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Understanding 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. The current qualitative phenomenological study explored the role of spirituality during the pandemic across two divergent cultural contexts; India and New Zealand. Inductive thematic analysis of results revealed that spirituality was found to entail a range of convergent health and wellbeing effects that were categorised into four major themes; hope, meaning amidst chaos, strengthened mental fortitude, and inner transformation. Overall, spirituality provided individuals a range of tools to navigate the crisis, building individual resilience and providing courage to face the pandemic's most difficult challenges. Moreover, the inner-transformative effects of spirituality fostered significant post-traumatic growth above and beyond the immediate impacts of the event, providing evidence for the therapeutic potential inherent within spirituality.

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Introduction

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 (Dong & Bouey, 2020). 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 amidst the pandemic have also been found (Pancani et al., 2021). Furthermore, concerns regarding socioeconomic consequences have been associated with greater distress above and beyond distress caused by the health consequences of the disease (Kämpfen et al., 2020). Indeed, the COVID-19 pandemic may have impacted individuals in a range of physical, psychological and socio-economical ways.

As suggested by George and Park (2016), significant life events such as the COVID-19 pandemic often facilitate a search for meaning in life. Aligning with this idea, Van

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Tongeren and Showalter Van Tongeren's (2021) Existential Positive Psychology Model of Suffering (EPPMS) suggests that a coherent sense of meaning in life is key to enhancing psychological wellbeing. Their model proposes that the pandemic may have exacerbated existential concerns through five potential mechanisms; (a) implementation of *isolation* measures; (b) loss of *freedom* in an unpredictable world; (c) *identity* conflicts, where daily routines, hobbies and activities were hampered; (d) *death* saliency and, as a result (e) a sense of *meaninglessness* in life.

One possible avenue for constructing and maintaining meaning is through religion and/or spirituality. Spirituality composes of a set of beliefs, practices and experiences that promote a sense of connectedness in an individuals life (de Brito Sena et al., 2021). This may entail (but is not limited to) connectedness to a higher being/the sacred, the self, nature and/or community. Religion embraces many of the concepts applied to spirituality, but typically articulates them through a system of beliefs, practices, and/or rituals that often belong to, and are endorsed by, specific institutions within a cultural and social framework (Hill et al., 2000; Myers et al., 2000).

Recent literature has acknowledged the significance of spirituality for its' contribution to mental health and wellbeing during the COVID-19 pandemic. For instance, Tuason et al. (2021) found that among factors such as job security and sense of agency, spirituality was also found to predict wellbeing amidst the pandemic. Similarly, Lucchetti and colleagues' (2021) online surveys revealed a relationship between the utilisation of religious and/or spiritual beliefs during the lockdown with higher hopefulness and lower levels of fear, worry and sadness. 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.

The pandemic lockdown may also have exacerbated pre-existing or triggered new religious/spiritual struggles, including doubt and divine-related struggles, ultimate meaning-related struggles and moral struggles (Captari et al., 2022; Zhang et al., 2021). Captari et al. (2022) reported 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 were associated with decreased depressive symptoms. The way an individual utilises their spiritual resources during adversity appears to be key. For example, it may exacerbate distress when used maladaptively (e.g., as evidence of divine punishment) but enhance wellbeing when practised adaptively through positive coping mechanisms, such as reframing the event as an opportunity for personal and spiritual development (Captari et al., 2022).

The adaptive potential of spirituality was also explored by Roberto and colleagues (2020), who found a correlation between spirituality and resilience, such that higher levels of spirituality coincided higher levels of resilience. Open-ended questions suggested spirituality fostered growth and resilience among their participants during the pandemic, when nothing could have prepared them for it. Participants also discussed aspects of spiritual coping such as cognitive reappraisal techniques, where spirituality reminded participants to practice gratitude, acted as a source of hope and 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.

While the studies outlined above convey the significance of religion and spirituality during the COVID-19 pandemic, the majority are quantitative in nature. Studies that have supplemented their findings with qualitative data have usually done so through survey based open-ended questions. While useful, these methods cannot obtain the rich, contextually based information that interview-based techniques afford (Given, 2008). Moreover, most data have been collected from samples located in the Global North, predominantly representing the views of Caucasian individuals primarily of Judeo-Christian heritage (e.g., Abbott & Franks, 2021; Captari et al., 2022; Roberto et al., 2020; Zhang et al., 2021), and therefore, leading to a lack of representation from non-Caucasian, non-Western samples.

The current study

The current study utilises the primary researchers' intimate connections across New Zealand and India and draws two samples from these societies; representing both "Eastern" and "Western" cultures to understand how spirituality may contribute to individual wellbeing across cultures. Particularly within New Zealand, the literature on spirituality amidst COVID-19 is sparse, yet the psychological impact of the pandemic has been significant. For instance, Gasteiger and colleagues' (2021) surveys investigating the mental health impacts of the first 10 weeks of the pandemic found almost two-thirds (64%) of their participants reported depressive symptoms and over half (53%) reported symptoms of anxiety, exceeding population norms. Every-Palmer et al. (2020) also found increased symptoms of anxiety, enhanced psychological distress and lower wellbeing among their nationally representative sample in New Zealand.

Across India, the pandemic has also been associated with heightened levels of stress, anxiety and depressive symptoms. An online survey administered by Grover et al. (2020) during the lockdown period found 40.5% of their 1685 respondents had either anxiety or depression. Moderate stress was reported by 74.1% of the participants and 71.7% reported poor well-being overall. Other studies found symptoms tended to exacerbate overtime, with depressive and anxiety symptoms reportedly increasing as lockdown was increasingly prolonged (Gopal et al., 2020).

The focus on two highly divergent groups for the current study was intended to identify a possible "common core" of experience, revealing aspects of spirituality that may potentially transcend culture. The study investigated participants experiences during the peak of the pandemic, when both countries were enduring nation-wide lockdowns and when psychological distress was likely at its highest. This research was reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application SOB 22/06.

Method

A qualitative, phenomenological approach was deemed most appropriate for this study, given its' ability to examine intensely personal, subjective phenomena such as spirituality (Pietkiewicz & Smith, 2014). Further, the relationship between spirituality and wellbeing is still sparse, making a qualitative approach to inquiry especially beneficial in order to lay the foundation for further research (Braun & Clarke, 2012).

Participants

The sample size for this study was guided by the method of saturation (Mason, 2010). As a result, 15 participants across India and New Zealand were recruited. Eight participants (one male, seven female) resided in New Zealand (Auckland, Manawatū, Wellington). Seven participants (four male, three female) were located across rural and urban Uttarakhand, a Northern state of India. Of the participants in India, all identified as Indian; six reported their religious affiliation as Hindu and one reported no religious affiliation. Of participants in New Zealand, one identified as Chinese/New Zealand European, one as Indian, one Fiji-Indian, one Indigenous New Zealand Māori, one New Zealand European, one Cook Island/Māori/European, one Brazilian/European and one as Latin American/European. Six individuals identified as having no religious affiliation, one identified as Hindu and one with traditional Māori beliefs. For the total sample, participant ages ranged from 21 to 52 years ($M = 29$ years). Six participants were university students, eight were employed and one participant identified as a housewife.

Participant recruitment

The study was open to individuals over 20 years of age. A snowball sampling method utilising established social and acquaintanceship networks was employed (Chadda & Deb, 2013). After providing consent to participate, participants were emailed to schedule a time and location for the interviews. Interviews were conducted in both India and New Zealand from March through to June 2022.

Interview process

An in-depth, semi-structured interview approach was utilised to capture participant experiences as this method aligns with the phenomenological epistemology underpinning the current study (Giorgi, 1997). An interview schedule with potential open-ended questions was developed. However, 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 “do you think your spiritual beliefs 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?” However, most questions developed organically throughout each interview. Interview length ranged between 20 and 109 minutes, with an average length of 46 minutes.

Indian interviews were conducted in Hindi, the local language of the participants. Consultation with a community spiritual leader in India was sought to ensure conceptual equivalence of the interview questions. In a process similar to parallel translation (Buil et al., 2012), the community spiritual leader provided appropriate translations of the interview questions, and also suggested new areas of inquiry.

All interviews were audio recorded through a digital recorder and stored safely on password-protected devices. Additional support was available to participants if requested, however this was not required.

Data analysis

A semantic inductive thematic analysis approach (Braun & Clarke, 2012) was deemed most appropriate for analysing the 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.

Thematic analysis of data was guided by Braun and Clarke's (2006) six-phase approach. Manual transcriptions of interviews facilitated familiarisation with the data. While transcribing, potential themes/repeated patterns of data were highlighted and made note of. Initial codes of data were then generated to reflect segments of the data that may provide important information about the experienced phenomena. As coding advanced, data was categorised into previously identified patterns, or to reflect new potential themes, which were then categorised into potential themes on a thematic map. Once themes had been established, the transcripts were reviewed again to ensure the identified themes sufficiently captured the meanings within the data set. After candidate themes had been reviewed, they were further defined and named. Based on these themes, the final report was written to reflect the primary researcher's analysis of interviews.

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.

Reliability and validity

The interviews across India and New Zealand were triangulated through a data source triangulation method (Mathison, 1988) to determine whether the data showed convergence, complementarity, and/or dissonance (Erzberger & Prein, 1997). Triangulation proved valuable for the current study, as it enhanced credibility, reliability, and in turn, validity of findings. This method also contributed to the construction of meaningful theories by taking into account contextual factors, encouraging the researchers to utilise their knowledge of the world to produce a holistic understanding of the use of spirituality as a coping mechanism (Mathison, 1988).

Qualitative research yields data collection and analysis techniques that are rooted in subjectivity; making it important to acknowledge one's own assumptions and biases (Morrow, 2005). 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. The researcher also maintained a reflexive journal to note any emerging reactions, biases

and/or assumptions and care was taken to limit these assumptions from distorting data analysis.

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.

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.

Results

All participants acknowledged spirituality as a valuable resource that allowed them to accept the distressing situation(s) and guided them through their experiences of the pandemic. Not only did spirituality protect participants from extreme distress, but it also provided hope for a better future and allowed individuals to find meaning and/or purpose in the situation. Four main themes emerged from these discussions.

Hope. Spirituality enabled individuals to accept the situation with the belief that circumstances would improve. When asked how spirituality may have contributed to her experience of the pandemic, participant 2 shared how investing in herself spiritually kept her engaged throughout the lockdown, almost like a survival mechanism: “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, New Zealand). Similarly, when asked how spirituality may contribute to her wellbeing, participant 6 acknowledged spirituality as “something that actually gives me a pull to continue and get through all the crappy times” (participant 6, New Zealand).

Indian participants often acknowledged the initiatives undertaken by the Indian government to promote hope among the population. For example, during the initial stages of the nationwide lockdown, Indian residents were invited to clap and beat steel plates (thali’s) from their balconies and to light lamps (diyas) on their balconies, while observing social distancing rules. Participant 14 acknowledged that while these initiatives could not cure the disease, they did uplift people’s spirits. He felt it was clear they 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, India).

Meaning amidst chaos. Spirituality provided participants with a framework to help navigate through the pandemic, cultivating a sense of meaning and purpose. This helped participants reframe and re-interpret difficult circumstances as growth opportunities, preventing experiences of extreme distress and providing a more optimistic outlook on life. When asked how spirituality may have contributed to her mental health and wellbeing, one participant stated:

... it helps to reframe a lot of things that we see as negative into 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 makes it seem more fulfilling, rather than looking at everything as being "oh this is really shit", you know, "this has no way of helping me in my life" (participant 4, New Zealand).

Participant 8 explained that spirituality brought structure and a sense of control which prevented her from engaging in dysfunctional 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 ... 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, New Zealand).

While most New Zealand participants applied their own personally constructed meaning-making frameworks, many participants in India again referenced the Indian governmental initiatives. 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 offering spiritual guidance. By providing examples of how Indian spiritual figures navigated through distress in their lives, participants implemented these teaching in their own lives, which consequently reduced pandemic-related distress:

... 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, India).

Strengthened mental fortitude. It was evident from participants' discussions that spirituality had a protective impact on mental wellbeing. Spirituality built mental fortitude that assisted individuals in facing difficult life situations. For instance, participant 4 drew upon Indigenous Māori beliefs and philosophies to navigate through the pandemic. This participant described these practices as acting as a sort of "barrier" which prevented them from experiencing adverse mental health impacts as a result of 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 ... so with [my spirituality] 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 ... if I didn't have my 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, New Zealand).

The notion of spirituality mitigating feelings of negativity was also expressed by participant 10, “I think [spirituality] helped by keeping you away from negativity, because you could believe that there was a higher energy or power that you could put your trust in instead” (participant 10, India). This was particularly pertinent for participant 15, who worked as a first responder during the pandemic. When working under such extreme pressure, he discussed feeling lost and upset. 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 because 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, India).

Spiritual growth. Participants discussed the pandemic time as a rare opportunity to nurture and explore their spirituality. Given the prolonged periods of lockdown(s) and uncertainty around the world, individuals utilised this time to invest in their spiritual side, leading to a range of realisations and inner-transformative processes. This journey of spiritual exploration and growth was apparent across both cultural groups. As described by one participant, this extended period of lockdown and free time triggered a desire to engage with and understand her spirituality:

... 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, New Zealand).

Participant 4 utilised the time to understand the origins of her Indigenous spiritual knowledge. Despite having grown up in a wairua (spiritual) 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 [family] and I did 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, New Zealand).

Individuals utilised this time for quiet introspection and self-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, which he felt led to a greater spiritual connection:

I used to spend a lot of time, sitting on my 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 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 utilize 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 worldly matters, become a little introverted, then your spiritual content increases (participant 10, India).

A shift away from materialistic desires was emphasised by many. 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. New Zealand participants similarly spoke of rejecting materialism, focusing instead on knowledge acquisition and self-improvement, “it’s definitely made me have more of a focus on knowledge than, yeah, materialistic ideas, materialism” (participant 1, New Zealand). Participant 2 shared how she began researching ways to enhance her knowledge “... 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, New Zealand).

Discussion

The findings of this study revealed that spirituality played an important role in navigating individuals through the COVID-19 pandemic. Not only did spirituality provide hope, meaning, and strengthened mental fortitude, but it also encouraged reflection and catalysed inner growth, providing advantages that extended beyond addressing the immediate effects of the pandemic. These themes, derived from two differing cultural groups, correspond with findings of previous research (Captari et al., 2022; Lucchetti et al., 2021; Zhang et al., 2021), suggesting many of the benefits derived from spirituality may be transcultural or universal in nature.

As well as hope, spirituality provided participants with a meaningful framework to help navigate through their distress. Among New Zealand participants, spiritual frameworks tended to be individually conceptualised and privately applied, a largely solitary endeavour. In India, spiritual frameworks were also available at the national or community level, through televised religious serials and other government-led initiatives. The visibility and accessibility of these spiritual resources had a significant impact on participants, bringing together family and community, initiating wider spiritual discussions, and ultimately resulting in increased societal resilience through shared meaning; a “strength in numbers” approach that appeared to have paid psychological dividends. Such insights suggest that religiosity, while often maligned within Western academic discourse as inferior to the more inclusive “spirituality” (Pargament, 1999), may confer societal benefits that spirituality (in the absence of religion) cannot quite so easily attain. These advantages appear particularly pertinent during times of national or global crisis.

These results also suggest that spirituality played a key role in facilitating cognitive reappraisal strategies throughout the COVID-19 pandemic, which may also account for the incidences of post-traumatic growth described by participants in this study. Specifically, increased free time coupled with the uniquely challenging circumstances afforded by the COVID-19 lockdown(s) provided individuals with the motivation and opportunity to explore their acknowledged, yet often unexplored, spiritual side. This facilitated a process of inner transformation that ultimately provided individuals with a renewed sense of self and perspective of the world, resulting in life-enhancing effects. This shift in perspective is similar to results found in Singh and colleagues’ (2020) intervention-based study exploring the impact of Religious/Spiritual (R/S) practices on wellbeing among elderly rural women from Haryana state, India. Both the experimental group and pre-existing practitioners of R/S practices reported a significantly more positive outlook

and increased sense of enjoyment in daily life compared to non-R/S controls. The current results extend those found by Singh et al. by suggesting that such a shift in one's beliefs/values may not only improve everyday life, but perhaps more critically, serve to maintain and enhance wellbeing during times of distress, arguably when we need it the most.

The present findings also relate to Van Tongeren and Showalter Van Tongeren's (2021) EPPMS which views the enhancement of meaningfulness in life as key to enhancing wellbeing. 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 when meaning may be distorted, and therefore, alleviating suffering amidst the pandemic.

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. 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., 2021; Zhang et al., 2021). Further, given that hopelessness has been found as one factor of depression and suicidal ideation (Beck et al., 1993), the current findings reinforce the idea that hope is a key therapeutic component of spirituality, playing a core role in building and sustaining resilience, and therefore, further supporting the role of spirituality within clinical and/or therapeutic settings.

In summary, 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. 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. Indeed, support for the incorporation of spirituality within healthcare is already established and growing within the literature (e.g., Egan et al., 2017; Lee et al., 2019; Corrigan et al., 2003). Together, these findings suggest that within healthcare/clinical settings, spirituality may provide individuals the psychological/mental strength to deal with their circumstances.

Limitations and future directions

Issues relating to linguistic and conceptual equivalence must be noted, which can present difficulties when conducting cross-cultural research (Van De Vijver & Tanzer, 2004). 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. 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?" It is possible,

therefore, that some terms used in this research were conceptualised and understood differently across the two cultural groups, resulting in inequivalent data.

In addition, this research predominately focused on the positive impacts of spirituality. Previous literature has suggested a potential relationship between spirituality and distress (Captari et al., 2022). 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 et al., 2018). As such, future research would benefit from examining any potential distress arising from spirituality and the factors that contribute to some individuals experiencing distress, while others experience positive effects.

Conclusion

The COVID-19 pandemic entailed an unprecedented period of uncertainty, isolation and fear for many. Nonetheless, spirituality has assisted numerous individuals to successfully navigate through this ordeal. Interestingly, many of the themes identified here appear to transcend religio-cultural boundaries, offering insight into a potential common core of experience. Unfortunately, however, despite increased understanding of the therapeutic benefits of religion and spirituality, stigma remains and acknowledgment of the importance of spirituality in human life continues to lag behind that of other psychological constructs. We encourage greater exploration of the significance of spirituality within the realm of psychology, particularly its important contribution towards understanding how we cope with adversity, loss, and trauma.

Due to the nature and ethical requirements of this research, supporting data is not available.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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