College Students' Self-Assessment of Mental Health and Religious Practices Experienced During the COVID-19 Pandemic Rebound

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Abstract

Throughout crises, people have used various methods including religious practices to cope. The crisis of the COVID-19 pandemic induced mandates of social distancing and quarantine, which consequently, promoted mental health concerns. Therefore, the intention of this research was to ascertain if college students who engaged in religious practices had optimistic attitude and low levels of anxious and depressive tendencies compared to nonpracticing individuals as suggested by the literature. The participants were college undergraduate students enrolled at a southeastern university within the "bible belt" region of the US in which practicing religion was assumed to be a cultural norm. Since the survey was administered during the first semester of immediate return to a quasi-college life and rebounding into post COVID-19 society, albeit with trepidation, the hypothesis was that students who engaged in weekly religious practices would report an optimistic outlook and low levels of anxiety and depression. Out of the total number of participants, 161 college students reportedly engagement in weekly religious practices per the DUREL. The findings suggested that college students who engaged in weekly religious practice do indeed have optimistic attitudes and low levels of anxiety and depression symptoms.

Introduction

In the Spring of 2020, the World Health Organization (WHO) declared the COVID-19 epidemic as a global public health contagion. The dynamics of the COVID-19 pandemic were consistent with the unstable characteristics of a natural disaster such as the uncertainty about recovery, social support, and obtaining food and medicine (Lake, 2020). The "new normal" of wearing face masks, social distancing, and virtual communications had reformatted a virtual society for schools, a deflated market among temporary or permanently closed businesses, as well as limited gatherings for family events and worship. With constant appeals for people to remain isolated at home as a means to circumvent the invisible contagion and exposure risks, news media frequently presented from local to global statistics on the increasing number of cases, hospitalizations, and deaths inclusive of coverage of the prohibitions of grieving family members from being with a loved one who unfortunately succumbed to COVID-19 complications (Faith and Spirituality During Coronavirus, 2021; Ferrell, et al., 2020).

Disaster-based research had reported that survivors who were exposed and survived disasters consequentially developed mental health problems (Galea et al., 2020) such as post-traumatic stress disorder, depression, generalized anxiety, panic disorder, and substance abuse (Lake, 2020). In addition, the pervasive upheavals of health and safety conditions combined with the spikes in reported COVID-19 cases had resulted in increased substance abuse, domestic abuse, and cyberbullying. Thus, the COVID-19 pandemic had proven to be a threat to both physical and mental health (Pfefferbaum & North, 2020).

Religion and Spirituality Practices to Cope with Duress

Past historical crises such as The Great Depression, the World Wars, and the World Trade Towers Attack on 9/11, have documented that people endured crises by using various methods including religious and spiritual practices to address and cope with the ambiguity of disaster recovery and the enduring emotional toll. Research has indicated that people resort to religion as a positive coping mechanism in diverse religions such as Buddhists, Christian, Hindu, Jewish, and Muslims (Abu-Raya, et al., 2015). One reason for the persistence of religion and spiritual practices during crises was that communities were created which offered practical assistance and consolation during difficult times (Wiederhold, 2020). Accordingly, the American Psychological Association supported faith and belief as important coping mechanisms for dealing with trauma and distress (Goodman, 2020, July 1), and recent studies which have documented the benefits of faith have suggested that people who had participated in religious and/or spiritual practices were considered to be physically and mentally healthier individuals as compared to those who did not (Prazeres, et al., 2020). For example, Gallup's U.S. Daily Poll between 2008 and 2017 revealed that Americans who participated in a religious practices experienced increased well-being during and after the 2008 recession compared to individuals who did not or too infrequently (Makridis, et al., 2020; Newport, 2020, April 6; Wiederhold, 2020).

Compliance with the Center for Disease Control's guideline of social distancing had altered the traditional practice of community worship. Instead, religious groups had to utilize alternative internet platforms to encourage the continuing practice of worship (Musso, 2020). During the prohibition of in-person worship, organized religions had to adapted to digital platforms such as the internet and radio to provide services and spiritual support for communal congregations. As with past crises, the COVID-19 pandemic was noted as facilitating and deepening religious faith, especially for those who had regularly attended religious services before the crisis (Boorstein, 2020, April 30). Luchetti's (et al., 2020) research had found that individuals, who regularly engaged in religious activities, religious attendance, and spiritual growth, reported "reduced" to "low" levels of worry, "reduced" to "low" levels of fear, and for those who engaged in spiritual growth reported "reduced" to "low" levels of sadness. Thus, it appeared that religion and spiritual practices had reduced emotional stress levels of worry, fear, and sadness as experienced during the pandemic. Similarly, Hall (2020, September 21) reported that regarding faith in times of the pandemic, 24% of U.S. adults reported their religious faith had been strengthened, 2% said it had weakened, and 47% reported that their faith had not changed whatsoever.

Levinson-King (2020, January 3) suggested that although there was a growing number of adults who considered

themselves as non-religious, the pandemic could have stimulated a reverse trend, partly due to the convenience and flexibility of online services. Subsequently, the stay-at-home and mandated social distancing dynamics had produced a segue for reflection which allowed individuals to explore and redefine their purpose in life via digitally based religious and spiritual wellness.

Coleman (et al., 2020) proposed that since people have a basic need for security and closeness, digitally based religious involvement enabled isolated people to approach the COVID-19 crisis with courage and hope through prayers which acknowledged their connection to a divine presence of God. In addition, the connection through virtual services extends the realization of a world-wide pandemic that portrayed all people regardless of gender, race, and creed as facing the same difficulties without prejudice.

When religious beliefs, attitudes, or practices were used to reduce emotional stress caused by life events that were beyond personal control, the spiritual-religious coping allowed cognitive restructuring to alter the internalization of emotional stress and blame. Therefore, religion and spirituality could offer a unique spiritual framework to a suffering individual in which to understand the meaning or purpose of the suffering, thus, proposing a way to make sense out of tragedy by transcending and connecting a person's internalized image of his/her core or spirit to the universe or God (Wiederhold, 2020). On the other hand, an individual could internalize the pain and suffering through negative cognitive restructuring resulting in anger and blame. According to Hall (2020, September 21), spiritual struggle was a key indicator of negative medical outcomes as documented in a two-year study by the Duke University Medical Center which found that religious struggle was a predictor of mortality in medically ill elderly patients. A study by the Columbia University Medical Center had congruent results; this study revealed that congestive heart failure patients who experienced spiritual struggle also suffered from poorer physical health. The research described such struggle as negative attitudes toward God and found it was linked to a higher number of post-hospitalizations and marginally lower life satisfaction (Hall, 2020, September 21; Prazeres, et al., 2020). Therefore, positive religious coping has been associated with a reduction of depression and anxiety levels and remissions of depressive episodes among patients with high intrinsic religiosity. In addition, religious coping during the COVID-19 pandemic was associated with higher levels of hopefulness and lower levels of fear, worrying, and sadness (Prazeres, et al., 2020).

Impact on College Students

Parallel to society's adjustments during the COVID-19 pandemic, college campus transitioned to hybrid, online, and part-time classroom attendance to comply with the socially distanced classroom mandates as well as the immediate upheaval of residential dorm students in relocating off campus, and the closure of campus facilities (Breslin 2020). Overall, college campuses had to make severe budget cuts ranging from curriculum modifications to program eliminations (Dickler, 2020, June 23), thus, possibly prohibiting college students' goals of academic degree completion, graduation, and secured employment (Marken, 2020, December 15). During this transitioning to online and hybrid classrooms mid-semester, the majority of college students had reported concerns about the technical challenges, (Robles, 2020; Son, et al., 2020), perceived additional work

criteria in the course requirements (Kecojevic, et al., 2020; Son, et al., 2020; Wang, et al., 2020), the accessibility for research and group projects, and the difficulty of learning online as opposed to in-person instruction (Kecojevic, et al., 2020). In addition, due to the government's travel ban, students, especially international students, were prohibited to return to college to continue their academic work.

According to ethnic statistical trends across the US, Black people had been more likely than White people to contract and die from COVID-19, and those who worked in lower-wage industries were also more likely to lose their jobs or income (St. Amour, 2020, June 23). Thus, this additional threat impacted minority college students as well. Black and Hispanic students were more likely than White students to view the pandemic as a negative obstacle in their ability to graduate. Marken (2020, December 15) reported that these students usually lacked strong support systems to assist them to overcome the challenges of the pandemic. Lastly, Smith and Reeves (2020, September 9) reported that bilingual students suffered increased stress due to assisting family members to cope and understand the ambiguity of COVID-19.

Regarding the emotional responses to the pandemic, students indicated being unmotivated to learn, tending to procrastinate (Son, et al., 2020), and experienced difficulty in concentrating (Copeland, et al., 2020; Kecojevic, et al., 2020; Wang, et al., 2020). Aucejo et al. (2020) and St. Amour (2020, June 23) reported that based on a survey of approximately 1,500 college students, 13% of students expected delayed graduation, especially as reported by lower-income students. Hess (2020, December 31) and Marken (2020, December 15) reported that a Gallup and Lumina Foundation survey found that 49% of bachelor's degree students and 56% of associate degree students attributed Covid-19 dynamics as negatively impacting their ability to complete their program. As an extension of delayed graduation, 40% had lost either employment, internship, or job opportunities, and 29% expected to earn less income by age 35 due to economic restructuring and business closures (Aucejo, et al., 2020; Smith & Reeves 2020, September 9).

After academic transitioning, students also reported stress due to the ambiguity regarding the pandemic overall, specifically, to the often-conflicting news information, and increased stress, anxiety, and depression due to worry regarding the health of family and friends, and the fear of personally contracting COVID-19 (Son, et al., 2020; Wang, et al., 2020). With respect to difficulties in everyday life, college students reported challenges obtaining hygiene supplies and medications as well as losing a job or a reduction in wages due to the temporary closures of businesses (Kecojevic et al., 2020). Several students reported difficulties in getting food (Son, et al., 2020) whether this would be for a lack of transportation for curbside pickup of groceries, internet accessibility, or finances to order grocery delivery from the nearest operating grocery store. Since the pandemic had blocked the ability for manufacturers to supply goods and produce accessibility on a regular basis, hoarding behavior had developed as a panic-driven impulsive buying spree (Arafat et al., 2020; Singh, et al., 2020). Additionally, students reported that the transition to living arrangements with family members as more distractive (Active Minds, 2020, Spring). For those students who remained in campus dorms, the isolation of staying inside longer due to self-quarantine and shelter-in-place orders were significant stressors (Wang, et al., 2020). Son (et al. 2020) reported about one-third of college students disclosed worries about having a lack of in-person interactions while others stated that disruptions to their outdoor activities had negatively affected their mental

health.

Impact on College Students' Mental Health

Several studies have reported increased levels of anxiety and depression attributed to the impact of the pandemic conditions upon college students (Breslin, 2020; Browning, et al., 2021; Gluck, 2020, July 10; Hess, 2020, December 31 & Kecojevic, et al., 2020). Corresponding with college students' report of depression, Wang (et al. 2020) found that among 2,031 college students, 48.14% showed a moderate-to-severe level of depression with 18.04% harboring suicidal ideations, 38.48% showed a moderate-to-severe level of anxiety, and 43.25% indicated an inability to cope adequately with the stress of the pandemic conditions.

Charles et al. (2021) evaluated the effects of the COVID-19 pandemic upon college students and found participants reported more mood disorder symptoms, perceived stress, and alcohol use compared to prepandemic participants. Another survey of 2,086 college students conducted in the spring of 2020, (Active Minds, 2020, Spring), revealed that 80% of students confirmed that COVID-19 had negatively impacted their mental health resulting in increased stress or anxiety (91%), disappointment or sadness (81%), loneliness or isolation (80%), financial setback (48%) and relocation (56%). Regarding comorbidity, additional health-related concerns included fear of the unknown contagion, of contracting COVID-19 as well as the impact with an already diagnosed medical condition, obstacles to healthcare and medication, worsening mental health concerns, increased contagious symptoms, and spikes in the level of symptoms for depression and anxiety. Son et al. (2020) reported that out of 195 participants, 8% reported suicidal ideations due to comorbidity of depression, problems with academic performance, family conflicts, and fear of ambiguity. Contrarily, some college students reported decreased stress and anxiety in preference of more time flexibility from not having to commute to campus, reduced homework, and no extracurricular activities. This extra time allowed them to invest in other interests as well as self-care such as meditation, self-reflection, and exercise.

To cope with stress and anxiety, college students had had adopted either negative or positive coping mechanisms (Son, et al., 2020). As reported by Ciechalski et al. (2020), many college students failed to heed warnings of the university's COVID-19 guidelines. College students, who were concerned about the health risk of a highly contagious and uncurable disease, reported being more stressed due to the exposure potential as peers gathered in large groups without face masks and ignoring social distancing. Thus, due to this come-what-may behavior of peers, many college students felt tighter constraints of self-isolation. Cluck (2020, July 10) also reported that 15% of students believed that they may have had COVID-19 based on symptoms they experienced, but only 1% reported a test-confirmed case. Sixty percent said they were susceptible to contracting the virus. About 65% were very or extremely concerned about how long the pandemic would last, and 64% were very or extremely concerned about people they cared about contracting the COVID-19 virus. When asked how closely college students followed public health guidelines, 60% said they followed recommended hygiene practices very closely, and 70% said they practiced physical distancing only. On the other hand, regarding positive coping, Browning et al. (2021) noted that a coping skill of spending two or more hours daily outdoors was associated with lower mental health risks. It was interesting to note that some students had reported

reduced anxiety from not having to interact with other students (Wang, et al., 2020).

People in spiritual distress, who have struggled with conflicts regarding spiritual matters within oneself and/or with the Divine or God, often have lost hope due to the inability to stabilize their environment and control overwhelming stressors. Spiritual distress would also be evident in the decreasing number of people who are associated with various church organizations indicating conflict with political values of a religious organization. For example, in the 2018 U.S. General Social Survey, for the first time, the classification of "no religion" became the largest classification of religious associations as identified by respondents (Wiederhold, 2020). Breslin (2020) reported that a survey by Pew Research Center had found that the percentage of religiously unaffiliated people increased from 16.1% in 2007 to 22.8% in 2014. Musso (2020) reported data from a 2016 study that revealed 31% of first-year college students reported no religious affiliations, an increase of 10% since 1986. The study also noted the number of first-year college students who attended religious services was down to 69%, compared to 85 percent in 1986. In addition to the current research of increased symptoms of anxiety and depression among college students, coping mechanism of religious and spiritual practices may have waned.

Religious and Spiritual Practices of College Students

Faith and religious practices traditionally have flourished following crises by instilling hope and facilitating a sense that there was something beyond the current dilemma (Musso, 2020). In an effort to counter emotional turmoil for college students, college campus ministries suggested prayer and meditation as a means for students to ground themselves in their faith and as a point of stability (Perry, 2021). College campus ministries and student outreach offices had collectively offered virtual daily prayers and reflections, meditations, and resources for various faiths (Musso, 2020; Robles, 2020). Prosocial behaviors such as collecting food from the college pantries, retrieval of cleaning supplies, and medication for other students provided an inner meaning of purpose for surviving the pandemic (Castillo, 2020). Copeland et al. (2020) found that students enrolled in a campus wellness program (student organizations and campus ministries, self-care of meditation and fitness) seemed less effective by COVID compared to students who were not enrolled in such programs. Despite the impact of COVID-19, 79% of college students enrolled in such programs felt hopeful about achieving their school-related goals and their future job prospects (Active Minds, 2020, Spring).

Purpose of the Study

As research had been following society's responses to the pandemic, this study was interested in college students' perceptions of their mental health as well as religious practices as posed by the literature in surviving the pandemic environment. Therefore, this study was designed to ascertain college students' perceptions of their mental health and their religious practices upon immediately returning to a rebounding post COVID-19 campus lifestyle. While higher education experienced a series of upheavals by returning to a post COVID-19 environment, this researcher's university offered both on-campus and on-line courses as a means of safety amid the health ambiguity of personal contact and a questionable return to a post COVID-19 environment. After obtaining IRB approval, a survey was distributed during the first returning to campus semester using Qualtrics

as the survey engine.

Methodology

Specifically, the study asked participants to respond to questions regarding indicators of optimism, and symptoms of anxiety and depression on a Likert Scale. In addition, the Duke University Religion Index (DUREL), a 5-item instrument that measures the religious involvement divided into three subscales or dimensions of religiousness was included. The participants were college undergraduate students enrolled in psychology classes at a southeastern university within the "bible belt" region of the US in which practicing religion was assumed to be a cultural norm. Since the survey was administered during the first and second semesters of immediate return to a quasi-college life and rebounding into post COVID-19 society, albeit with trepidation, the hypothesis was that students who engaged in weekly religious practices would report an optimistic outlook and lower levels of anxiety and depression.

Results

The demographics of the sample of undergraduate college students (N=342) revealed a mean age of 18, gender selection revealed 40% were males and 60% were females, and racial indicators revealed 86% White, 5% Black, 5% Mixed Race, and 4% Other. In regard to religiosity, 76% of the participants identified themselves as religious. The majority of participants (29%) attended church/religious service or spent time in prayer, meditation, or readings more than once a week, 18% of participants engaged in religious practice at least once a week, and 17% of participants engaged in religious practice a few times a month. Since the hypothesis inquired about students who engaged in weekly religious practices, the students who attended church/religious service or spent time in prayer, meditation, or readings more than once a week and on a weekly basis were combined into a group reflecting 47% of those participants who identified themselves as religious. Reponses from the DUREL were based according to a Likert Scale ranging from "Definitely True of Me" to "Definitely Not True of Me." Regarding "experiencing the presence of the Divine, i.e., God," the majority of participants (61%) stated that this concept was definitely true for them or tended to be true for them (42% and 19% respectively), and 21% were unsure. Regarding acknowledging one's religious "beliefs as a force behind one's approach to life," the majority of participants (56%) stated that this concept was definitely true of them or tended to be true of them (30% and 26% respectively), but 21% reported this concept was definitely not true of them. Similarly, regarding acknowledging one's religious "beliefs as being carried over into other areas of their lives," the majority of participants (52%) reported that this concept was definitely true of them or tended to be true of them (27% and 25% respectively), but 24% reported this was definitely not true of them. As a result, for the majority of this sample, religious beliefs were considered a positive aspect in guidance and self-identity.

Although research suggested that societal attitudes of religious practices as being an engaged or waning behavior, this research supports active engagement in religious practice at least on a weekly basis; however, perhaps the culture of the "bible belt" may have been an influence even through and beyond the COVID-10 pandemic. Nonetheless, religious practices may have been stimulated due to the grief and emotional toll

experienced during the COVID-19 pandemic as presented by prior research. It would be interesting to note the geographic or cultural influencers of other studies involving religious practices.

In regard to optimistic outlook or attitude, the participants were asked a series of questions according to a Likert Scale ranging from "I Agree a Lot" to "I Disagree a Lot" (see Table 1). Specifically, the majority of participants' responses included: a) 34% of participants stated they agreed a little with, "In uncertain times, I usually expect the best," b) 40% of participants stated they agreed a little with, "I am always optimistic about my future," c) 34% of participants stated they agreed a little with, "It is easy for me to relax," d) 46% of participants stated they agreed a little with, "If something can go wrong for me, it will," b) 34% of participants stated they agreed a little with, "I hardly expect things to go my way," and c) 34% of participants stated they agreed a little with, "Overall, I expect more good things to happen to me than bad." Thus, the majority of responses indicating "agreed a little," may suggest that the ambiguity of COVID-19 rebound as a sense of moving forward with trepidation, and the response, "It's important for me to keep busy," as a coping mechanism either within or without the realm of religious practice. Personally enduring obstacles of the COVID-19 pandemic may be inferred by responses, "If something can go wrong for me, it will," and "I hardly expect things to go my way."

Table 1. Optimistic Outlook

	I Agree a Lot	I Agree a Little	Neutral	I Disagree a Little	I Disagree a Lot
In uncertain times, I usually expect					
the best.	12.96% (21)	37.65% (61)	25.31% (41)	14.81% (24)	9.26% (15)
It's easy for me to relax.	12.96% (21)	37.04% (60)	14.81% (24)	22.84% (37)	12.35% (20)
If something can go wrong for me,					
it will.	11.11% (8)	32.72% (53)	27.78% (45)	22.22% (36)	6.17% (10)
I'm always optimistic about my future.	27.78% (45)	46.91% (76)	12.96% (21)	9.88% (16)	2.47% (4)
It's important for me to keep busy.	46.30% (75)	37.04% (60)	12.35% (20)	3.09% (5)	1.23% (2)
I rarely count on good things					
happening to me.	4.94% (8)	19.14% (31)	22.84% (37)	34.57% (56)	18.52% (30)
Overall, I expect more good things					
to happen to me than bad.	24.96% (40)	36.42% (59)	22.84% (37)	14.20% (23)	1.85% (3)

Just as the ambiguous atmosphere of COVID-19 pandemic was initiated, the rebound back to a post COVID-19 environment was just as ambiguous regarding safety and protocol. On the other hand, responses such as, "It is easy for me to relax," may represent a spiritual or religious response of self-centering due to prayer and meditation as opposed to the expectation that it would not be easy for students to relax during the upheaval of rebounding. Additionally, the response, "It's important for me to keep busy," may represent a productive

coping method. It is also interesting to note that the majority of participants who engaged in weekly religious practices would "expect the best in uncertain times," "expect more good things to happen to me," and maintain a belief that they are "always optimistic" about their future.

Regarding symptoms relative to mental health, the participants were asked to identify any stems descriptive of nervousness and despair which occurred at varying frequencies on a Likert Scale ranging from "Not at All" to "Nearly Every Day Within Two Weeks." Regarding symptoms relative to anxiety, the majority of participants reported not experiencing anxious symptoms with the exception, "Becoming easily annoyed or irritable" (46%), "Feeling nervous, anxious or on edge" (45%), and "Worrying too much about too many things" (40%) as experienced for a duration of Several Days Within Two Weeks (see Table 2).

Table 2. Anxiety Symptoms

	Not At All	Several Days Within Two Weeks	More Than Half of the Days	Nearly Every Day Within Two Weeks
			Within Two Weeks	
Feeling nervous, anxious				
or on edge	19.88% (32)	45.34% (73)	25.47% (41)	9.32% (15)
Not being able to stop or				
control worrying	37.11% (59)	35.85% (57)	16.35% (26)	10.69% (17)
Worrying too much about				
too many things	21.74% (35)	40.37% (65)	22.36% (36)	15.53% (25)
Trouble relaxing	36.65% (59)	37.89% (61)	16.77% (27)	8.70% (14)
Feeling so restless that it				
is hard to sit still	54.66% (88)	26.09% (42)	13.66% (22)	5.59% (9)
Becoming easily annoyed				
or irritable	30.43% (49)	45.96% (74)	16.77% (27)	6.83% (11)
Feeling afraid as if something				
awful might happen	54.94% (89)	32.72% (53)	8.64% (14)	3.70% (6)

As apparent in the above table, the majority of responses do not suggest high levels of anxiety symptoms similar to individuals who do engage in religious practices as substantiated by the literature. Regarding symptoms relative to depression, the majority of participants reported not experiencing depressive symptom with the

exception of "Not able to concentrate in class" (46%), and "Feeling tired and exhausted" (46%) as experienced for a duration of Several Days Within Two Weeks (see Table 3).

Table 3. Depressive Symptoms

	Not At All	Several Days Within Two Weeks	More Than Half of the Days Within Two Weeks	Nearly Every Day Within Two Weeks
Feeling overwhelming sadness	49.07% (79)	35.40% (57)	8.70% (14)	6.83% (11)
Not able to concentrate in class	32.27% (60)	45.96% (74)	12.42% (20)	4.35% (7)
Not finding pleasure in life	65.63% (105)	26.25% (42)	6.88% (11)	1.25% (2)
Not eating or sleeping well	54.04% (87)	26.09% (42)	12.42% (20)	7.45% (12)
Feeling tired and exhausted	16.77% (27)	45.96% (74)	25.47% (41)	11.80% (19)
Feeling lonely	49.69% (80)	32.30% (52)	13.04% (21)	4.97% (8)
Feeling as if you don't have a purpose	75.93% (123)	16.05% (26)	5.56% (9)	2.47% (4)

Parallel with anxiety symptoms as reported by this sample, depressive symptoms are also reported as low. These responses may indicate the norm or overall responses of individuals who regularly engage in religious practices to the pandemic disaster as opposed to higher or more frequent anxious or depressive tendencies as proposed by the literature.

Discussion and Conclusion

This research was to ascertain if college students who engaged in weekly religious practices would report an optimistic outlook and lower levels of anxiety and depression as suggested by the literature. The findings

suggested that college students who did indeed engaged in weekly religious practice reported an optimistic attitude and low levels of anxiety and depression symptoms as compared to research studies of nonreligious in the literature. Religious practices have been noted for promoting self-reflection, resiliency, and communal engagement and were factors attributed to positive mental health and life satisfaction. The positive influence of religious practices upon attitude and mental health of this research concurs with prior studies in the literature (Active Minds, 2020, Spring; Castillo, 2020; Copeland et al., 2020; Musso, 2020; Perry, 2021; & Robles, 2020). As stated earlier, Copeland et al. (2020) found that college students enrolled in a campus wellness program (campus ministries in collaboration with student organizations that promoted health and prosocial behaviors) seemed less effective by COVID compared to college students who were not enrolled. Despite the impact of COVID-19, 79% of college students enrolled in campus wellness programs felt hopeful (Active Minds, 2020, Spring). This research concurred with findings that the majority of college students who participated in this study and who identified themselves as religious and participated weekly in religious practice, reported an optimistic attitude and low levels of anxiety and depressive tendencies. It is interesting to note that the majority of participants revealed resiliency in responses such as expecting "the best in uncertain times," expecting "more good things to happen to me," and maintain a belief that they are "always optimistic" about their future upon entering a new and ambiguous post COVID-19 environment.

While experiencing the unstable upheaval of COVID-19 pandemic and the tentative rebound to post-COVID-19 environment, many college students were left to problem solve and exercise their self-efficacy to address the questionable situation of a global health contagion and boundaries of safety. While confronting daily ambiguity without social support, Son et al. (2020), reported many college students were left unable to concentrate, unmotivated to learn, and a tendency to procrastinate. These responses may have reflected anxious and depressive tendencies. The responses of this research would suggest that digital or regular attendance at church/religious service or spending time in prayer, meditation, or readings at least once a week would provide a means of building fortitude and resiliency as well as communal connectedness in considering returning to inperson assembly. Robbins et al. (2018) described internal factors such as optimism, self-efficacy, and psychological wellbeing as the being most important to the development of resilience. Thus, religious practices may be a factor in resilience development. Similar to past societal crises, it appeared that using religious practices provided a coping method and promoted a sense of internal resilience which could alleviate negative obstacles and feelings (Wattick, Hagedorn, & Offet, 2021).

Thus, as with prior crises, society may still be in the process of rebounding to a post-COVID-19 environment. Future research will determine if the rebound had a positive effect on society as it is still returning to a more familiar lifestyle. Also, it would be interesting to ascertain if results would differ under different cultural norms outside of the "bible belt" as well.

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