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Original Article

# The Role of Religious Comfort and Religious Struggles in the Process of Shaping Empathy and Meaning in Life of Healthy and Sick Polish Women with COVID-19

Magdalena Nuckowska<sup>1</sup> and Stanisław Głaz<sup>2</sup>

<sup>1</sup>Institute of Psychology, The Pontifical University of John Paul II in Cracow, Poland

<sup>2</sup>Institute of Psychology, Ignatianum University in Cracow, Poland

## Author Note

Magdalena Nuckowska. <https://orcid.org/0000-0001-9473-5902>

Stanisław Głaz. <https://orcid.org/0000-0002-2342-0345>

Authors' contributions

Magdalena Nuckowska<sup>A, B, C, D, E, F</sup>, Stanisław Głaz<sup>A, B, C, E, F</sup>

A – Study design; B – Data collection; C – Statistical analysis; D – Interpretation of data; E – Preparation of the manuscript;

F – Literature search.

Correspondence concerning this article should be addressed to

Magdalena Nuckowska, Institute of Psychology, The Pontifical University of John Paul II in Cracow, ul. Kanoniczna 25, 31-002 Kraków, Poland; e-mail: [magdalena.nuckowska@pz.upjp2.edu.pl](mailto:magdalena.nuckowska@pz.upjp2.edu.pl)

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### Abstract

Objective of the study: The outbreak of the COVID-19 pandemic has brought many new challenges related to individual and social life. The study aimed to show the relationship between religious comfort and religious struggles with empathy and meaning in life in healthy women and those who had COVID-19. In addition, it shows the potential of religiosity in shaping aspects of mental health such as empathy and meaning in life. Method: The study involved 103 women. 54 women had and were sick with COVID-19 and 49 did not have COVID-19. All women were born in Poland. These tools were used: the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ). Results: Women, both those who had COVID-19 and those who did not, were characterized by a high level of religious comfort and a sense of the presence of meaning in life, and a search for meaning. Both groups of women show no significant relationship between religious comfort and searching for meaning in life, but reveal a strong relationship between the presence of meaning in life and the absence of such searching. In the group of healthy women, empathetic concern played a key role in mediation, while in the group of sick people, perspective-taking played a key role. Conclusions: The knowledge gained from this research can help clinical psychologists, hospice workers, and hospice volunteers better understand patients' needs after serious illness. It can also provide clergy with valuable knowledge for their pastoral work. Furthermore, this work can generate hypotheses useful for further research.

**Keywords:** religious comfort, religious struggles, empathy, meaning in life, women, COVID-19

Religiosity is defined as a multidimensional construct that includes institutions and traditions, is perceived as a system of beliefs and practices, and is defined by norms, dogmas, and rituals, uniting people of the same religion (Pargament, 2001). Spirituality, on the other hand, concerns more the spiritual dimension of a person, and is related to the intimate sphere of a person, with their personal spiritual experiences (Zarzycka, 2017).

Many researchers have shown that people who face unfavorable life situations, for example, illness, death of a loved one, or an event involving the wider community, such as an earthquake or tsunami (Unterrainer et al., 2014), tend to seek support in religion more often. Religious and spiritual tensions sometimes appear in their lives. They refer directly to God and concern the concept of God, emotions towards Him, or relationships with Him. They can take the form of interpersonal conflicts and thus become a negative experience related to religious people and institutions. They can also concern one's own thoughts, actions, and can also include moral struggles, a sense of guilt, and religious doubts (Ano & Pargament, 2013; Exline et al., 2011). The influence of religiosity on well-being appears to be related to social support, a healthy lifestyle, existential certainty, the content of one's beliefs, as well as membership in an appropriate religious group (Zinnbauer & Pargament, 1997).

Hence, this article will show the role of religious comfort and religious struggles in the process of shaping empathy and meaning in life during the pandemic within the lives of Polish women with COVID, as well as healthy women. The following research tools were used to obtain empirical material: Religious Comfort and Strain Scale (RCSS), Empathic Sensitivity Scale (SWE), and Meaning in Life Questionnaire (MLQ).

## **Religiousness and Religious Struggles**

Analysis of religious and spiritual life indicates their complex structure. A person is often accompanied by religious comfort, which is a clear sign of God's presence, transmitted to a person (Gallagher, 2016). It is therefore a source of comfort and tension; it integrates and disintegrates, bringing relief. It helps to remove many obstacles that could sometimes separate a given person from God. The purpose of this experience is to strengthen a person on the way to deepening their bond with God. It also becomes a source of additional life energy (Exline & Rose, 2013; Kotlewski, 2009). Religious and spiritual life is also often a source of stress and internal uncertainty, which is manifested in religious struggles (Wielgus, 2020). They focus particularly on human beliefs, observations, or emotions related to God or a higher power. They concern feelings of guilt due to personal

sin, doubts about religious doctrine, relationship with God, and relationships with believers (Exline et al., 2015).

Studies have shown that Brazilian women's frequent use of religious and spiritual practices during the COVID-19 pandemic was associated with better mental health outcomes, including hope and spiritual growth (Lucchetti et al., 2020). Colombian women who actively tried to overcome their anxiety problems due to COVID-19 and then sought support from their religious faith were less likely to experience depression, and there was no association between sleep disturbances and emotional and social loneliness (Grossman et al., 2021). Furthermore, the results of the study showed that Iranian women showed higher levels of religious health than existential health during the pandemic (Nodoushan et al., 2020). Muslims reported significantly higher levels of religious coping than Christians (Thomas & Barbato, 2020). Some Muslims did not follow recommended precautions against COVID-19. When asked why they do not follow these recommendations, they were quoted as saying, "Allah is enough for us, He is a great protector."

Older women during the pandemic reported higher levels of religious coping and lower levels of death anxiety than men. Moreover, the analysis showed a significant difference between death anxiety levels in married and widowed older people. Married older people had higher levels of death anxiety than widowed older people (Rebaba et al., 2021). In another study, women had higher levels of COVID-19 anxiety, fear, depression, stress, and lower levels of religious commitment and life satisfaction than men. With increasing age, women had lower COVID-19 anxiety, lower levels of depression, anxiety, and stress, and higher religious commitment and life satisfaction (Koçak, 2021; Kowalczyk et al., 2020).

Nurses with a master's degree during the pandemic scored higher on the presence of God and absence of God factor than nurses with a bachelor's degree. In the lives of nurses with a bachelor's degree, the experience of God's presence correlates positively with the experience of God's absence, life satisfaction, and job satisfaction. The experience of God's absence correlated positively with job satisfaction. In the lives of nurses with a master's degree, the experience of God's presence correlated positively with the experience of God's absence, the search for meaning in life, and life satisfaction. The experience of God's absence correlated positively with life satisfaction (Głaz, 2022).

## **Empathy and Meaning in Life**

Empathy is a key element of social interactions. It promotes prosocial behavior and discourages aggressive behavior towards others. It is defined as the ability to imagine, experience, and understand what another person feels, and also includes

the affective, cognitive, and behavioral aspects of a person (Davis, 1983; Decety & Jackson, 2004). Mead (1975) defines empathy as the ability to put oneself in the role of another person and adopt alternative ways of perceiving oneself. He emphasizes the individual possibilities of entering the role of another person, which is necessary for effective functioning in the modern world.

Studies have shown that Canadian women during the pandemic showed higher levels of empathy in such dimensions as perspective-taking, empathic concern, and personal distress than men, as well as a stronger relationship between empathy and depression, anxiety, and trauma than men (Guadagni et al., 2020). High levels of empathy were found among women with children and also people with migration experience (Hajek & König, 2022). Empathic concern was positively associated with motivation to practice physical distancing and wear face masks (Pfattheicher et al., 2020). Empathy was associated with stress and burnout in healthcare workers working in extreme conditions, such as the COVID-19 pandemic (Barello & Graffigna, 2020).

Italian women during the pandemic had lower empathetic social skills, while cognitive and emotional aspects of empathy, as well as the tendency to identify with fictional characters, were high. In turn, perspective-taking abilities were associated with a higher ability to rationally assess the situation and obtain healthier points of view. Moreover, both perspective-taking and empathic concern were associated with multiple aspects of mindfulness (Baiano et al., 2022).

The results showed that the effect of the psychological symptoms of COVID-19 anxiety on empathy, in Iranian women, was positive and significant, while physical symptoms of COVID-19 anxiety on empathy were negative and significant (Sokhanvar et al., 2023). Three coping strategy components, such as seeking emotional and instrumental support and resorting to religion in women's lives, were associated with the cognitive dimension of empathy. Moreover, two coping strategies (positive reframing and behavioral withdrawal), were simultaneously negatively correlated with the cognitive and emotional dimensions of empathy (Dores et al., 2021).

Empathy was more strongly associated with prosocial attitudes than compassion (Karnaze et al., 2022). Women who frequently played sports during the pandemic showed high levels of empathy and altruism. And the willingness to take the COVID-19 vaccine was significantly associated with higher altruism in women, but not with empathy (Hajek & König, 2022). Female governors in the United States during the pandemic showed more empathy and self-confidence in their briefings than men (Sergent & Stajkovic, 2020). Empathy in the lives of Romanian women was negatively correlated with the depersonalization component of the burnout experience (Bredicean et al., 2021).

Empathetic and supportive behaviors of healthcare workers made women with high-risk pregnancies feel more at ease during the pandemic, and the support

they received protected them from the risk of developing COVID-19 (Mirzakhani et al., 2022). Less empathetic Ecuadorian doctors were more ready to leave the profession and were more likely to lose professional motivation than their colleagues (Matiz-Moya et al., 2023). A layperson-led empathy-oriented telephone interview program in Texas reduced loneliness, depression, and anxiety among women affected by coronavirus (Kahlon et al., 2021).

The concept of a sense of meaning in life refers to the subjective mental state of a specific person and is related to the feeling of subjective satisfaction with life and achieving chosen goals (Chasson et al., 2021). Studies show that people with a sense of meaning in life see themselves as more competent, more independent, and better socially integrated. It is easier for them to motivate themselves, direct their attention, and overcome failures. During the pandemic, women showed a greater sense of meaning in life than men. In women's lives, a stronger relationship between meaning in life and mental health is noted than in men (Ogan et al., 2020; So et al., 2023). Both COVID-19-related suffering and social engagement were higher in women than in men (Carli, 2020), while men showed higher levels of COVID-related stress (Liu et al., 2021).

The results indicate that mothers raising young children showed a higher presence of meaning in life before the pandemic than during it. In addition, they showed greater marital satisfaction and a greater search for meaning during the pandemic than before. High marital satisfaction and relationship with their child were associated with greater meaning, whereas lower marital satisfaction and relationship with the child were associated with a greater search for meaning in life. Finally, the mothers' marital satisfaction and relationship with child fully mediated the relationship between the study group and two aspects of meaning in life: search and presence (Chasson et al., 2021).

Studies have shown that meaning in life is a predictor of life satisfaction and happiness in the lives of Slovak women. Greater happiness during the pandemic was associated with higher levels of meaning in life and the absence of pregnancy related health problems. 65% of women reported a high level of life satisfaction, and 48% of women considered themselves happy (Majercakova & Bolekova, 2022). The results indicate that life changes due to COVID-19 fully explain the negative association between the perceived danger of COVID-19 and quality of life, but only in people who had COVID-19. In the group who had never had COVID-19, the only significant association was a positive association between the perceived danger of COVID-19 and life changes due to COVID-19 (Stone, 2022).

During the COVID-19 pandemic, Iranian women's quality of life was associated with anxiety, depression, coronavirus-related fear, sexual function, and marital satisfaction (Daneshfar et al., 2021). Women working during lockdowns and quarantines noted that their lives experienced a psychological rebirth,

a different perspective on the world, a greater awareness of women's community empowerment, as well as a greater need to redefine the world of work for women (Thompson, 2023).

## Research Problem

The research indicates both negative and positive effects related to the COVID-19 pandemic in the lives of women. The negative effects most often concerned neglect in the development of spiritual life, lack of opportunity to participate in the liturgy (Lucchetti et al., 2020), a sense of loss of community, disruption of the normal rhythm of life, fear of losing work, and pandemic anxiety (Koçak, 2021; Thuné-Boyle et al., 2013). These factors manifested themselves in sadness, existential emptiness, anxiety, and depression (De Jong et al., 2020; Schnell & Krampe, 2020). On the other hand, according to women, the most common positive effects of the pandemic include; deepening religious faith (Grossman et al., 2021), the possibility of spending more time on personal reflection and for one's own family (Thompson, 2023), ensuring greater safety, greater sensitivity towards people in need, improving the medical situation of people affected by COVID-19 (Stone, 2022).

The relationship between women's religiosity and hope (Lucchetti et al., 2020), fear of infection (Grossman et al., 2021), and death caused by the virus (Rebaba et al., 2021) was analyzed. In addition, the relationship between empathy and depression and anxiety (Guadagni et al., 2020) was analyzed, in addition to a rational assessment of the situation (Baiano et al., 2022). Women's involvement in the search for meaning in life during and before the pandemic was also analyzed (Chasson et al., 2021), and the relationship between quality of life and the perception of the danger associated with the pandemic was shown (Stone, 2022).

As indicated in the literature, many studies have been conducted among women during the COVID-19 pandemic. However, there is a visible lack of studies among women who were infected with COVID-19 and are showing the psychological effects of the disease caused by the pandemic. Stone's (2022) research reveals that women who had suffered with COVID-19, experiencing trauma, were more likely to search for meaning in life than healthy women, and that women with a high level of empathy felt better and coped more effectively with the risk of infection than women with a low level of empathy (Mirzakhani et al., 2022). Hence, the research will aim to show to what extent the disease differentiates aspects of women's lives, such as religious comfort and religious struggles, as well as empathy and meaning in life.

Research suggests that religious struggles can, in some circumstances, enhance the development process and play an important role in confronting life's challenges

(illness, suffering), and sometimes hinder the growth process (Exline et al., 2015). Hence, the research will aim to show the relationship between religious comfort and religious struggles, empathy, and meaning in life in healthy women and those who have had COVID-19.

As research indicates, religious people often seek support in religion during illness and trauma (Chasson et al., 2021; Pargament, 2001). In turn, the sense of the presence of meaning in life makes it easier for them to reinterpret their own experience. It is suggested that religious women affected by COVID-19 more often sought support in religious comfort and sought meaning in life than healthy women.

The literature also indicates that religious struggles have a direct and indirect impact on the search for meaning in life and the presence of meaning in life (Zarzycka, 2017). Religious struggles either enhance or weaken it. It is expected that in this case, empathy plays a strengthening mediating role between religious comfort and religious struggles, and the presence of meaning in life, and the search for meaning in life.

Furthermore, the proposed research approach appears valuable and useful, given the lack of research on women with COVID-19 in Polish religious communities. This research may contribute to a deeper understanding of the impact of the pandemic on women's mental health. Furthermore, it may provide practical implications for the development of a faith-based support system for women affected by the pandemic. Therefore, based on the above reports, the following research hypotheses were formulated.

*H*<sub>1</sub>. Sick women show higher levels of religious comfort and fear-guilt than healthy women.

*H*<sub>2</sub>. Sick women show higher levels of personal distress and empathetic concern than healthy women.

*H*<sub>3</sub>. Sick women show lower levels of the presence of meaning in life and higher levels of searching for meaning in life than healthy women.

*H*<sub>4</sub>. In the lives of sick women, there is a stronger positive relationship between religious comfort and searching for meaning in life than in healthy women.

*H*<sub>5</sub>. In the lives of healthy women, there is a stronger negative relationship between negative emotions towards God and the presence of meaning in life than in sick women.

*H*<sub>6</sub>. In the lives of sick women, there is a stronger negative relationship between fear-guilt and searching for meaning in life than in healthy women.

*H*<sub>7</sub>. In the lives of sick women, there is a stronger negative relationship between personal distress and the presence of meaning in life than in healthy women.

*H*<sub>8</sub>. In the lives of sick women, there is a stronger positive relationship between empathetic concern and the presence of meaning in life than in healthy women.

$H_9$ . Individual aspects of empathy mediate the relationships between religious comfort, religious struggles and the presence of meaning in life and the search for meaning in life in women's lives.

## Method

### Study Group

Women were informed about the voluntary and anonymous nature of the study, as well as its purpose. The study adhered to the ethical and professional standards of a psychologist. 103 women participated in the study. 54 women had and were ill with COVID-19 and 49 did not have COVID-19. The average age of all women was  $M = 33.8$ ,  $SD = 11.6$ . 79.6% lived in a city and 20.4% in the countryside. 63.0% of women had higher education, 33.3% had secondary education, and 3.7% had vocational education.

All the women were Christians. Most of them belonged to the Roman Catholic Church and were born in Poland. 77.8% described themselves as believers and practitioners, 10.2% as believers and non-practicing, 8.2% as indifferent, and 3.7% women who are spiritual seekers. 66.7% of women declared that they belonged to a religious group, while 33.3% did not indicate such affiliation. During the pandemic, 88.0% of women experienced support from close people, while 12.0% received no support at all. They most often received support from family members, friends, and the religious community.

### Research Tools

Many instruments have been developed to measure religiosity, empathy, and meaning in life. In this study, the following research tools were used to gather empirical data: the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ).

The Religious Comfort and Strain Scale (RCSS) is a tool developed by Exline and colleagues, used to assess the degree to which participants experience a sense of comfort with God and three types of struggles related to religion (Exline & Rose, 2013; Exline et al., 2015). The scale was adapted to Polish conditions by Zarzycka (2014). The Polish version of the scale contains four subscales. Religious comfort (PCR) concerns a sense of trust in God, perceiving God as an omnipotent person, supporting and caring for people, perceiving faith as a source of strength, harmony, peace, and a sense of meaning. Negative emotions toward

God (NEB) include negative feelings toward God and perceiving God as unjust, cruel, and untrustworthy. Fear-guilt (LW) refers to preoccupation with one's own guilt, sin, and a sense of God's lack of forgiveness. Negative social interactions surrounding religion (NEW) include negative emotions and relationships with other believers. Items are rated on a 10-point Likert scale (0 = *not at all*; 10 = *very much*). Cronbach's alpha coefficient for each subscale was  $.56 \leq \alpha \leq .96$ .

The Empathic Sensitivity Scale (SWE) by Kaźmierczak (2007) is a tool used to measure the cognitive and empathic dimensions of empathy. The scale contains three subscales. Perspective-taking (PP) refers to the ability to adopt another person's point of view in various life events. Empathic concern (ET) refers to the tendency to empathize and show compassion to others. Personal distress (OP) is experiencing negative emotions related to the suffering experienced by other people. The questionnaire contains 28 statements rated on a 5-point Likert scale (1 = *completely disagree*; 5 = *strongly agree*). Cronbach's alpha coefficient for each subscale was  $.74 \leq \alpha \leq .78$ .

The Meaning in Life Questionnaire (MLQ) by Steger (2006) is a tool for determining the meaning in life in two time perspectives: present and future. The questionnaire was adapted to Polish conditions by Kossakowska et al. (2013). It contains two subscales: the presence of meaning in life (MLQP) and the search for meaning (MLQS). The MLQP subscale measures the extent to which the respondent feels that their life has meaning, while the MLQS subscale indicates the degree of commitment and motivation to find or deepen their understanding of the meaning of their life. The questionnaire contains 10 statements, rated on a 7-point Likert scale (1 = *absolutely untrue*; 7 = *absolutely true*). Cronbach's alpha coefficient for the MLQP subscale is  $\alpha = .82$ , while for the MLQS subscale it is  $\alpha = .87$ .

## Results

The results obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for healthy and sick women were analyzed. Statistical analysis was performed using the Student's *t*-test, the Pearson *r* correlation coefficient was calculated, and structural equation analysis was performed.

### Level of Analyzed Variables

There were no significant differences (Table 1) between the scores obtained by healthy and sick women on the Religious Comfort and Strain Scale (RCSS),

the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ). On the Religious Comfort and Strain Scale (RCSS), both groups of women scored highest on the religious comfort factor (PCR) and on the negative social interactions surrounding religion (NEW) factor. They scored lowest on the negative emotions toward God factor (NEB) and average on the fear-guilt factor (LW). On the Empathic Sensitivity Scale (SWE), both groups of women scored highest on the empathic concern factor (ET) and lowest on the perspective-taking factor (PP) and personal distress factor (OP). Furthermore, on the Meaning in Life Questionnaire (MLQ), both groups of women scored high on the presence of meaning in life (MLQP) and the search for meaning in life (MLQS) factors.

**Table 1**

*Arithmetic Means (M), Standard Deviations (SD), and Results of the Student's t-test for the Group of Healthy and Sick Women Obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ)*

Variable	Healthy women		Sick women		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
PCR	7.56	2.59	7.46	2.81	0.180	.85
LW	4.37	2.38	3.98	2.33	0.836	.40
NEB	3.32	2.26	3.37	2.06	-0.120	.92
NEW	5.24	2.14	5.11	2.09	0.313	.75
PP	3.00	0.56	3.20	0.57	-1.845	.06
OP	3.12	0.75	3.26	0.88	-0.901	.37
ET	4.79	0.63	4.88	0.70	-0.665	.50
MLQP	5.20	1.33	5.31	1.43	-0.403	.68
MLQS	5.49	1.22	5.74	1.06	-1.093	.27

*Note.* PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life.

## Correlation Analysis

To show the covariation of variables obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for healthy and sick women, the Pearson correlation coefficient *r* was calculated.

In the group of healthy women (Table 2), a significant relationship was found between religious comfort (PCR) and negative emotions towards God (NEB) ( $r = -.41, p < .01$ ) and the presence of meaning in life (MLQP) ( $r = .47, p < .01$ ), as well as between fear-guilt (LW) and negative emotions towards God (NEB)

( $r = .41, p < .01$ ), negative social interactions surrounding religion (NEW) ( $r = .57, p < .01$ ) and personal distress (OP) ( $r = -.38, p < .01$ ). There is a significant relationship between negative emotions toward God (NEB) and negative social interactions (NEW) ( $r = .51, p < .01$ ) as well as the presence of meaning in life (MLQP) ( $r = -.54, p < .01$ ). Negative social interactions surrounding religion (NEW) are related to the presence of meaning in life (MLQP) ( $r = -.40, p < .01$ ). Perspective-taking (PP) is significantly related to empathic concern (ET) ( $r = .52, p < .01$ ) and the search for meaning in life (MLQS) ( $r = .32, p < .05$ ). Furthermore, the presence of meaning in life (MLQP) is significantly related to the search for meaning in life (MLQS) ( $r = .32, p < .05$ ).

**Table 2**

*Pearson Correlation Coefficients ( $r$ ) for Variables Obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for Healthy Women*

Variable	1	2	3	4	5	6	7	8
1. PCR	–							
2. LW	.25	–						
3. NEB	-.41**	.41**	–					
4. NEW	-.10	.57**	.51**	–				
5. PP	-.17	-.16	-.10	-.06	–			
6. OP	.01	-.38**	-.10	-.25	-.04	–		
7. ET	-.12	-.21	-.07	-.09	.52**	.14	–	
8. MLQP	.47**	-.13	-.54**	-.40**	.02	-.06	.12	–
9. MLQS	.24	.19	-.08	.20	.32*	-.27	.03	.32*

*Note.* PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life. \* $p < .05$ . \*\* $p < .01$ .

In the group of sick women (Table 3), a significant relationship is found between religious comfort (PCR) and negative emotions towards God (NEB) ( $r = -.36, p < .01$ ), personal distress (OP) ( $r = -.34, p < .05$ ), and the presence of meaning in life (MLQP) ( $r = .32, p < .05$ ). Fear-guilt (LW) has a significant relationship with negative emotions towards God (NEB) ( $r = .47, p < .01$ ) and the presence of meaning in life (MLQP) ( $r = -.37, p < .01$ ). There is a significant relationship between negative emotions toward God (NEB) and negative social interactions (NEW) ( $r = .27, p < .05$ ), personal distress (OP) ( $r = .28, p < .05$ ), and the presence of meaning in life (MLQP) ( $r = -.28, p < .05$ ). Perspective-taking (PP) is significantly related to empathic concern (ET) ( $r = .55, p < .01$ ) and the presence of meaning in life (MLQP) ( $r = -.28, p < .05$ ). Personal distress (OP) is

significantly related to empathic concern (ET) ( $r = .28, p < .05$ ). Furthermore, the presence of meaning in life (MLQP) is significantly related to the search for meaning in life (MLQS) ( $r = .40, p < .01$ ).

**Table 3**

*Pearson Correlation Coefficients ( $r$ ) for Variables Obtained in the Religious Comfort and Strain Scale (RCSS), the Empathic Sensitivity Scale (SWE), and the Meaning in Life Questionnaire (MLQ) for Sick Women*

Variable	1	2	3	4	5	6	7	8
1. PCR	–							
2. LW	.18	–						
3. NEB	-.25	.47**	–					
4. NEW	-.36**	.18	.27*	–				
5. PP	-.06	.00	.04	-.13	–			
6. OP	-.34*	.15	.28*	.07	-.03	–		
7. ET	-.03	-.03	.03	-.26	.55**	.28*	–	
8. MLQP	.32*	-.37**	-.28*	-.21	-.28*	-.09	-.22	–
9. MLQS	.16	-.14	-.17	-.04	-.19	.03	-.24	.40**

*Note.* PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions towards God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life.

\* $p < .05$ . \*\* $p < .01$ .

## Mediation Analysis

The results of the correlational analysis showed significant associations between religious struggles, empathy, and meaning in the lives of sick and healthy women. They did not provide a clear answer to the question of the role of comfort, religious struggles, and empathy in shaping women's meaning in life. To deepen this issue, a structural equation analysis was performed using the PROCESS 4.3 macro (Hayes, 2022), which showed the mediating role of empathy.

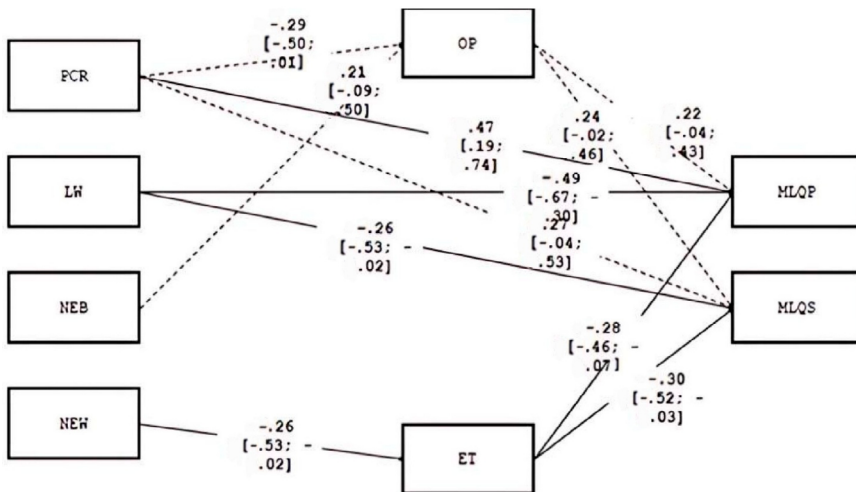
Two models were developed. One for sick women and the other for healthy women. The models included the following elements of religiosity as explanatory variables: religious comfort (PCR), fear of guilt (LW), negative emotions toward God (NEB), and negative social interactions related to religion (NEW). The mediating variables were empathy: perspective taking (PP), personal suffering (OP), empathic concern (EP), while the explained variables were the presence of meaning in life (MLQP) and the search for meaning in life (MLQS).

In this study, structural equation modeling (SEM) was used, which allows for the simultaneous testing of complex relationships between latent variables

and accounts for measurement error. An initial assessment of the model fit indices in both healthy and ill groups showed that the model did not meet acceptable criteria. However, several statistically significant relationships were identified, potentially indicating important connections between variables. Due to the observed effects, paths with a strength of association indicating a weak relationship between variables ( $\beta \geq .16$ ) were reduced in each model. This ultimately led to the removal of at least one mediator from each model. The models showed a good fit to the empirical data. The results after reduction are presented in path diagrams (Figures 1 and 2). Effect sizes were interpreted according to Cohen (2016).

**Figure 1**

*Empathy as a Mediator of the Relationship between Religious Comfort, Religious Struggles, and the Meaning in Life among Healthy Women*



*Note.* PCR = Religious comfort; LH = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; OP = Personal distress; ET = Empathic concern; MLQP = Presence of meaning in life; MLQS = Search for meaning in life. Solid lines indicate significant paths. Dashed lines indicate non-significant paths.

The analyzed SEM model (Figure 1) meets the criteria of a good fit. The CMIN (11.54,  $p = .04$ ), CMIN/ $df$ (1.05), CFI (.99), SRMR (.079), and RMSEA (.03, 95% CI [.000, .149]) indices demonstrate the satisfactory quality of the model for healthy women. The analysis of the individual paths showed that negative social interactions surrounding religion were a significant negative predictor of empathic concern,  $\beta = -.26$ ,  $p < .05$ , indicating that the stronger the negative social interactions surrounding religion, the lower the level of empathic concern. A higher level of empathic concern was also associated with a lower sense of the

presence of meaning in life,  $\beta = -.28, p < .05$ . Furthermore, empathic concern had a negative impact on the search for meaning in life,  $\beta = -.30, p < .05$ , suggesting that more caring individuals may be less likely to engage in an active search for meaning in life.

In turn, religious comfort significantly contributed to a greater sense of the presence of meaning in life,  $\beta = .47, p < .05$ . At the same time, individuals experiencing a higher level of religious comfort may have felt a stronger meaning in life, indirectly through greater personal distress. On the other hand, the fear-guilt factor was negatively associated with the presence of meaning in life,  $\beta = -.49, p < .05$ , indicating that individuals with a stronger sense of guilt and anxiety experienced a lower level of meaning in life. Among the relationships with biased significance, it was noted that negative emotions toward God may have promoted a higher level of personal distress,  $\beta = .21, p > .05$ . In turn, religious comfort tended to lower the level of personal distress,  $\beta = -.29, p > .05$ , which may suggest that higher religious comfort promoted a lower sense of personal distress.

It was also shown that religious comfort could support the search for meaning in life,  $\beta = .27, p > .05$ , whereas fear-guilt showed the opposite tendency,  $\beta = -.26, p < .05$ , which suggests that greater fear and guilt could hinder the active search for meaning in life. Personal distress tended to have a positive effect on the search for meaning in life,  $\beta = .24, p > .05$ , which may indicate that a higher level of personal discomfort encouraged reflection on the meaning in life. Furthermore, a similar tendency was observed with regard to the presence of meaning in life,  $\beta = .22, p > .05$ , where higher personal distress could promote a sense of greater meaning in life.

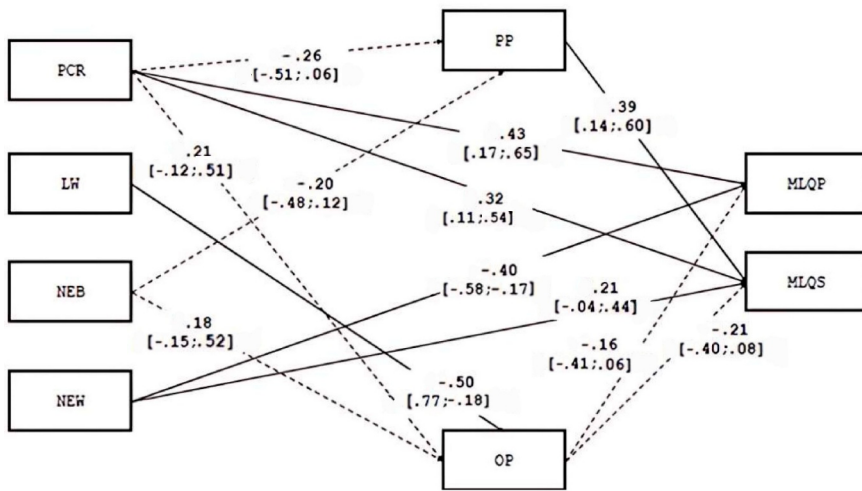
In the presented model (Figure 1), two statistically significant mediation effects were found on the paths:  $NEW = > ET = > MLQS, \beta = .04, 95\% \text{ CI } [.002, .115]$ , and  $NEW = > ET = > MLQP, \beta = .05, 95\% \text{ CI } [.003, .157]$ . This means that empathic concern is a mediator between negative social interactions surrounding religion and meaning in life in both examined aspects.

The analyzed SEM model (Figure 2) meets the fit criteria. The CMIN (10.53,  $p = .03$ ), CMIN/ $df$  (1.05), CFI (.99), SRMR (.055), and RMSEA (.04; 95% CI [.000, .162]) indices indicate the good quality of the model for sick women. Religious comfort turned out to be a significant positive predictor of the presence of meaning in life,  $\beta = .43, p < .05$ . This result shows that people who more often experienced religious comfort were also more likely to feel a greater presence of meaning in life. Additionally, religious comfort significantly promoted the search for meaning in life,  $\beta = .32, p < .05$ , which suggests that people who more often used religious comfort were more engaged in an active search for meaning in life. Fear-guilt significantly negatively predicted the level of personal distress,  $\beta = -.50, p < .05$ , which means that individuals experiencing greater fear and guilt

experienced lower levels of personal distress. Moreover, negative social interactions surrounding religion) are significantly associated with the presence of meaning in life,  $\beta = -.40$ ,  $p < .05$ , and the search for meaning in life,  $\beta = .21$ ,  $p < .05$ . In turn, perspective-taking had a significant, positive effect on the search for meaning in life,  $\beta = .39$ ,  $p < .05$ , indicating that individuals with higher levels of this ability were more likely to seek meaning in life actively.

**Figure 2**

*Empathy as a Mediator of the Relationship between Religious Comfort, Religious Struggles, and the Meaning in Life among Sick Women*



*Note.* PCR = Religious comfort; LW = Fear-guilt; NEB = Negative emotions toward God; NEW = Negative social interactions surrounding religion; PP = Perspective-taking; OP = Personal distress; MLQP = Presence of meaning in life; MLQS = Search for meaning in life. Solid lines indicate significant paths. Dashed lines indicate non-significant paths.

Religious comfort tended to positively predict personal suffering,  $\beta = .21$ ,  $p > .05$ , which may indicate that higher levels of religious comfort may have promoted higher levels of personal suffering and perspective-taking,  $\beta = -.26$ ,  $p > .05$ . Furthermore, negative emotions toward God tended to negatively predict perspective-taking,  $\beta = -.20$ ,  $p > .05$ , and positive personal stress,  $\beta = .18$ ,  $p > .05$ . Personal stress tended to predict the search for meaning in life negatively,  $\beta = -.21$ ,  $p > .05$ , which means that individuals demonstrating a higher level of this ability were more likely to engage in an active search for meaning in life and the presence of meaning in life,  $\beta = -.16$ ,  $p > .05$ .

Analysis of indirect effects showed (Figure 2), a single trend in the path: PCR = > PP = > MLQS,  $\beta = -.07$ , 95% CI [-.195, .002], which may indicate

that perspective-taking may be a mediator of the relationship between religious comfort and search for meaning in life among sick women.

## Discussion

This study aimed to show the role of religious comfort and religious struggles in the process of shaping empathy and meaning in life in women who had COVID-19, as well as in women who did not have COVID-19. Furthermore, the study demonstrates the potential of religiosity in shaping mental health aspects such as empathy and meaning in life. Based on the obtained results of the research on the analyzed issue, the research hypotheses were verified.

The first hypothesis suggests that women who have had COVID-19 show higher levels of religious comfort and fear-guilt than healthy women. This hypothesis has been partially falsified. The analysis did not show significant differences in this respect. However, healthy women scored higher on religious comfort and medium fear-guilt. This means that healthy women had a greater sense of trust in God and were more preoccupied with their own guilt and a sense of lack of forgiveness from God than sick women. Some studies suggest that religion provides significant support in experiencing difficult situations and illness, and people with mature religiosity are characterized by increased resistance to the pandemic. For example, it has been shown that in Nigeria and India, the COVID-19 pandemic contributed to an increase in religious commitment in a significant number of the studied people (Fatima et al., 2022). In turn, as noted by Thuné-Boyle and his colleagues (2013), the experience of illness does not necessarily have to be perceived by women as a punishment and rejection by God.

Hypothesis two suggests that sick women show higher levels of personal distress and empathic concern than healthy women. The hypothesis was rejected. The difference between the two groups is insignificant in this respect. However, sick women showed higher levels of personal distress and empathic concern. This means that sick women experienced stronger negative emotions in connection with the suffering experienced by others and were more likely to show compassion for other people. This research was confirmed by previous research by Baiano et al. (2022), which showed that the pandemic had both a positive and negative impact on the cognitive and emotional dimensions of empathy and perspective-taking. The lack of differentiation in personal distress and empathic concern between sick and healthy women, as mentioned by the researchers (Sokhanvar et al., 2023), may sometimes suggest that it is associated with the search for similar forms of adaptation to the pandemic situation.

The third hypothesis suggests that sick women show a lower level of the sense of the presence of meaning in life, and a higher level of searching for meaning in life than healthy women. The hypothesis was rejected. There are no significant differences between the studied groups of women. Both groups are characterized by a high level of presence and searching for meaning in life. However, sick women are characterized by a higher level of searching for meaning in life and the presence of meaning in life than healthy women. According to Dacka (2022), situations that threaten the loss of security, characterized by uncertainty and misunderstanding, raise the question of the meaning in life in a person's life. Current research suggests that the experience of the pandemic, i.e., a situation that increases the sense of lack of security and uncertainty, could have increased reflection on the meaning in life in both sick and healthy women. Additionally, faith and their religious practices played the role of supporting factors in experiencing life's difficulties, even such as illness or death, and helped to give them meaning (Dacka, 2022; Głaz, 2020).

Hypothesis four suggests that in the lives of sick women, there is a stronger positive relationship between religious comfort and the search for meaning in life than in healthy women. The hypothesis was rejected. In both groups of women, significant correlations are observed between religious comfort and the search for meaning in life. However, a stronger positive relationship between religious comfort and the search for meaning in life is observed in healthy women. The stronger relationship in healthy women may indicate greater involvement in religious practices and feeling the presence of God, which may have been lacking in women sick with COVID-19. Sick women, due to their illness and possible quarantine, may have been deprived of the opportunity to participate in services, participate in the sacraments, and may have spent less time on personal prayer, which in turn may have contributed to a deepening lack of religious comfort in their lives.

Hypothesis five suggests that in the lives of healthy women, there is a stronger negative relationship between negative emotions towards God and the presence of meaning in life than in sick women. The hypothesis is true, there are no grounds for rejection. This hypothesis was confirmed. In the lives of both women who were sick and those who did not have COVID-19, there is a significant negative relationship between negative emotions towards God and the presence of meaning in life, but it is stronger in healthy women. Although religiosity is positively associated with meaning in life as well as in the experience of illness, experiencing a relationship with God can also lead to feeling anger towards God when experiencing difficult situations, as indicated by Exline's research (2011). COVID-19, due to its rapid spread and high contagiousness, is often associated with the risk of infecting loved ones. Fear of the consequences of the experienced disease was associated with concern not only for one's own health and life, but also for the health of loved ones, which can also cause rebellion and anger directed towards God.

Hypothesis six suggests that in the lives of sick women, there is a stronger negative relationship between fear-guilt and the search for meaning in life than in healthy women. This hypothesis has been partially falsified. In both groups of women, the relationship between fear-guilt and the search for meaning in life is insignificant. In the group of healthy women, the relationship is positive, while in the group of women who have had COVID-19, it is negative. This suggests that fear-guilt, which concerns the confrontation with one's own moral imperfection, related to the evaluative dimension of women's conscience, and at the same time is often a source of internal tensions, does not significantly affect the existential variable, which is the search for meaning in life. As other studies indicate, these are two different dimensions of human life, and each of them often plays a different function in human life (Krok et al., 2023).

Hypothesis seven suggests that in the lives of sick women, there is a stronger negative relationship between personal distress and the presence of meaning in life than in healthy women. This hypothesis was rejected. In both groups of women, the relationship is negative and insignificant. It was suggested that women who are sick due to their own illness tend to experience greater distress than healthy women, as indicated by previous studies (Chasson et al., 2021). Hence, it was expected that the relationship between personal distress and the presence of meaning in life, in the lives of sick women, would be stronger than in healthy women. The obtained result may suggest that the sense of the presence of meaning in life in women during the pandemic is more influenced by other variables, which have not been taken into account in this study. Studies suggest (Stone, 2022) that these may be openness to experience, lack of a sense of security, and lack of acceptance of the disease.

Hypothesis eight suggests that in the lives of sick women, there is a stronger positive relationship between empathic concern and the presence of meaning in life than in healthy women. This hypothesis was rejected. In the group of sick women, the relationship is negative, while in healthy women, positive. However, in both groups of women, the relationship is insignificant. This suggests that compassion for others does not promote the presence of meaning in life. The negative relationship between empathic concern and the presence of meaning in sick women could be explained by the fact that sick women experienced the effects of the disease to a greater extent than unaffected women. Hence, compassion for others could be seen as depriving oneself of one's own creative powers useful during illness (Calandri et al., 2019). On the other hand, healthy women who did not directly face the disease may have had a lower ability to imagine and understand what a sick person experiences.

Hypothesis nine, which suggests that illness has a significant impact on the presence and search for meaning in women's lives, was verified. Structural equation analysis in both models, for healthy and sick women, revealed a similar role for

religious comfort as a factor, supporting the presence of meaning in life and the search, while simultaneously showing an unfavorable effect of fear-guilt on these aspects of meaning in life. In the group of healthy women, empathic concern played a key role in the mediation and was associated with decreases in the level of presence and the search for meaning in life. Moreover, empathic concern explained the influence of negative social interactions surrounding religion on the experienced meaning in life. On the other hand, in sick people, perspective-taking became more important – it is more strongly associated with the search for meaning in life, and at the same time associated with a lower sense of the presence of meaning, which did not occur in the lives of healthy women. Additionally, in the group of sick women, relationships were observed between fear-guilt and personal distress, as well as tendencies suggesting that an increase in religious comfort may be associated with an increased level of personal distress.

Both models emphasize the importance of religious struggles and the mediating role of empathy in shaping the sense of meaning in life. However, the mediating contribution of individual aspects of empathy to the above-mentioned relationships was varied. This may suggest that individual aspects of empathy do not mediate the relationships between religious struggles and the presence of meaning in life and the search for meaning in life to the same extent, and that sometimes, to a varying extent, the effects of the pandemic were perceived in terms of limitations and unfavorable changes related to women's personal beliefs and goals (Krok et al., 2023).

### **Limitations of the Research**

The analyzed issue fills the gap in scientific research related to the effects of the pandemic on women who were and were not ill with COVID-19. However, it should also be emphasized that the work has certain limitations. The women studied were residents of Małopolska, which may also have affected the research results. Both groups of women participants constituted a small research sample. In addition, most of the study participants were affiliated with the Roman Catholic Church and declared themselves believers and practicing Catholics. In addition, the self-report method was not used. In the future, the research should include a larger group of believers and practicing women from other regions of Poland. These could also be women of other religious denominations or non-practicing believers. Reaching this type of group of women would require a change in the form of research, including the introduction of an initial selection. However, in order to expand knowledge on the analyzed issues, it would be necessary to diversify the research group and repeat the research using other tools to measure religiosity, empathy, meaning in life, and attitude towards the pandemic.

## Implications

The knowledge obtained from the conducted research can provide clinical psychologists and healthcare workers, including hospice workers and volunteers, with a deeper understanding of the needs of patients experiencing a serious illness. The results of this research can also be helpful to specialists in other fields, such as sociologists, social workers, or therapists, for whom the search for environmental factors affecting society's quality of life is essential. The analysis of the experience of illness in the context of faith is also a source of important knowledge for the clergy that can be used in pastoral work. Knowing the relationships between individual factors, one can also plan preventive actions and psychoeducation in the area of the influence of religiosity and empathy on the quality of life. The current results can be an inspiration for a creative search for the meaning in life and a deepening of its understanding. In addition, this work can be a source of hypotheses useful for further research.

## Conclusions

The analysis of the connections between religious comfort and religious struggles, empathy, and the meaning in life of Polish women, in the context of the experienced pandemic, as well as the COVID-19 disease, has certainly contributed to addressing questions about the meaning in life. For believers and practitioners, the pandemic has often been an opportunity to reflect on their own religiosity, the quality of their relationship with God, and their relationship with other people. The following conclusions have been drawn from the research on religious comfort and religious struggles, empathy, and the sense of meaning in life of women experiencing the COVID-19 pandemic. Women, both those who had COVID-19 and those who did not, were characterized by a high level of religious comfort and a sense of the presence of meaning in life, and searching for meaning in the experienced pandemic situation. This suggests that the indicated level of religious comfort and the sense of meaning in life support women in the experience of the disease related to COVID-19. As researchers show (Coppola et al., 2021), mature religiosity plays and can play important roles not only in discovering the meaning in life, but also in the way of coping with illness. Hence, it is important to take care of the development of one's own religiosity, as well as to constantly search for and discover the meaning in life associated with traumatic events.

Both groups of women demonstrate a lack of a significant relationship between religious comfort and the search for meaning in life. Numerous studies indicate a positive and significant relationship between religiosity and meaning in life.

The current research suggests that both groups of women perceived the pandemic as a non-limiting obstacle to the realization of their own life plans and goals and as a harmless event (Krok, 2017). It was an event that did not mobilize them to search for a deeper meaning in life. On the other hand, religious comfort is strongly associated with the presence of meaning in life in the lives of healthy and sick women. This suggests that religious comfort, which is more related to the spiritual sphere of a person, has a large share in women's belief that human life has meaning and that a person can freely pursue their chosen goals. The current results provide new empirical data helpful in understanding the relationship between religion and meaning in life and related to one's own health.

In the group of healthy women, empathic concern played a key role in mediation, which was both associated with a lower level of presence and search for meaning in life, and also explained the influence of negative social interactions surrounding religion on the presence of meaning in life. In the group of sick people, perspective-taking became more important – it is more strongly associated with the search for meaning in life, and at the same time, it is associated with a lower sense of the presence of meaning, which did not occur in the lives of healthy women. The contribution of individual aspects of empathy was varied. It was expected that empathy, which is manifested in the ability to imagine, experience, and understand what the other person feels, plays an important mediating role between religious comfort and religious struggles and the presence and search for meaning in the lives of sick and healthy women. The current research confirmed to a small extent, the process of supporting empathy in the search for and presence of meaning in women's lives. This indicates a certain independence of empathy in this process. As researchers point out, during traumatic events, empathy does not always play a supporting role for those affected by the disease; it is necessary to refer to other available resources to achieve the best possible adaptation.

The events related to the COVID-19 pandemic, as well as recently to the war in Ukraine, have certainly contributed to readdressing extremely difficult questions regarding human existence. The knowledge obtained on the basis of the analyzed variables and research results provides us with many interesting observations regarding religiosity, empathy, and the sense of meaning in life during the pandemic in the lives of women who have and have not had COVID-19. The knowledge gained is all the more valuable because of the visible lack of such studies. It was expected that the connections between religious comfort and religious struggles, empathy, and the meaning in life would be stronger among women, which is why further research is needed in these areas. Nevertheless, the obtained results may be useful for creating new hypotheses and for a deeper understanding of the disease associated with COVID-19.

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