

**How to Cite:**

Ossai, O. V., & Eseadi, C. (2022). Supporting people with depressive and anxiety disorders: The role of faith-based organizations and faith-based mental health interventions during COVID-19. *International Journal of Health Sciences*, 6(S1), 797-808. <https://doi.org/10.53730/ijhs.v6nS1.4832>

# **Supporting People with Depressive and Anxiety Disorders: The Role of Faith-Based Organizations and Faith-Based Mental Health Interventions during COVID-19**

**Osita Victor Ossai**

Department of Childhood Education, University of Johannesburg, South Africa

**Chiedu Eseadi**

Department of Educational Psychology, University of Johannesburg, South Africa

**Abstract**---There has been an adverse impact of COVID-19 on public mental health, which has led to psychiatric crises and negatively impacted most aspects of everyday life. The COVID-19 pandemic has caused widespread anxiety and depression in the general population. There have been many factors contributing to public anxiety, including uncertainty as to how the disease develops or spreads, patients' immunity, and short supply of vaccines to combat the disease. Consequently, the purpose of the study is to examine how faith-based organizations and faith-based mental health interventions might assist those suffering from depression and anxiety disorders due to the COVID-19 pandemic. Literature suggests that faith-based approaches to mental intervention can be very beneficial to both individuals and organizations currently grappling with how to deal with the current COVID-19 pandemic. Faith-based counseling, mindfulness therapy, therapeutic prayer, mediation, sacred texts, rituals, and forgiveness are some examples of such approaches. The potential for faith-based organizations and faith-based mental health interventions to serve as health-care catalysts and enhance mental health by helping those suffering from depression and anxiety associated with COVID-19 appears high.

**Keywords**---anxiety disorders, COVID-19 pandemic, depressive disorders, faith-based mental health interventions, faith-based organizations.

## Introduction

A new Coronavirus infection was discovered in Wuhan, China, in December 2019 (Bai et al., 2020), which quickly became a global health emergency (Wang et al., 2020). Coronavirus disease outbreak in 2019 (COVID-19) has been classified as a pandemic by the World Health Organization due to its remarkable capacity to spread globally (Wu et al., 2020; Rothan & Byrareddy, 2020). Health, social, and economic concerns are growing as a result of this disease (Montemurro, 2020). There are several symptoms associated with Coronavirus infection, including nausea, chills, vomiting, cough, fever, sore throat, and myalgia (Chen et al., 2020). Holshue et al. notes that severe cases of the disease can cause respiratory failure, cardiac failure, and even death (Holshue et al., 2020). In addition, COVID-19 can negatively affect people's mental health (Huang & Zhao, 2020). In addition to affecting mental health, the pandemic has affected 'normal' life in countless ways including food safety, education, employment, nutrition, and economic activity (Mennechet & Dzomo, 2020; Mertens et al., 2020; Arora et al., 2020; Xiang et al., 2020).

The COVID-19 pandemic has caused widespread anxiety and depression in the general population (Zhang et al., 2020). There have been many factors contributing to public anxiety, including uncertainty as to how the disease develops or spreads, patients' immunity, and short supply of vaccines to combat the disease (Orellana & Orellana, 2020; Ornell et al., 2020; Rodriguez-Rey et al., 2020). Meanwhile, people who are identified early in the course of a psychological disorder are more likely to receive effective intervention. Numerous studies have indicated that COVID-19 causes mental health problems, particularly in countries where the disease affects a large population (e.g. Fiorillo & Gorwood, 2020). COVID-19-affected people are already being investigated for depression and anxiety (Duan & Zhu, 2020; Gao et al., 2020; Huang & Zhao, 2020). There is an increased risk of anxiety and depression among people who are put in quarantine (Brooks et al., 2020). According to all studies that investigated psychological disorders during the COVID-19 pandemic (Brooks et al., 2020; Wang et al., 2011; Rubin & Wessely, 2020), depression and anxiety disorders were reported. There are several symptoms of depression including low morale, despair, sadness, self-deprecation, and a sense that life is not worth living; it has been shown that depression is associated with low self-esteem, low interest in life, poor health, and suicidal attempts (Antunez & Vinet, 2012; Sung et al., 2020; Siegrist & Wege, 2020; Zhuo et al., 2020). Tension, apprehension, anxious thoughts, fear, and physical changes such as elevated blood pressure are all symptoms of anxiety, which are brought on by the anticipation of an uncertain or unpredictable future threat (Beesdo et al., 2007; Hur et al., 2019; Grupe & Nitschke, 2013; Smith et al., 2008).

By leading a more spiritual and religious life, one may be able to reduce depression and anxiety and improve coping skills. However, there is a paucity of research on how faith-based organizations (FBOs) and faith-based mental health interventions can improve the care of people with depression and anxiety disorders. In order to prevent and alleviate COVID-19-related depression and anxiety disorders, it is crucial to explore what role faith-based organizations and faith-based mental health interventions can play in helping people who are

suffering from depression and anxiety disorders due to the pandemic. As such, the study's aim is to examine how faith-based organizations and faith-based mental health interventions can assist people suffering from depression or anxiety. A faith-based organization is made up of people who practice the same religion or adhere to the same spirituality (Faith-Based Organizations, 2001). Faith-based mental health interventions are designed to incorporate religious and spiritual elements into its service delivery (Bopp & Fallon, 2011; Campbell et al., 2007; DeHaven et al., 2004). Studies have shown that faith-based mental health interventions could be effective in reducing sadness, anxiety and stress (Hamilton et al., 2013; Paukert et al., 2009).

### **Helping people affected by depression and anxiety due to COVID-19 through faith-based organizations (FBOs)**

The link between religion, medicine, and healthcare has existed in all human groups since the dawn of recorded history (Koenig, 2012). The world's population, estimated to be 5.8 billion people in 2010, is dedicated to some form of religious belief (Schulz, 2020). FBOs are non-profit organizations that are affiliated with or influenced by religion or religious beliefs (Banda et al., 2006). For more than a decade, FBOs have been providing healthcare in impoverished countries; they provide over forty percent of healthcare services in Sub-Saharan Africa (Banda et al., 2006). They stand up for the disenfranchised, provide better services, mobilize resources, build consensus, and serve as conduits between locals and higher authorities, in addition to knowing their local contexts. Their close ties to communities and influence over them make them a good resource for those suffering from depression and anxiety as a result of the COVID-19 epidemic. Faith-based organizations have always had the mission of meeting people's spiritual, social, and cultural needs. Also, FBOs help members' health by promoting well-being, discouraging illicit behavior, and advocating decent behaviors.

Because religious beliefs and health are inextricably linked, several FBOs are establishing health agencies and expanding them to include entire communities (Goldstein, 2002). FBOs are vital collaborators in health promotion efforts that support patients with anxiety and depression due to their religious and spiritual connection to positive health practices (Evans, 1995; Goldstein, 2002). FBOs are increasingly being considered as settings for community health promotion programs in that health promotion programs, whether religious or spiritual, are increasingly being used in FBOs (Hankerson & Weissman, 2012; Woodward et al., 2009). FBOs have a long history of treating psychological diseases and continue to hold an important place in mental health services delivery (Young et al., 2003; Chatters et al., 2011). Researchers discovered that 8.1 percent of people who received mental health care in the previous year were treated by a human service provider, which could have included a religious or spiritual counselor in a non-mental health setting (Wang et al., 2005; Faith-Based Organizations in Community Development, 2001). Chatters et al. (2011), demonstrate that more people turn to clergy than to doctors, psychiatrists, or other mental health experts for help, and that faith-based networks provide social support for people experiencing depressive symptoms and distress. FBOs can provide informal support, counseling and health care to people suffering from depression and

anxiety disorders through expanded social networks and connections with other community institutions. FBOs are increasingly working in partnership with psychologists to advance the mental health of people suffering from depression or anxiety (Weir, 2020; American Psychological Association, 2020). Typically, this entails counseling services centered on in-person meetings as well as mitigation strategies in ensuring the care and assistance of depressed and anxious patients, as well as addressing rumors, misinformation, fear, and anxiety (Derose & Mata, 2020).

It is crucial that faith-based organizations play a significant role in preventing and reducing mental health issues associated with COVID-19. People suffering from depression and anxiety disorders as well as those needing direct health care and social services can turn to them for support, guidance, and comfort. People with depression and anxiety disorders can get better health information from them, which is more likely to be retained than information from other sources (World Health Organization, 2020). In addition to providing assistance during health emergencies, they may also spread useful information, reduce fear and stigma, reassure people suffering from depression and anxiety disorders, and promote healthy activities. In this sense, FBOs provide important safety nets for people in their faith communities who are depressed or anxious (World Health Organization, 2020).

It is also crucial that faith-based organizations strengthen mental and spiritual health, well-being and resilience, as well as, address stigma and violence associated with the pandemic, by bringing evidence-based information about COVID-19 to patients with depression and anxiety disorders through individual contact and social media. Faith-based organizations can combat self-isolation and strengthen relationships by maintaining regular phone contact (World Health Organization, 2020). FBOs can provide dependable health-care solutions in collaboration with local communities. FBOs provide 40-50 percent of all health care services available in impoverished countries (Schulz, 2020). FBOs can help spread public health messages while also providing trauma healing and spiritual supports to help people who have anxiety and depression because of the COVID-19 pandemic (Christian Connections for International Health, 2020). Patients who are depressed or anxious are given prayers, theological and scriptural thoughts, and messages by FBOs.

When people suffering from depression or anxiety feel isolated, dreadful, or uncertain, FBOs can help them cope with their stress and maintain hope. Continuous press coverage of COVID-19 may have made anyone nervous and concerned (Ashour et al, 2020). Faith-based organizations offer depressed and anxious patients hope and guidance by reading sacred texts from their own faith traditions. A faith-based organization provides assistance to depressed and anxious patients through faith channels and can share life-saving messages through social media. COVID-19 teachings and messages woven into sermons and prayers can also help people who are depressed or anxious. Faith-based organizations, because of their clout, can be a valuable resource (World Health Organization, 2020).

There are some people who turn to their cleric for guidance because of the stigma associated with mental illness (Wang 2003; Ward et al., 2013). Patients often experience lack of self-confidence, difficulties expressing emotions, guilt, and grief, as well as difficulties accommodating the illness, accepting the illness, and acknowledging the illness (Bopp et al., 2012; Yanek et al., 2016; Duru et al., 2010; Baruth et al., 2008). Faith-based organizations can provide hope to people who are suffering from anxiety and depression disorders because of the COVID-19 pandemic (Root, 2020). Patient education, arranging educational activities at their workplace, supporting them emotionally and socially, and arranging workshops to encourage healthy living (among other things) are all strategies that FBOs can use to implement programs for patients suffering from depression and anxiety. FBOs raise awareness about mental illness and reduce stigma associated with seeking help, in addition to establishing formal partnerships with mental health specialists (Weir, 2020).

### **Providing faith-based mental health intervention for people experiencing depression and anxiety related to the COVID-19 pandemic**

Faith-based mental health interventions, according to Bopp & Fallon (2011), are those that are delivered in collaboration with faith communities but do not rely solely on them or their members for subject recruitment or convenience. Faith-based interventions are those that are offered by church health ministries or special interest groups (DeHaven et al., 2004). Faith-based interventions are typically culturally sensitive, behaviorally based, and incorporate social support in order to achieve improved health outcomes (Newlin et al., 2012). Traditional and complementary therapies, such as prayer, have also been recognized by medical researchers as beneficial in the treatment of ailments (Gonçalves et al., 2017). When an illness, such as COVID-19, becomes chronic and defies medical treatment, patients turn to prayer and spiritual remedies as a means of recovery. Accordingly, a person's perception of the disease's etiology, diagnosis, and morbidity may affect their treatment outcomes and their intervention decisions (Petrie & Weinman, 2012). Koszycki et al. (2010), found that spiritually-oriented multi-faith interventions were helpful for up to 6 months after treatment in managing general anxiety disorder. In spite of the fact that faith-based methods are being used to address some mental health conditions, previous studies suggest that religious beliefs should not affect the quality of medical care (e.g. Peach, 2003). In addition to treating depression, anxiety, and maintaining overall health, faith-based mental health interventions have helped in the treatment of a wide range of health issues (DeHaven et al., 2004). A number of faith-based intervention studies have demonstrated that faith communities can provide an effective platform and venue for the promotion of healthy habits (e.g. Campbell et al., 2007; DeHaven et al., 2004).

Among the faith-based mental health intervention approaches are faith-based counseling or psychotherapy, mindfulness therapy, therapeutic prayer, meditation, sacred texts, focusing, rituals, and forgiveness (McMinn et al., 2010). The focus of faith-based counseling or psychotherapy is on incorporating spiritual perspectives and elements into the therapeutic process. This type of therapy may be appealing to those who value religion or spirituality because they can use faith-based principles to guide their decision-making, understand pain, set

priorities, and give their lives meaning and purpose (Foreman, 2018; Porter, 2021). This approach integrates best practices in mental health into a biblical framework (Gonçalves et al., 2017). Psychologists who utilize spirituality or religion in their treatment planning are termed "faith-based psychologists." This group includes Christian psychologists. As part of their clinical work, Christian psychologists study the psychology of the Bible and applicable Christian texts (McMinn et al., 2010).

One of the faith-based methods is mindfulness therapy. The practice of mindfulness, a basic Buddhist principle (Daya, 2005), entails observing and accepting what is, without judging or attempting to change it. Although mindfulness is practiced by many other religions, including Hinduism, Judaism, Islam, and Christianity, there is no doubt that it is derived from Buddhist practice. Many influential therapeutic practitioners of mindfulness identify as Buddhist and believe it is consistent with basic healthcare principles such as mentalisation-based treatment (MBT) rather than being distinct from Buddhist practice (Neacsiu et al., 2014; Kian et al., 2014). Traditional therapeutic prayer has relied on a three-step religious involvement with patients, which is primarily promoted by Christians and Muslims. It is critical to state that practitioners' private prayers for their patients are not unusual and are valid expressions of compassion. A second argument contends that shared faith between practitioner and patient can be beneficial rather than harmful, and that religious minorities may seek shared faith. Third, as an extension of the second point, shared prayer or religious observance between the practitioner and patient may be considered therapeutic (Koenig, 2008). Prayer, according to McCullough & Larson (1999), can help bring about cognitive behavioral changes. Boelens et al. (2012), found that when compared to the pre-prayer baseline, there was a considerable diminution in depression and anxiety, a boost in optimism, and a greater degree of spiritual experience. Tloczynski & Fritzsich (2002), found that prayer reduces anxiety levels, but not those who did not receive prayer. Meditation can help individuals live a more balanced life (Marlatt, 1985). In meditation, one's attention is focused on and contemplated on one single object, a word or concept, or nothingness with the intention of learning, gaining insight, attaining enlightenment, connecting with one's own spirit, or being connected to one's own inner self (Marlatt & Kristeller, 1999). Meditation provides a role model for the client and reduces his or her sense of self-consciousness (Marlatt & Kristeller, 1999).

According to West (2000), sacred texts, or religious bibliotherapy, can be used when it has been confirmed that the client values them, and the therapist can learn the text cursorily. Individuals seek guidance and direction on how to live their lives, as well as perspectives on their meaning and purpose in life, in religious literature such as the Bible, the Quran, and the Tanakh. According to Miller (2003), such resources can serve three purposes: self-help/education, psychological support, and interactive. Miller (2003), defined focusing as a non-specific, instinctive, and comprehensive awareness of an event, such as a spiritual experience, a problem, or creative project, in which a client is able to listen to themselves without judgment and with openness. Religious rituals, on the other hand, are structured behavior patterns that elicit specific emotions (Denzin, 1994). It includes both the expectation that a shift in perception, attitude, affect, or instruction will happen as well as the expectation of

transcendent awareness arising. It has been stated that smudging, repentance and fasting are examples of spiritual rituals that can be used for cleansing, healing, and strengthening spiritual connections (Laungani, 2005; Poonwassie & Charter, 2005; Inayat, 2005; Praglin, 2005). Each religion teaches forgiveness differently, as well as having its own set of standards for adherents. According to one's religious or spiritual beliefs and principles, asking for forgiveness from a spiritual entity and the offended person may be acceptable (McMinn et al., 2010).

There are also various faith-based intervention strategies used by assisting for patients with mental health issues like emotional expression, emotional support, active listening, exercise, and guided visualization (Duru et al., 2010). It has been demonstrated that faith-based mental health interventions can be beneficial to patients who are depressed or anxious in a variety of ways. In accordance with Goncalves et al. (2015), and Smith et al. (2007), these can take the following forms: helping patients make sense of their suffering and life challenges; helping them to learn how to use spiritual or religious techniques to improve their faith and coping skills; helping them discover their purpose in life; helping them identify religious or spiritual values to guide their life choices and decisions; teaching them how to forgive themselves and others, as well as how to seek forgiveness; teaching them how to find meaning in life; teaching them how to manage anxiety and depression; and teaching them how to enhance their sense of well being.

## Conclusion

A global state of health emergency has been triggered by COVID-19. Public health concerns have been raised because of this contagious disease, which has caused psychiatric and mental illnesses. The use of faith-based organizations and mental health interventions is vital when treating COVID-19-related depression and anxiety disorders. Faith-based organizations can provide support, guidance, encouragement, and hope to people suffering from depression and anxiety disorders as a result of the COVID-19 pandemic. Individuals who have been affected by the current COVID-19 pandemic may benefit from faith-based mental intervention approaches such as faith-based counseling or psychotherapy, mindfulness therapy, therapeutic prayer, meditation, sacred texts, focusing, rituals, and forgiveness.

## References

- Ahmed, I., Banu, H., & Al-Fageer, R. (2009). Al-SuwaidiR. Cognitive emotions: depression and anxiety in medical students and staff. *Journal of Critical Care*, 24(3), e1-7. doi: 10.1016/j.jcrc.2009.06.003.
- American Psychological Association. (2020). Reaching out to the faithful. *Monitor on Psychology*, 51(3).
- Antúnez, Z., & Vinet, E. V. (2012). Depression Anxiety Stress Scales (DASS-21): Validation of the abbreviated version in Chilean university students. *Terapia psicológica*, 30(3), 49-55.
- Arora, A., Jha, A. K., Alat, P., & Das, S. S. (2020). Understanding coronaphobia. *Asian Journal of Psychiatry*, 54, 102384.

- Ashour, H. M., Elkhatab, W. F., Rahman, M., & Elshabrawy, H. A. (2020). Insights into the recent 2019 novel coronavirus (SARS-CoV-2) in light of past human coronavirus outbreaks. *Pathogens*, 9(3), 186.
- Bai, Y., Yao, L., Wei, T., Tian, F., Jin, D. Y., Chen, L., & Wang, M. (2020). Presumed asymptomatic carrier transmission of COVID-19. *Jama*, 323(14), 1406-1407.
- Banda, M., Ombaka, E., Logez, S., & Everard, M. (2006). *Multi-country study of medicine supply and distribution activities of Faith Based Organizations in Sub-Saharan African Countries*. WHO/PSM/PAR.
- Baruth, M., Wilcox, S., Laken, M., Bopp, M., & Saunders, R. (2008). Implementation of a faith-based physical activity intervention: insights from church health directors. *Journal of Community Health*, 33(5), 304-312.
- Beesdo, K., Bittner, A., Pine, D. S., Stein, M. B., Höfler, M., Lieb, R., & Wittchen, H. U. (2007). Incidence of social anxiety disorder and the consistent risk for secondary depression in the first three decades of life. *Archives of General Psychiatry*, 64(8), 903-912.
- Boelens, P. A., Reeves, R. R., Replogle, W. H., & Koenig, H. G. (2012). The effect of prayer on depression and anxiety: maintenance of positive influence one year after prayer intervention. *The International Journal of Psychiatry in Medicine*, 43(1), 85-98.
- Bopp, M., & Fallon, E. A. (2011). Individual and institutional influences on faith-based health and wellness programming. *Health Education Research*, 26(6), 1107-1119.
- Bopp, M., Peterson, J. A., & Webb, B. L. (2012). A comprehensive review of faith-based physical activity interventions. *American Journal of Lifestyle Medicine*, 6(6), 460-478.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912-920.
- Campbell, M. K., Hudson, M. A., Resnicow, K., Blakeney, N., Paxton, A., & Baskin, M. (2007). Church-based health promotion interventions: evidence and lessons learned. *Annual Review of Public Health*, 28, 213-234.
- Chatters, L. M., Mattis, J. S., Woodward, A. T., Taylor, R. J., Neighbors, H. W., & Grayman, N. A. (2011). Use of ministers for a serious personal problem among African Americans: Findings from the National Survey of American Life. *American Journal of Orthopsychiatry*, 81, 118-127.
- Chatters, L. M., Taylor, R. J., Woodward, A. T., & Nicklett, E. J. (2015). Social support from church and family members and depressive symptoms among older African Americans. *The American Journal of Geriatric Psychiatry*, 23(6), 559-567. DOI:10.1016/j.jagp.2014.04.008.
- Chen, N., Zhou, M., Dong, X., Qu, J., Gong, F., Han, Y., ... & Zhang, L. (2020). Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *The Lancet*, 395(10223), 507-513.
- Christian Connections for International Health (2020). Faith-based organizations and COVID-19.
- Daya, R. (2005). Buddhist moments in psychotherapy. In R. Moodley & W. West (Eds.), *Multicultural Aspects of Counseling and Psychotherapy Series 22: Integrating traditional healing practices into counseling and psychotherapy* (pp. 182-194). Thousand Oaks, CA: SAGE Publications, Inc.

- DeHaven, M. J., Hunter, I. B., Wilder, L., Walton, J. W., & Berry, J. (2004). Health programs in faith-based organizations: Are they effective? *American Journal of Public Health*, 94, 1030–1036.
- Denzin, N.K. & Lincoln, Y.S. (Eds.). (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Derose, K.P. & Mata, M. (2020). The important role of faith-based organizations in the context of COVID-19.
- Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4), 300-302.
- Duru, O. K., Sarkisian, C. A., Leng, M., & Mangione, C. M. (2010). Sisters in motion: a randomized controlled trial of a faith-based physical activity intervention. *Journal of the American Geriatrics Society*, 58(10), 1863-1869.
- Evans Jr, C. A. (1995). Links to faith community may help public health. *The Nation's Health*, 25, 2.
- Faith-Based Organizations in Community Development. (2001). Washington, DC, Department of Housing and Urban Development, Office of Policy Development and Research.
- Fiorillo, A., & Gorwood, P. (2020). The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. *European Psychiatry*, 63(1).
- Foreman, M.D. (2018). The role of faith in mental healthcare: Philosophy, psychology and practice.
- Gao, J., Tian, Z., & Yang, X. (2020). Breakthrough: Chloroquine phosphate has shown apparent efficacy in treatment of COVID-19 associated pneumonia in clinical studies. *Bioscience trends*.
- Goldstein, B. D. (2002). *Encyclopedia of Public Health*. Ed. Lester Breslow. New York: Macmillan.
- Goncalves, J. P. B., Lucchetti, G., Menezes, P. R., & Vallada, H. (2015). Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomized controlled clinical trials. *Psychological Medicine*, 45(14), 2937-49.
- Gonçalves, J.P.B., Lucchetti, G., Menezes, P.R., & Vallada, H. (2017). Complementary religious and spiritual interventions in physical health and quality of life: A systematic review of randomized controlled clinical trials. *PLoS One*, 12, e0186539.
- Grupe, D. W., & Nitschke, J. B. (2013). Uncertainty and anticipation in anxiety: an integrated neurobiological and psychological perspective. *Nature Reviews Neuroscience*, 14(7), 488-501.
- Hamilton, J. B., Moore, A. D., Johnson, K. A., & Koenig, H. G. (2013). Reading the Bible for guidance, comfort, and strength during stressful life events. *Nursing Research*, 62(3), 178-184.
- Hankerson, S. H., & Weissman, M. M. (2012). Church-based health programs for mental disorders among African Americans: A review. *Psychiatric Services*, 63(3), 243-249.
- Holshue, M. L., DeBolt, C., Lindquist, S., Lofy, K. H., Wiesman, J., Bruce, H., ... & Pillai, S. K. (2020). First case of 2019 novel coronavirus in the United States. *New England Journal of Medicine*, 382, 929–36.
- Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Research*, 288, 112954.

- Hur, J., Stockbridge, M. D., Fox, A. S., & Shackman, A. J. (2019). Dispositional negativity, cognition, and anxiety disorders: An integrative translational neuroscience framework. In *Progress in brain research* (Vol. 247, pp. 375-436). Elsevier.
- Inayat, Q. (2005). Islam, divinity, and spiritual healing. In *Multicultural aspects of counseling series: Integrating traditional healing practices into counseling and psychotherapy* (pp. 159-169). Thousand Oaks, CA: SAGE Publications. DOI: 10.4135/9781452231648.n14
- Kian, Y., Phan, Q. S., & Soccorsi, E. (2014). A Carleman estimate for infinite cylindrical quantum domains and the application to inverse problems. *Inverse Problems*, 30(5), 055016.
- Koenig, H. G. (2008). Concerns about measuring "spirituality" in research. *The Journal of Nervous and Mental Disease*, 196(5), 349-355.
- Koenig, H., Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health*. OUP
- Koszycki, D., Raab, K., Aldosary, F., & Bradwejn, J. (2010). A multifaitly spiritually based intervention for generalized anxiety disorder: A pilot randomized trial. *Journal of Clinical Psychology*, 66(4), 430-441.
- Laungani, P. (2005). Hindu spirituality and healing practices. In R. Moodley & W. West (Eds.), *Multicultural Aspects of Counseling and Psychotherapy Series 22: Integrating traditional healing practices into counseling and psychotherapy* (pp. 138-147). Thousand Oaks, CA: SAGE Publications.
- Marlatt, G.A. & Kristeller, J.L. (1999). Mindfulness and meditation. In W.R. Miller (Ed.), *Integrating spirituality into treatment* (pp. 67-84). Washington, DC: American Psychological Association.
- Marlatt, G.A., & Gordon, J.R. (1985). *Relapse prevention: maintenance strategies in the development of addictive behaviours*. New York: Guilford Press.
- McCullough, M.E. & Larson, D.B. (1999). Prayer. In W.R. Miller (Ed.), *Integrating spirituality into treatment* (pp. 85-110). Washington, DC: American Psychological Association.
- McMinn, M. R., Staley, R. C., Webb, K. C., & Seegobin, W. (2010). Just what is Christian counseling anyway? *Professional Psychology: Research and Practice*, 41(5), 391-397.
- Mennechet, F. J., & Dzomo, G. R. T. (2020). Coping with COVID-19 in sub-Saharan Africa: what might the future hold?. *Virologica Sinica*, 35(6), 875-884.
- Mertens, G., Gerritsen, L., Duijndam, S., Salemink, E., & Engelhard, I. M. (2020). Fear of the coronavirus (COVID-19): Predictors in an online study conducted in March 2020. *Journal of Anxiety Disorders*, 74, 102258.
- Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy: theory and technique*. New York: John Wiley & Sons.
- Montemurro, N. (2020). The emotional impact of COVID-19: From medical staff to common people. *Brain, Behavior, and Immunity*, 87, 23-24.
- Neacsiu, A. D., Bohus, M., & Linehan, M. M. (2014). Dialectical behavior therapy: An intervention for emotion dysregulation. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 491-507). The Guilford Press.
- Newlin, K., Dyess, S. M., Allard, E., Chase, S., & Melkus, G. D. E. (2012). A methodological review of faith-based health promotion literature: advancing the science to expand delivery of diabetes education to Black Americans. *Journal of Religion and Health*, 51(4), 1075-1097.

- Orellana, C. I., & Orellana, L. M. (2020). Predictores de síntomas emocionales durante la cuarentena domiciliar por pandemia de COVID-19 en El Salvador. *Actualidades en Psicología*, 34(128), 103-120.
- Ornell, F., Schuch, J. B., Sordi, A. O., & Kessler, F. H. P. (2020). "Pandemic fear" and COVID-19: mental health burden and strategies. *Brazilian Journal of Psychiatry*, 42, 232-235.
- Paukert, A. L., Phillips, L., Cully, J. A., Loboprabhu, S. M., Lomax, J. W., & Stanley, M. A. (2009). Integration of religion into cognitive-behavioral therapy for geriatric anxiety and depression. *Journal of Psychiatric Practice*, 15(2), 103-112.
- Peach, H. G. (2003). Religion, spirituality and health: how should Australia's medical professionals respond?. *Medical Journal of Australia*, 178(2), 86-88.
- Petrie, K. J., & Weinman, J. (2012). Patients' perceptions of their illness: The dynamo of volition in health care. *Current Directions in Psychological Science*, 21(1), 60-65.
- Poonwassie, A. & Charter, A. (2005). Aboriginal worldview of healing: inclusion, blending, and bridging. In R. Moodley & W. West (Eds.), *Multicultural Aspects of Counseling and Psychotherapy Series 22: Integrating traditional healing practices into counseling and psychotherapy* (pp. 15-25). Thousand Oaks, CA: SAGE Publications.
- Porter, S. (2021). Faith-Based & Christian Counseling: What It Is & What to Expect.
- Praglin, L. (2005). Jewish healing, spirituality, and modern psychology. In R. Moodley & W. West (Eds.), *Multicultural Aspects of Counseling and Psychotherapy Series 22: Integrating traditional healing practices into counseling and psychotherapy* (pp. 170-181). Thousand Oaks, CA: SAGE Publications.
- Rodríguez-Rey, R., Garrido-Hernansaiz, H., & Collado, S. (2020). Psychological impact and associated factors during the initial stage of the coronavirus (COVID-19) pandemic among the general population in Spain. *Frontiers in Psychology*, 11, 1540.
- Root, R. (2020). The role of faith-based organizations amid COVID-19.
- Rothan, H. A., & Byrareddy, S. N. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *Journal of Autoimmunity*, 109, 102433.
- Rubin, G. J., & Wessely, S. (2020). The psychological effects of quarantining a city. *BMJ*, 368.
- Schulz, D. (2020). The role of faith-based organizations in providing healthcare.
- Siegrist, J., & Wege, N. (2020). Adverse Psychosocial Work Environments and Depression-A Narrative Review of Selected Theoretical Models. *Frontiers in psychiatry*, 11, 66.
- Smith, J. P., & Book, S. W. (2008). Anxiety and substance use disorders: A review. *The Psychiatric Times*, 25(10), 19-23.
- Smith, T. B., Bartz, J. D., & Richards, P. S. (2007). Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. *Psychotherapy Research*, 17, 643-655.
- Sung, H., Roh, K. H., Hong, K. H., Seong, M. W., Ryoo, N., Kim, H. S., ... & Yoo, C. K. (2020). COVID-19 molecular testing in Korea: practical essentials and answers from experts based on experiences of emergency use authorization assays. *Annals of Laboratory Medicine*, 40(6), 439-447.

- Tloczynski, J., & Fritzsche, S. (2002). Intercessory prayer in psychological well-being: Using a multiple-baseline, across-subjects design. *Psychological Reports, 91*(3), 731-741.
- Wang, C., Horby, P. W., Hayden, F. G., & Gao, G. F. (2020). A novel coronavirus outbreak of global health concern. *The Lancet, 395*(10223), 470-473.
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 629-640.
- Wang, Y. (2003). On cognitive informatics. *Brain and Mind, 4*(2), 151-167.
- Wang, Y., Xu, B., Zhao, G., Cao, R., He, X., & Fu, S. (2011). Is quarantine related to immediate negative psychological consequences during the 2009 H1N1 epidemic?. *General Hospital Psychiatry, 33*(1), 75-77.
- Wang, Y., Zhang, L., Sang, L., Ye, F., Ruan, S., Zhong, B., ... & Zhao, J. (2020). Kinetics of viral load and antibody response in relation to COVID-19 severity. *The Journal of Clinical Investigation, 130*(10), 5235-5244.
- Ward, E., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research, 62*(3), 185.
- Weir, K. (2020). Reaching out to the faithful. Retrieved from
- West, W. (2000). *Psychotherapy & spirituality*. Thousand Oaks, CA: Sage.
- World Health Organization (2020). Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19.
- Wu, Y., Xu, X., Yang, L., Liu, C., & Yang, C. (2020). Nervous system damage after COVID-19 infection: Presence or absence?. *Brain, Behavior, and Immunity, 87*, 55.
- Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T., & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry, 7*(3), 228-229.
- Yanek, L. R., Becker, D. M., Moy, T. F., Gittelsohn, J., & Koffman, D. M. (2016). Project Joy: faith based cardiovascular health promotion for African American women. *Public Health Reports, 116*(1), 68-81.
- Young, J. L., Griffith, E. E., & Williams, D. R. (2003). The integral role of pastoral counseling by African-American clergy in community mental health. *Psychiatric Services, 54*(5), 688-692.
- Zhang, J., Lu, H., Zeng, H., Zhang, S., Du, Q., Jiang, T., & Du, B. (2020). The differential psychological distress of populations affected by the COVID-19 pandemic. *Brain, Behavior, and Immunity, 87*, 49-50. DOI:10.1016/j.bbi.2020.04.031
- Zhuo, H. Y., Zhang, X., Liang, J. X., Yu, Q., Xiao, H., & Li, J. (2020). Theoretical understandings of graphene-based metal single-atom catalysts: stability and catalytic performance. *Chemical Reviews, 120*(21), 12315-12341.