

## OPTIMISM, ALTRUISM AND RELIGIOUS COPING POST COVID-19 PANDEMIC

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### ABSTRACT

Post Covid-19 conditions still leave trauma for some people, especially those who have experienced pain and even lost family members. The ability to deal with trauma is the ability to adapt to conditions. The aim of this study is to find out how optimism and altruism influence post-pandemic religious coping. The subjects of this study amounted to 820 men and women, aged 23-58 years old. The Brief RCOPE, LOT-R and the altruism scale are instruments to find out the level of religious coping, optimism, and altruism respectively. Based on the parametric-statistical analysis with product moment correlation from Pearson, there was a correlation between optimism and religious coping and there was also a correlation between altruism and religious coping. Based on multiple regression analysis, this study showed that both variables can simultaneously be predictors of religious coping.

**Keywords:** optimism, altruism, coping religious, pasca pandemic

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### INTRODUCTION

The psychological pressure in living with a pandemic situation where social changes occur quickly, it has made almost everyone feel worried so they feel anxious. Even afterwards, it still leaves trauma for some people. Post-pandemic, it doesn't mean that everyone is free from their trauma, especially those who have experienced pain or the loss of family members, leaving experiences with deep impressions.

When this trauma is prolonged, the risk of mental health problems and medical problems increases. Steel, et al (2002) suggested that people exposed to trauma have a higher risk of mental illness. Trauma exposure is the more important predictor of a person's mental health. Everyone needs to learn how to deal with this pandemic situation in order to adapt until he feels comfortable again. This comfortable condition can be obtained when a person is able to defend himself both physically and psychologically,

referred to as a state of balance. In this condition of discomfort, a person's health can be threatened. Therefore, a coping strategy is one way that can be done. Coping is a person's ability to deal with and solve problems appropriately. Coping is a way that is used to relieve pressure and obstacles that a person feels.

This study uses a religious approach, therefore the more appropriate term to represent it is religious coping. The way a person manages stress and life's problems by using his beliefs is called religious coping (Wong-McDonald and Gorsuch, 2012).

The dynamic and situational understanding of religious coping, which was developed from the transactional model of Lazarus and Folkman, was interpreted by Pargament who stated that religion is a central part of religious coping. In facing and solving life's problem, religion has two roles. First, contribute to the process of managing stress and dealing with problems. Second, religion is

the ability to adapt to problems originating from other things that are in progress (Pargament et al, 1992).

Not only can religious coping help people deal with stress and discover solutions to problems in life, but it can also help people find purpose in life, get closer to God, have hope, find peace, form relationships with everyone, develop more ideally, and exercise better self-control. Religious stress management encompasses cognitive, emotional, and conative facets that are addressed in religion (Pargament, 2001). Religious coping is a response of cognition, emotion and behavior that is packaged religiously to manage stress, including various ways and goals with positive and negative aspects (Wortmann, 2013).

Religion is designed as a special system to deal with pressure, because its role in dealing with pressure caused by individual constraints is very much needed (Pargament, 1997). Religiosity has a mediating role in influencing the daily lives of individuals. Not everyone judges a negative thing as a negative thing, and quite a few people judge a negative thing as a positive thing. They have a positive outlook because of the way they think, feel and behave positively. Ano & Vasconcelles (2004) suggested that religious coping is effective in helping individuals who are experiencing stress; religious coping positively related to psychological adjustment (Ano and Vasconcelles, 2005). One form of psychological adjustment in this research is optimism and altruism.

Optimism and altruism can be predicted as psychological attributes that affect coping. Through an optimistic attitude, a person will be able to solve the pressures and problems of life confidently so that they can solve each problem appropriately. Similarly, altruism is an attitude of helping others because of one's own need for a sense of moral responsibility.

Optimism and altruism are behaviors that show a person's condition in his religiosity. The study results showed that belief in religion is very effective as a person's strategy in solving life's problems, which depends on whether the perspective is positive or negative. As Warren (Warren et al, 2014) stated religious coping affects a person's psycho social adjustment through an optimistic attitude. Optimism is the foundation of positive psychology and is one of the central aspects. People who have an optimistic attitude will look at every problem positively and have good hopes that they will be able to handle all obstacles (Seligman et al, in David Panah, 2009). This concept is in line with everyday life, that humans are dynamic. Every human behavior has a purpose, (Scheier & Carver, 2003). Having an optimistic outlook allows individuals to address significant life challenges and cope with depression more effectively. Optimism strengthens the immune system and reduces vulnerability to illness (Seligman, 2005). As noted by Baldwin et al. (2008), optimism is closely linked to both physical and psychological health, as well as to life satisfaction and psychological well-being. People who maintain optimism are generally better at solving their problems compared to those with a pessimistic attitude (Nasab, 2005).

Seligman (2008) suggested that optimism is characterized by an individual's belief in their ability to handle negative events or failures, viewing them as temporary and not significantly impacting their overall activities. Such events are seen as not solely their own fault but potentially the result of circumstances, fate, or others. Scheier and Carver (2003) noted that optimism contributes to better health outcomes, as optimistic individuals are motivated to remain productive and pursue their goals. Even when faced with failure, optimistic people maintain positive expectations and continue to strive for success (Gibson & Sanbonmatsu, 2004). They tend to

believe that good outcomes are more likely than bad ones (Segerstrom et al., 2011).

Another psychological concept is altruism, which refers to actions that benefit others without expecting anything in return (Kerr et al., 2004). Altruistic individuals genuinely aim to help others, prioritizing others' needs above their own. Stukas et al. (2012) defined altruism as the sincere act of offering assistance to someone in need out of compassion. Altruism is closely linked to religion, as a form of behavior (Midlarsky, 2012). Besides religion, Schwartz (2013) suggested that altruism also contributes to overall well-being. Widyastuti (2012) proposed that altruism, driven by six factors including religious and moral values, motivates individuals to help others. Religiosity and moral principles encourage social responsibility, emphasizing mutual support and patience as taught by religion. Therefore, this study aims to examine how optimism and altruism influence religious coping in the post-pandemic context.

## RESEARCH METHODS

This is quantitative research. The population in this study were individuals who had experienced pain or lost family members during the Covid pandemic. Our sample included 820 respondents selected using a purposive sampling technique, with specific criteria: individuals who had been exposed to COVID-19, were affected by the pandemic, or had lost family members, and were aged between 23 and 58 years. Data collection occurred both offline and online through Google Forms. In this research, Pearson product-moment correlation analysis was utilized to assess the relationships between optimism and religious coping, as well as between altruism and religious coping. Additionally, multiple regression analysis was conducted to evaluate the combined impact of optimism and religious coping on altruism.

used in several studies. This instrument The Brief RCOPE was utilized as a questionnaire to assess religious coping, consisting of 14 items. Positive religious coping is measured through items 1 to 7, using a 5-point Likert scale ranging from strongly agree to strongly disagree. Conversely, negative religious coping is evaluated through items 8 to 14, with responses ranging from strongly disagree to strongly agree. This instrument has significantly contributed to understanding the role of religion in addressing crises, trauma, and transitions. Pargament (2001) developed the Brief RCOPE, which demonstrates strong internal consistency, concurrent validity, predictive validity, and incremental validity. The Brief RCOPE is a reliable and valid measurement tool that has been widely employed in various studies.

Additionally, Scheier and Carver (1985) created the original version of the Life Orientation Test (LOT) optimism questionnaire, which was later revised to the LOT-R (Scheier et al., 1994). This measuring instrument was subsequently standardized by Khodabakhsi (2004). The questionnaire reliability was 0.74 with 6 items measuring optimistic and pessimistic attitudes. This measuring instrument used a Likert scale with 5 scores, from strongly agree to strongly disagree. Items 3, 7 and 9 have reversed scores. Rushton (1981) created a measuring instrument for altruism that includes 20 items designed to assess the frequency of an individual's altruistic behaviors toward strangers. This instrument utilizes a five-point Likert scale, where responses are ranked from Never (1) to Very Often (5).

## RESULTS AND DISCUSSION

The first hypothesis is that there is a correlation between optimism and religious coping.

Table 1- correlation coefficient optimism and religious coping.

| N | (r) | Significance |
|---|-----|--------------|
|---|-----|--------------|

|     |       |      |
|-----|-------|------|
| 820 | 0,349 | 0,00 |
|-----|-------|------|

Table 1 shows a significant positive correlation between optimism and religious coping, with a coefficient of 0.349 and a p-value of less than 0.05. Thus, the first hypothesis is confirmed.

The second hypothesis states that a correlation exists between altruism and religious coping.

Table 2- Correlation coefficient altruism and religious coping

| N   | (r)   | Significance |
|-----|-------|--------------|
| 820 | 0,273 | 0,00         |

Table 2 indicates a significant positive correlation between altruism and religious coping ( $r = 0.273$  and  $p < 0.05$ ). Thus, the second hypothesis is confirmed.

The third hypothesis states that there is no correlation between optimism and altruism.

Table 3- correlation coefficient optimism and altruism

| N   | (r)   | Significance |
|-----|-------|--------------|
| 820 | 0,063 | 0,13         |

Table 3 shows no significant correlation between optimism and altruism ( $r = 0.063$  and  $p > 0.13$ ). Thus, the third hypothesis is confirmed.

The fourth hypothesis proposes that there is a multivariate correlation among optimism, altruism, and religious coping.

Table 4- Multivariate correlation coefficient on prediction variables (optimism, altruism) and religious coping

#### ANOVA<sup>a</sup>

| Model |            | Sum of Squares | df  | Mean Square | F       | Sig.              |
|-------|------------|----------------|-----|-------------|---------|-------------------|
| 1     | Regression | 9677.33        | 2   | 4838.67     | 287.917 | .000 <sup>b</sup> |
|       | Residual   | 5377.44        | 817 | 12.773      |         |                   |
|       | Total      | 15054.8        | 819 |             |         |                   |

a. Dependent Variable: Religious Coping

b. Predictors: (Constant), Optimism, Altruism

Table 4 presents the regression analysis indicating significant predictions for optimism, altruism, and religious coping ( $F = 287.917$ ,  $p < 0.05$ ). Thus, the fourth hypothesis is confirmed.

Table 5- Model summary

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|---------------|
| 1     | .580 <sup>a</sup> | .436     | .461              | 3.271                      | 1.687         |

a. Predictors: (Constant), Optimism, Altruism

b. Dependent Variable: Religious Coping

In Table 5, the R Square value is 0.436, indicating that optimism and altruism account for 43.6% of the variance in religious coping. Religious coping is influenced by other variables not included in the linear regression model, but their impact is relatively significant at 56.4%.

The purpose of this study was to explore the impact of the relationship between optimism and altruism on religious coping during the pandemic. The first hypothesis aligns with Warren's research, which shows that religious coping influences psychosocial adjustment through optimism (Warren et al., 2014). The findings for the second hypothesis are consistent with Midlarsky's study, which reveals a strong link between religion and altruism (Midlarsky, 2012). The third hypothesis is supported by the research of Ali and Bazorgi (2016), indicating that altruism is not directly connected to optimism but is mediated by happiness. Happiness, being one of the fundamental positive emotions, plays a crucial role in fostering altruism in both individuals and society. Altruistic actions bring happiness, which is often linked to hope, satisfaction, and trust. The fourth hypothesis is supported by the works of Seligman (2008), Pargament (1997), Midlarsky (2012), and Warren (2012).

Religion is designed as a special system to deal with pressure, because of that its role in dealing with pressure caused by individual strength constraints is very much needed. (Pargament, 1997). Religiosity as a mediating role in influencing the daily lives of individuals. Not all people judge event negativity as a

negative thing, also not a few people who judge an event negative is positive. They have a positive outlook because of the way they think, feel and behave positively.

Ano and Vasconcelles (2004) proposed that religious coping can effectively assist individuals in managing stress, leading to improved outcomes. Religious coping is associated with positive psychological adjustment. In this study, optimism and altruism are considered forms of psychological adjustment.

An optimistic attitude enables individuals to tackle significant life challenges and cope with depression. Optimism has been shown to strengthen the immune system, making a person less susceptible to illness (Seligman, 2005). Those with an optimistic outlook are generally more successful at resolving problems compared to pessimistic individuals (Nasab, 2005). Optimistic people maintain positive expectations even in the face of failure, continuing to hold onto hope (Gibson and Sanbonmatsu, 2004). They believe that good outcomes are more likely than negative ones (Segerstrom et al., 2011).

This belief system fosters the conviction that God will assist individuals and grant them the strength to overcome life's challenges. Optimistic people accept God's plan for their lives and work in harmony with it. Their perspective differs from others due to their positive thinking, positive assumptions, and positive behavior, which help them perceive how God may be using the situation to strengthen them.

For example, during the pandemic, optimistic individuals view the situation as temporary and trust that God has given them the ability to handle it. Their closeness to God and their faith bring them a sense of peace, allowing their bodies to reach a balanced state, free from stress. This optimistic mindset boosts their immune system, making them less prone to illness and infection, even as the pandemic

continues.

Altruism, on the other hand, is behavior that benefits others without expecting anything in return (Kerr et al., 2004). It stems from a genuine desire to help, putting others' needs ahead of one's own. According to Stukas et al. (2012), altruism involves sincerely aiding others out of concern for their well-being when they face difficulties. Religion and altruism are closely related as forms of behavior. Myers (2012) explains that altruistic individuals offer help without expecting any rewards. Widyastuti (2012) suggests that altruism is driven by six factors, including religious and moral values, which encourage people to assist others. Religion fosters social responsibility, teaching people to support one another with kindness and patience.

A pandemic condition has taught us that in living together, humans need to help and care for each other. Caring for others encourages positive behavior, which is a core value in many religions. Humans are inherently social beings who rely on others for mutual support, making it essential to nurture a sense of care for those around us. This caring attitude is the foundation for developing altruistic behavior.

A pandemic is seen as part of divine destiny, something unavoidable that must be faced. Helping one another and maintaining optimism are the best ways to navigate through such challenges, all while trusting that God will provide the strength to overcome life's difficulties.

Religious coping is a helpful approach for managing life's problems, especially under psychological stress, such as the rapid societal changes brought on by a pandemic, which has caused widespread worry and anxiety. Optimism and altruism significantly contribute to religious coping, accounting for 43.6% of its effectiveness, while the remaining 56.4% is influenced by other factors not explored in this study. Future research is recommended to investigate external factors that may impact

religious coping.

## CONCLUSION

Optimistic people have positive thoughts, positive prejudices, and positive behavior. By remaining confident that God will help them through all life's problems as a way of adapting themselves through a religious approach. Concern for others leads us to the good behavior of altruism which is one of the values in religion. With religion, a person has a social responsibility to help others, work together in kindness and patience. The implication is that altruism can strengthen brotherhood. Foster harmony between fellow humans.

## BIBLIOGRAPHY

- Adriyani, Juli. (2014). *Coping Stres Pada Wanita Karier Yang Berkeluarga*, Jurnal Al-Bayan 21(30) hal 14.
- Ali, Raziye M & Bozorgi, Zahra D. (2016). The relationship of altruistic behavior, empathetic sense, and social responsibility with happiness among University Students. Research papers. January 2016, 4 (1): 51-56
- Armajayanthi, Erika, Victpriana, Evany dan Ayu, Kangga L. (2017). *Studi Deskriptif Mengenai Coping Stress Pada Ibu Yang Memiliki Anak Dengan Autism Sebuah Penelitian Di Sekolah "X" Bandung*, Jurnal Humanitas, 1(1), hal 41.
- Ano, GG., & Vasconcelles, EB (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of clinical psychology*, 61(4), 61-80. <http://dx.doi.org/10.1002/jclp.20049>
- Carver, C. S., & Scheier, M. (2003). *Optimism*. In S. J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures* (p. 75–89). American Psychological Association. <https://doi.org/10.1037/10612-005>
- Folkman, S. (2013). Stress, coping, and hope. In *Psychological aspects of cancer* (pp. 119-127). Springer, Boston, MA. Gomes, A. R., Gibson, B., & Sanbonmatsu, D. M. (2004). Optimism, pessimism, and gambling: The downside of optimism. *Personality and Social Psychology Bulletin*, 30(2), 149–160. <https://doi.org/10.1177/0146167203259929>
- Kerr, B., Godfrey, P-Smith and Feldman, M.W. (2004). What is Altruism? Elsevier. *TRENDS in Ecology and Evolution* Vol 19 no.3 March 2004. <https://doi.org/10.1016/j.tree.2003.10.004>
- Krok, D. (2015). The role of meaning in life within the relations of religious coping and psychological well-being. *Journal of Religion and Health*, 54(6), 2292–2308. <https://doi.org/10.1007/s10943-014-9983-3>
- Lazarus, R.S. & Folkman, S. (1984). *Stress appraisal and coping*. New York: Springer Publishing Company, Inc.
- Midlarsky, E. & Mullin, Anthony S.J. (2012). Religion, altruism, and prosocial behavior: Conceptual and empirical approaches. [doi:10.1093/oxfordhb/9780199729920.001.0001](https://doi.org/10.1093/oxfordhb/9780199729920.001.0001)
- Mousavi Nasab, S. M. H. (2005). Optimism-pessimism, assessment of stress and coping strategies among the adolescents. MA thesis. Shiraz University
- Myers, David G. (2012). *Social Psychology*. Jakarta: Salemba Humanika.
- Pargament, K., Olsen, H., Reilly, B., Falgout, K., Ensing, D., & Van Haitsma, K. (1992). God help me (II): The relationship of religious orientations to religious coping with negative life events. *Journal for the Scientific Study of Religion*, 31(4), 504–513. <https://doi.org/10.2307/138685>

2

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.

Pargament, K. I. (2001). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press

Pargament, K. I., Ano, G. G., & Wachholtz, A. B. (2005). The religious dimension of coping: Advances in theory, research, and practice. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 479–495). New York: Guilford Press.

Rushton, J. P., Chrisjohn, R.D., & Fekken, G. C. (1981). The altruistic personality and the self-report altruism scale. *Personality and Individual Differences*, 1, 292-302

Safaria, Triantoro dan Saputra, Nofrans Eka. (2012). *Manajemen Emosi Sebuah Panduan Cerdas Bagaimana Mengelola Emosi Positif Dalam Hidup Anda*. Jakarta: Bumi Aksara

Schwartz, C.E., Quaranto, Brian R., Healy, Brian C., Benedict, Ralph H.B. & Vollmer, Timothy L. (2013), Altruism and health outcomes in multiple sclerosis: the effect of cognitive reserve. <https://doi.org/10.1080/17439760.2013.776621>

Segerstrom, S. C., Evans, D. R., & Eisenlohr-Moul, T. A. (2011). Optimism and pessimism dimensions in the Life Orientation Test-Revised: Method and meaning. *Journal of Research in Personality*, 45(1), 126–129. <https://doi.org/10.1016/j.jrp.2010.11.007>

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Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5–14. <https://doi.org/10.1037/0003-066X.55.1.5>

Seligman, M.E.P. & Steen, T. & Park, N. &

Peterson, C. (2005). Positive Psychology Progress: Empirical Validation of Interventions. *The American psychologist*. 60. 410-21. <https://doi.org/10.1037/0003-066X.60.5.410>.

Stukas, A. A., & Clary, E. G. (2012). Altruism and helping behavior. In V. S. Ramachandran (Ed.), *Encyclopedia of human behavior* (2nd ed., Vol. 1, pp. 100-107). Kiddlington, UK: Academic Press. (19) (PDF) *Altruism and Helping Behavior*. Available from: [https://www.researchgate.net/publication/315572104\\_Altruism\\_and\\_Helping\\_Behavior](https://www.researchgate.net/publication/315572104_Altruism_and_Helping_Behavior).

Warren, P., Van Eck, K., Townley, G., & Kloos, B. (2014, November 17). Relationships Among Religious Coping, Optimism, and Outcomes for Persons With Psychiatric Disabilities. *Psychology of Religion and Spirituality*. Advance online publication. <http://dx.doi.org/10.1037/a0038346>

Widyastuti, Fery. (2012). The relationship between gratitude and altruistic behavior in students of the Department of Sufism and Psychoterapy Forces (Semarang: Thesis Not Publish, pp.33-35)

William L. Hathaway & Kenneth I. Pargament (1991) *The Religious Dimensions of Coping*, Prevention in Human Services, 9:2, 65-92, [http://doi.org/10.1300/J293v09n02\\_04](http://doi.org/10.1300/J293v09n02_04)

Wong-McDonald and Gorsuch, R.L., (2012). Surrender to God: An Additional Coping Style? *Journal of Psychology and theology* 28(2): 149-161. October 2012. <http://doi.org/10.1177/009164710002800207>.

Wortmann J. (2013) Religious Coping. In: Gellman M.D., Turner J.R. (eds) *Encyclopedia of Behavioral Medicine*. NY: Springer. [https://doi.org/10.1007/978-1-4419-1005-9\\_665](https://doi.org/10.1007/978-1-4419-1005-9_665)