved one often facilitate a search for meaning and purpose in one's life; often during such times people tend to turn towards spirituality. COVID-19 is one such event that has had a significant impact on the lives of many people. However, very little research has been done to examine the role of spirituality during the COVID-19 pandemic, particularly among young adults. To understand how spirituality has impacted young people's lives during COVID-19, I am conducting an exploratory study to examine how spiritual beliefs and/or practices may have helped individuals' (or not) cope during the pandemic.

Ma wai e mahi tēnei rangahau? Who is doing this research?

My name is Kamla Waila, and I am currently a postgraduate student at Massey University. I am interested in understanding the role of spirituality in people's lives. Dr Nicole Lindsay is the supervising staff member of the current research project. The research will contribute towards the requirements of a Master of Science degree.

He aha āku mahi mā ngā kairangahau? / What will I be asked to do?

If this research interests you and you are willing to take part, you will be invited to an interview with me. The interview will focus on your experience of the COVID-19 pandemic during the lockdown period(s) (and afterwards) and how spirituality impacted your experience of the pandemic. The interview will be audio recorded. The location of the interview will take place at a location of your choice, which can include a public area or via Zoom.

The interview is anticipated to take up to 2 hours to complete. As compensation for your time, and as an expression of gratitude, you will receive a koha of $40 gift voucher.

Ma wai ngā tāngata e whai wāhi tēnei rangahau? / Who can take part in this research?

If you are aged between 20-27 years old and self-identify as spiritual or consider spiritual beliefs and/or practices as an important component of your life, then you are eligible to take part in this study.

He aha ōku mōtika? What are my rights as a participant?

You are under no obligation to accept this invitation. Should you decide to participate, you hold the right to decline to answer any particular question, ask questions about the study, and withdraw from the study up to one month following the interview. Your interview transcript will remain anonymous as a code number will be assigned to your name. The audio recording and interview transcripts will be kept secured on a password-protected computer. Data security will adhere to the Massy University Code of Responsible Research Conduct, and raw data will be destroyed at the completion of the thesis.

Me aha ahau ināianei? What do I do now?

If you wish to participate, please email [redacted] expressing your interest.

Mēnā he pātai āku, mā wai aku pātai e whakautu? Who can I contact about the research?

If you have any further questions, or would like to know more about this study, please feel free to contact Kamla or Nicole:

Primary Investigator

Kamla Waila
School of Psychology
Massey University, Palmerston North
[redacted]

Research Supervisor

Nicole Lindsay, PhD
School of Psychology
Massey University
n.lindsay1@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/06. If you have any concerns about the conduct of this research, please contact Dr Gerald Harrison, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 356 9099 x 83570, email humanethicsouthb@massey.ac.nz .

National Helplines:
Depression Helpline – 0800 111 757
Anxiety NZ – 0800 269 4389

Appendix B: Participant Consent Form (English)

Understanding the Role of Spirituality during COVID-19: A qualitative study.

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read and understand the Information Sheet attached as Appendix I. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I agree to participate in this study under the conditions set out in the Information Sheet.

Declaration by Participant:

I _____ [print full name]_____ hereby consent to take part in this study.

Signature: _____ Date: _____

Appendix C: Study Information Sheet (Hindi)

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UNIVERSITY OF NEW ZEALAND

सूचना पत्र

यह अनुसंधान किस बारे में है?

कई लोगों के जीवन में आध्यात्मिकता एक महत्वपूर्ण पहलू के रूप में जानी जाती है, जिसे कुछ लोग अपने स्वास्थ्य और भलाई का एक महत्वपूर्ण पहलू मानते हैं। महत्वपूर्ण जीवन की घटनाएं, जैसे प्राकृतिक आपदाएं या किसी प्रियजन की हानि अक्सर किसी के जीवन में अर्थ और उद्देश्य की खोज की सुविधा प्रदान करती है; अक्सर ऐसे समय में लोग अध्यात्म की ओर रुख करते हैं। COVID-19 एक ऐसी घटना है जिसका कई लोगों के जीवन पर महत्वपूर्ण प्रभाव पड़ा है। हालाँकि, COVID-19 महामारी के दौरान विशेष रूप से युवा वयस्कों में आध्यात्मिकता की भूमिका की जांच करने के लिए बहुत कम शोध किया गया है। यह समझने के लिए कि COVID-19 के दौरान आध्यात्मिकता ने युवाओं के जीवन को कैसे प्रभावित किया है मैं इस बात की जांच करने के लिए एक खोजपूर्ण अध्ययन कर रही हूं कि कैसे आध्यात्मिक विश्वासों या प्रथाओं ने व्यक्तियों को महामारी के दौरान सामना करने में मदद की है या नहीं ।

यह अनुसंधान कौन कर रहा है?

मेरा नाम कमला वैला है और मैं वर्तमान में मैसी विश्वविद्यालय में स्नातकोत्तर की छात्रा हूँ। मुझे लोगों के जीवन में आध्यात्मिकता की भूमिका को समझने में दिलचस्पी है। डॉ निकोल लिंडसे वर्तमान शोध परियोजना के पर्यवेक्षण स्टाफ सदस्य हैं। अनुसंधान मास्टर ऑफ साइंस की डिग्री की आवश्यकताओं के लिए योगदान देगा।

मुझे क्या करने के लिए कहा जाएगा?

यदि इस शोध में आपकी रुचि है और आप भाग लेने के इच्छुक हैं तो आपको मेरे साथ एक साक्षात्कार के लिए आमंत्रित किया जाएगा। साक्षात्कार लॉकडाउन अवधि (और उसके बाद) के दौरान COVID-19 महामारी के आपके अनुभव पर केंद्रित होगा और आध्यात्मिकता ने महामारी में आपके अनुभव को कैसे प्रभावित किया। इंटरव्यू की ऑडियो रिकॉर्डिंग होगी। साक्षात्कार का स्थान आपकी पसंद के स्थान पर होगा, जिसमें सार्वजनिक क्षेत्र या ज़ूम के माध्यम से शामिल हो सकते हैं।

साक्षात्कार को पूरा होने में 2 घंटे तक का समय लगने का अनुमान है।

इस शोध में कौन भाग ले सकता है?

यदि आपकी आयु 20-40 वर्ष के बीच है और आप आध्यात्मिक रूप से स्वयं की पहचान करते हैं और आध्यात्मिक विश्वासों या प्रथाओं को अपने जीवन का एक महत्वपूर्ण घटक मानते हैं, तो आप इस अध्ययन में भाग लेने के योग्य हैं।

एक प्रतिभागी के रूप में मेरे क्या अधिकार हैं?

आप इस आमंत्रण को स्वीकार करने के लिए बाध्य नहीं हैं। यदि आप भाग लेने का निर्णय लेते हैं तो आपके पास किसी विशेष प्रश्न का उत्तर देने से इंकार करने, अध्ययन के बारे में प्रश्न पूछने और साक्षात्कार के एक महीने बाद तक अध्ययन से हटने का अधिकार है। आपका साक्षात्कार प्रतिलेख गुमनाम रहेगा क्योंकि आपके नाम को एक कोड नंबर दिया जाएगा। ऑडियो रिकॉर्डिंग और साक्षात्कार के टेप पासवर्ड से सुरक्षित कंप्यूटर पर सुरक्षित रखे जाएंगे। डेटा सुरक्षा मैसी यूनिवर्सिटी कोड ऑफ़ रिस्पॉन्सिबल रिसर्च कंडक्ट का पालन करेगी, और थीसिस के पूरा होने पर कच्चे डेटा को नष्ट कर दिया जाएगा।

अब मैं क्या करू?

यदि आप भाग लेना चाहते हैं, तो कृपया अपनी रुचि व्यक्त करते हुए [redacted] पर ईमेल करें।

मैं शोध के बारे में किससे संपर्क कर सकता हूं?

यदि आपके कोई और प्रश्न हैं, या इस अध्ययन के बारे में अधिक जानना चाहते हैं, तो कृपया कमला या निकोल से बेझिझक संपर्क करें:

प्राथमिक अन्वेषक
कमला वैला
मनोविज्ञान का स्कूल
मैसी विश्वविद्यालय, पामर्स्टन नॉर्थ
[redacted]

अनुसंधान पर्यवेक्षक
निकोल लिंडसे, पीएचडी
मनोविज्ञान का स्कूल
मैसी विश्वविद्यालय, पामर्स्टन नॉर्थ
n.lindsay1@massey.ac.nz

इस परियोजना की समीक्षा और अनुमोदन मैसी विश्वविद्यालय मानव आचार समिति द्वारा किया गया है: दक्षिणी बी, आवेदन एसओबी 22/06। अगर आपको इस शोध के संचालन के बारे में कोई चिंता है, तो कृपया मैसी यूनिवर्सिटी ह्यूमन एथिक्स कमेटी के अध्यक्ष डॉ गेराल्ड हैरिसन से संपर्क करें: दक्षिणी बी, टेलीफोन 06 356 9099 x 83570, ईमेल humanethicsouthb@massey.ac.nz

Appendix D:Participant Consent Form (Hindi)

कोविड-19 के दौरान अध्यात्म की भूमिका को समझना: एक गुणात्मक अध्ययन।

प्रतिभागी सहमति प्रपत्र - व्यक्तिगत

मैंने परिशिष्ट के रूप में संलग्न सूचना पत्र को पढ़ और समझ लिया है। मुझे अध्ययन के विवरण के बारे में बताया गया है कि किसी भी प्रश्न का उत्तर मेरी संतुष्टि के लिए दिया गया है, और मैं समझता हूं कि मैं किसी भी समय आगे के प्रश्न पूछ सकता हूं। मुझे इस अध्ययन में भाग लेने पर विचार करने के लिए पर्याप्त समय दिया गया है और मैं समझता हूं कि भागीदारी स्वैच्छिक है और मैं किसी भी समय अध्ययन से हट सकता हूं।

1. मैं साक्षात्कार को ध्वनि रिकॉर्ड किए जाने के लिए सहमत हूं।
2. मैं सूचना पत्रक में निर्धारित शर्तों के तहत इस अध्ययन में भाग लेने के लिए सहमत हूं।

प्रतिभागी द्वारा घोषणा:

मैं _____ [पूरा नाम प्रिंट करता हूं]_____ इस अध्ययन में भाग लेने के लिए सहमत हूं।

हस्ताक्षर की तारीख: _____

Appendix E: Interview Schedule

1. Have you been impacted by the COVID-19 pandemic? Physically, socially, psychologically, spiritually?
2. What does spirituality mean to you?
3. Are there any spiritual practices you regularly engage in?
4. Do you think your spiritual beliefs and/or practices helped you to maintain your wellbeing during this lockdown period? If so, how?
5. Did the pandemic lead you to question the meaning and/or purpose of life or not?
6. Did your beliefs remain the same or did they change?
7. Do you think you have become more spiritual or less spiritual as a result of the pandemic?