



Letter to the Editor

Religious Coping and COVID 19 in Aging

Hassan Rezaeipandari^{1, 2*} 

¹ Department of Ageing Health, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

² Elderly Health Research Center, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

* **Corresponding Author:** Department of Ageing Health, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran. **Tel:** +98 9103090966, **Email address:** hrezaeipandari@yahoo.com

Received 21 Nov 2021

Citation: Rezaeipandari H. Religious coping and COVID 19 in aging. *Elderly Health Journal*. 2021; 7(2): 52-53.

Older adults use a variety of coping strategies when face with life-threatening situations. One of the most effective methods is religious coping (RCOPE) (1). Religion and spirituality also provide coping strategies to deal with existing uncertainties, challenges, and damages caused by aging (2). Numerous studies have shown that religiosity is associated with physical and mental health and quality of life (3).

Currently, due to the spread of coronavirus disease 2019 (COVID 19) and the creation of a pandemic in the world, the devastating health and economic consequences have affected all of people, but in the meantime, the situation of the older adults is worse (4). The high mortality rate in the elderly population, the economic consequences and increasing poverty for the elderly, as well as the psychological damages that is being inflicted on this population, show the need for serious attention to the health of them (5).

One of the most important ways to prevent this disease is home quarantine and maintaining social distance. The social distancing may cause increased social isolation among older adults and the risk of developing or worsening mental health problems (6). Therefore, it seems that using religiosity and RCOPE strategies can be very helpful for the older adults who are in their own homes and those who are residing in nursing homes, as well as the elderly patients with COVID 19 who are hospitalized (7). Religiosity can be a powerful source of mental health because it includes a framework of meaning-making related to reducing mental distress. Also, it provides a source of social support and increase self-control for patients (8).

Regardless of religion type, use of RCOPE strategies is very beneficial. All the world's religions can use their religious beliefs, rituals and ceremonies to fight against COVID 19. One of its most prominent manifestations is in Iran as an Islamic country. Recitation of the Qur'an, prayer and supplication, seeking forgiveness from God and recourse to infallible Imams are among the

religious strategies of the older adults in Iran to religiously deal with COVID 19, which has had positive psychological and physical consequences (9).

Also, the older adults who live in their homes benefit from the effects and blessings of these measures in a way that increases their resilience and physical/psychological health. These religious strategies are very useful not only for the elderly people as a special target group but also for their caregivers as well as medical and health personnel and lead to strengthening their morale to provide better services to patients and reduce stress due to overwork and increase the resilience that it is useful (10).

The presence of religious clerics in hospitals, as well as in providing services to the people in the city, is another clear example of religious strategy. Therefore, it is recommended that the authorities of the health care system in the world, as well as the caregivers of the elderly people, make the most of this potential. Quantitative and qualitative research in this field will also be useful.

References

1. Tarakeshwar N, Vanderwerker LC, Paulk E, Pearce MJ, Kasl SV, Prigerson HG. Religious coping is associated with the quality of life of patients with advanced cancer. *Journal of Palliative Medicine*. 2006; 9(3): 646-57.
2. Koenig H. Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices (ISRN) Psychiatry*. 2012; 2012(8): 1-34.
3. Hill PC, Pargament KI. Advances in the conceptualization and measurement of religion and spirituality. Implications for physical and mental health research. *Psychology of Religion & Spirituality*. 2003; 58(1): 64-74.

4. Shahid Z, Kalayanamitra R, McClafferty B, Kepko D, Ramgobin D, Patel R, et al. COVID-19 and older adults: what we know. *Journal of the American Geriatrics Society*. 2020; 68(5): 926-9.
5. WHO-China Joint Mission. Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) [Internet]. 2020 [cited 2021 Nov 12]; Available from: <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>
6. Fuller HR, Huseth-Zosel A. Older adults' loneliness in early COVID-19 social distancing: implications of rurality. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2021: 1-6.
7. Koenig HG. Ways of protecting religious older adults from the consequences of COVID-19. *The American Journal of Geriatric Psychiatry*. 2020; 28(7): 776-9.
8. Pirutinsky S, Cherniak AD, Rosmarin DH. COVID-19, mental health, and religious coping among American Orthodox Jews. *Journal of Religion and Health*. 2020; 59 (5): 2288-301.
9. Ahmadi F, Khodayarifard M, Zandi S, Khorrami-Markani A, Ghobari-Bonab B, Sabzevari M, et al. Religion, culture and illness: A sociological study on religious coping in Iran. *Mental Health, Religion & Culture*. 2018 ; 21(7): 721-36.
10. Chow SK, Francis B, Ng YH, Naim N, Beh HC, Ariffin MA, et al. Religious coping, depression and anxiety among healthcare workers during the COVID-19 pandemic: a Malaysian perspective. *In Health Care*. 2021; 9(1): 1-16.