



Role of Covid-19 Stress in Shaping Unhealthy Relationship with Spouse and Child: Mediated by Religious Coping Strategies

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Abstract: The COVID-19 may result in unhealthy family relationships due to stress, making it crucial to consider ways to improve this situation. This study aimed to present a model of the role of Coronavirus stress in shaping unhealthy relationships with a spouse and child, mediated by religious coping strategies. The research method used was descriptive and path analysis. The statistical population included all married individuals in Iran in 2021, and 608 people were selected using voluntary sampling. The data was gathered using the Corona Stress Scale (CSS-18), Religious Coping Scale (RCOPE), Marital Conflict Questionnaire (MCQ), and Parent-Child Relationship Scale (PCRS). Data analysis was conducted using Pearson correlation and path analysis, as well as SPSS-26, AMOS-23, and the Hayes' PROCESS macro. The results showed that Covid-19 stress and religious coping strategies can explain the quality of interaction with a spouse and the quality of parent-child interaction. Furthermore, Covid-19 stress can predict religious coping strategies. The indirect effects showed that Covid-19 stress, through negative religious coping strategies, has an effect of 6.9% on the quality of interaction with a spouse and 7.7% on the quality of parent-child interaction. Additionally, Covid-19 stress, through positive religious coping strategies, has an effect of 12.6% on the quality of interaction with a spouse and 6.1% on the quality of parent-child interaction. According to the findings of this study, Covid-19 stress can lead to the formation of unhealthy relationships with a spouse and children, but the use of religious coping strategies can mitigate the effect of Covid-19 stress.

Keywords: COVID-19, Coronavirus Stress, Religious Coping, Marital Relationship, Parent-Child Relationship

Introduction

In December 2019, a novel virus called Corona was first detected in China, originating from an unknown source. It rapidly spread to other countries, resulting in the global Covid-19 epidemic (Özdin & Bayrak Özdin, 2020). This disease not only inflicted physical harm and fatalities but also had detrimental effects on individuals' mental health, intensifying feelings of fear and uncertainty about its nature, along with constant reminders of mortality (Ghebreyesus, 2020; Singu, 2022).

Ambiguity surrounding this disease, such as its duration, appropriate management, and treatment options, the overwhelming influx of information and news related to the epidemic and its consequences, decreased social interactions due to the pandemic, and recommendations or restrictions like stay-at-home orders, can significantly impact individuals' mental well-being and contribute to what is known as coronavirus (Covid-19) stress (Torales et al., 2020). Covid-19 stress encompasses physical, mental, and behavioral responses resulting from the fear of Covid-19 that individuals believe they cannot cope

with. This stress may arise from the fear of personal or loved ones' illness, the challenges of caring for an infected individual, excessive precautions to prevent infection and transmission, as well as concerns about socio-economic outcomes ([Salimi, Chamgordani, et al., 2021](#); [Taylor et al., 2020](#)). Covid-19 stress can even escalate to the point of triggering post-traumatic stress disorder ([Tang et al., 2020](#)). Furthermore, the stressful conditions associated with this disease can impact individuals who are not physically affected, leading to psychological problems and distress ([Alizadeh Fard & Saffarinia, 2020](#)). Coronavirus disease affects various aspects of people's lives. Studies indicate that the repercussions of the disease extend beyond its intrapersonal effects ([Liu et al., 2020](#)). Unfortunately, it also disrupts marital and family life, upsetting the balance of the family system. In other words, when individuals are under stress caused by Covid-19, they may struggle to establish positive interactions with family members, resulting in unhealthy and hostile relationships ([Reizer et al., 2020](#); [Salimi, Hajjalizade, et al., 2021](#)). Research demonstrates that the stress induced by the COVID-19 pandemic can lead to dissatisfaction within family and marital relationships by altering processes, tasks, roles, and even the way people interact with each other. In terms of parenting, stressed parents may find it challenging to establish a positive, efficient, and supportive relationship with their children, resorting to unhealthy and conflictual interaction styles. Likewise, marital couples may struggle to fulfill their responsibilities due to the stress, leading to increased negative and destructive conflicts and interactions. Within these unhealthy dynamics, individuals may become trapped in a negative cycle characterized by conflict, aggression, lack of support, intimacy, and communication issues ([Estlein et al., 2022](#); [Pietromonaco & Overall, 2021](#); [Salimi, Hajjalizade, et al., 2021](#)). Despite the significant impact of COVID-19-induced stress on people's lives, it is still possible to overcome these effects.

Coping strategies for stress can vary across cultures and situations. In Iran, for instance, individuals may employ religious strategies to manage the stress caused by COVID-19, which differ from non-religious coping mechanisms ([Tarakeshwar & Pargament, 2001](#)). Religious coping refers to cognitive, emotional, or behavioral techniques rooted in religious beliefs to navigate stress, encompassing both positive and negative dimensions ([Tix & Frazier, 1998](#)). Religious coping strategies often derive directly from an individual's religious belief system and assist in making sense of stressful situations and events, providing interpretations that can be positive or negative ([Lynn Gall & Cornblat, 2002](#)). According to [Yangarber-Hicks \(2004\)](#), utilizing such strategies during stressful situations can reduce psychological problems and improve overall mental well-being. Research indicates that in the face of COVID-19-related stress, the use of religious coping strategies can serve as a protective shield and guide individuals towards a better life ([Habib et al., 2020](#); [Thomas & Barbato, 2020](#)).

Based on the aforementioned information, COVID-19 stress can have detrimental effects on parent-child and marital relationships, while religious coping strategies within Iran's cultural context may play a moderating role, an aspect that has not been extensively studied. Further research is necessary to explore strategies for dealing with the psychological effects of COVID-19. Thus, the present study aims to investigate the role of COVID-19 stress in the development of unhealthy and hostile marital and parent-child relationships, with a specific focus on the mediating role of religious coping styles. This research seeks to take a small step toward addressing the psychological impacts of COVID-19.

Material and Methods

The present study employed a correlation and path analysis research method. The statistical population consisted of all married individuals in Iran in 2021. A sample of 608 people was selected using a voluntary sampling method. The sampling was conducted online, with the survey link distributed across various social networks to allow participants to voluntarily and anonymously respond. The sampling process spanned nine months, from February to October. After data collection, responses from single individuals, married individuals without children, and those who did not meet the research criteria (despite answering the questions) were excluded from the data analysis. The research criteria included being married, having at least one child, and expressing willingness to participate in the study. Ethical considerations were upheld by providing participants with necessary information about voluntary participation, confidentiality of responses, anonymity, and the importance of honest answers at the beginning of the questionnaire. Those interested in participating in the research then proceeded to respond to the research tools.

Corona Stress Scale (CSS-18): This scale, developed by [Salimi, Chamgordani, et al. \(2021\)](#), consists of 18 items and assesses psychological states of stress, physical states of stress, and behaviors related to Covid-19 stress. It utilizes a 5-point Likert scale ranging from never (score zero) to always (score 4), where higher scores indicate higher levels of stress. Factor analysis revealed that CSS-18 comprises three subscales, explaining 60.90% of the total scale variance. The Cronbach's alpha coefficient for the subscales is reported as follows: psychological states of Covid-19 stress (0.92), physical states of Covid-19 stress (0.82), and behaviors related to Covid-19 stress (0.57). The overall Cronbach's alpha coefficient for the entire scale was reported as 0.91. The validity of CSS-18 was demonstrated through convergence with the depression, anxiety, and stress scale (DASS-21) in a study conducted by [Salimi, Chamgordani, et al. \(2021\)](#). In the present study, the Cronbach's alpha coefficient for CSS-18 was 0.94.

Religious Coping Scale (RCOPE): [Pargament et al. \(2000\)](#) developed this scale, which comprises 14 items categorized into positive religious coping strategies (7 items) and negative coping strategies (7

items). The scoring method employs a four-point Likert scale ranging from not at all (score zero) to very much (score 3). [Pargament et al. \(2000\)](#) reported Cronbach's alpha coefficients above 0.80 for the subscales. [Shahabizadeh and Mazaheri \(2012\)](#) confirmed the content validity of RCOPE through factor analysis and reported Cronbach's alpha coefficients of 0.95 for positive strategies and 0.93 for negative strategies. In the present study, the Cronbach's alpha coefficient for positive religious strategies was 0.84, and for negative strategies, it was 0.82.

Marital Conflict Questionnaire (MCQ): Barati and Sanaei Zaker developed this questionnaire consisting of 42 items to measure conflicts and marital conflicts. The MCQ assesses seven dimensions of marital conflicts. It employs a 5-point Likert scale ranging from never (score 1) to always (score 5), with higher scores indicating more conflict ([Sanaei Zaker et al., 2017](#)). [Enayat and Yaghobi \(2012\)](#) confirmed the content validity and reported a Cronbach's alpha coefficient of 0.79 for MCQ, and coefficients ranging from 0.65 to 0.81 for the subscales. In the current study, the Cronbach's alpha coefficient for MCQ was 0.80.

Parent-Child Relationship Scale (PCRS): [Pianta \(1992\)](#) developed this scale comprising 33 items. PCRS measures three subscales: conflict, closeness, and dependence, which together provide an overall assessment of the parent-child relationship. The scoring system employs a 5-point Likert scale ranging from definitely not true (score 1) to definitely true (score 5), with higher scores indicating a better relationship. [Abareshi et al. \(2009\)](#) confirmed the content validity of PCRS and reported Cronbach's alpha coefficients of 0.84 for conflict, 0.70 for closeness, 0.61 for dependence, and 0.86 for the overall positive relationship. In the present study, the Cronbach's alpha coefficient for PCRS was 0.86.

Data analysis involved the use of Pearson's correlation test and path analysis. SPSS-26, Amos-23 software, and Hayes' PROCESS macro ([Preacher & Hayes, 2008](#)) were employed for the data analysis.

Results

Of the 608 people who participated in this study, 392 (64.5%) were women and 216 (35.5%) were men. The research samples had an average age of 38.17 ± 11.11 and an average duration of marriage of 14.82 ± 8.70 .

Table 1. Descriptive statistics and correlation of variables

Variable	M	SD	CS	NRC	PRC	RS	PCR
CS	28.79	5.35	1				
NRC	9.99	2.67	0.504**	1			
PRC	6.80	3.78	-0.558**	-0.408**	1		
RS	127.96	21.84	0.538**	0.402**	-0.478**	1	
PCR	75.78	25.03	-0.525**	-0.393**	0.388**	-0.366**	1

** $p < 0.01$, * $p < 0.05$

CS: Covid-19 stress, NRC: Negative religious coping, PRC: Positive religious coping, RS: Relationship with spouse, PCR: Parent-child relationship.

Table 1 reveals significant correlations between Covid-19 stress and negative religious coping (0.504), positive religious coping (-0.558), conflictual relationship with spouse (0.538), and parent-child relationship (-0.525). Additionally, negative religious coping correlates significantly with conflictual relationship with spouse (0.402) and parent-child relationship (-0.393), while positive religious coping correlates significantly with conflictual relationship with spouse (-0.474) and parent-child relationship (0.388).

Table 2. Standard and unstandardized beta coefficients

Dependent variable	Predictor variable	Unstandardized Beta	S.E	Standardized Beta	Sig.
RS	CS	1.39	0.173	0.342	0.001
	NRC	1.12	0.314	0.137	0.001
	PRC	-1.30	0.231	-0.227	0.001
PCR	CS	-1.80	0.205	-0.386	0.001
	NRC	-1.43	0.372	-0.153	0.001
	PRC	0.726	0.274	0.110	0.008
NRC	CS	0.252	0.018	0.504	0.001
PRC	CS	-0.395	0.024	-0.558	0.001

CS: Covid-19 stress, NRC: Negative religious coping, PRC: Positive religious coping, RS: Relationship with spouse, PCR: Parent-child relationship.

Based on the results presented in table 2, Covid-19 stress (0.342), negative religious coping (0.137), and positive religious coping (-0.227) can predict conflict in the relationship with a spouse. Similarly, Covid-19 stress (-0.386), negative religious coping (-0.153), and positive religious coping (0.110) can predict the parent-child relationship. Furthermore, Covid-19 stress (0.504) can predict negative religious coping, and it can predict positive religious coping (-0.558).

Table 3. Results of indirect coefficients

Dependent variable	Mediator	Effect	Boot SE	Boot LLCI	Boot ULCI
RS	NRC	0.069	0.020	0.032	0.115
	PRC	0.126	0.025	0.075	0.177
	Total	0.195	0.030	0.138	0.256
PCR	NRC	-0.077	0.025	-0.132	-0.032
	PRC	-0.061	0.024	-0.109	-0.012
	Total	-0.138	0.030	-0.200	-0.077

CS: Covid-19 stress, NRC: Negative religious coping, PRC: Positive religious coping, RS: Relationship with spouse, PCR: Parent-child relationship.

In accordance with the Preacher & Hayes (2008) method, when the Boot LLCI and Boot ULCI do not contain zero, the effect size is considered significant. Hence, since zero is not within the range of Boot LLCI and Boot ULCI of the variables mentioned table 3, the indirect effects are deemed significant. Therefore, Covid-19 stress can indirectly predict conflict in the relationship with a spouse with the mediation of negative and positive religious coping, with respective values of 0.069 and 0.126, and a total value of 0.195. Similarly, Covid-19 stress can indirectly predict the parent-child relationship with the mediation of negative and positive religious coping, with respective values of -0.077 and -0.061, and a total value of -0.138.

To assess the model's fit, goodness-of-fit indices were employed. Acceptable values for CFI, NFI, RFI, GFI, TLI, and IFI are considered to be higher than 0.90. The p-value of CMIN should be greater than 0.05, and the CMIN/DF ratio should be less than 3. Additionally, RMSEA should be less than 0.08 to indicate an acceptable fit (Kline, 2015). The initial model did not exhibit a good fit; therefore, modifications were made, including the addition of covariance values between error terms. Consequently, the fit indices indicated that the final model has a good fit (CMIN=2.64 and $p=0.104$, CMIN/DF=2.64, RMSEA=0.052, IFI=0.998, TLI=0.982, CFI=0.998, NFI=0.997, RFI=0.971, GFI=0.998). Figure 1 displays the final research model.

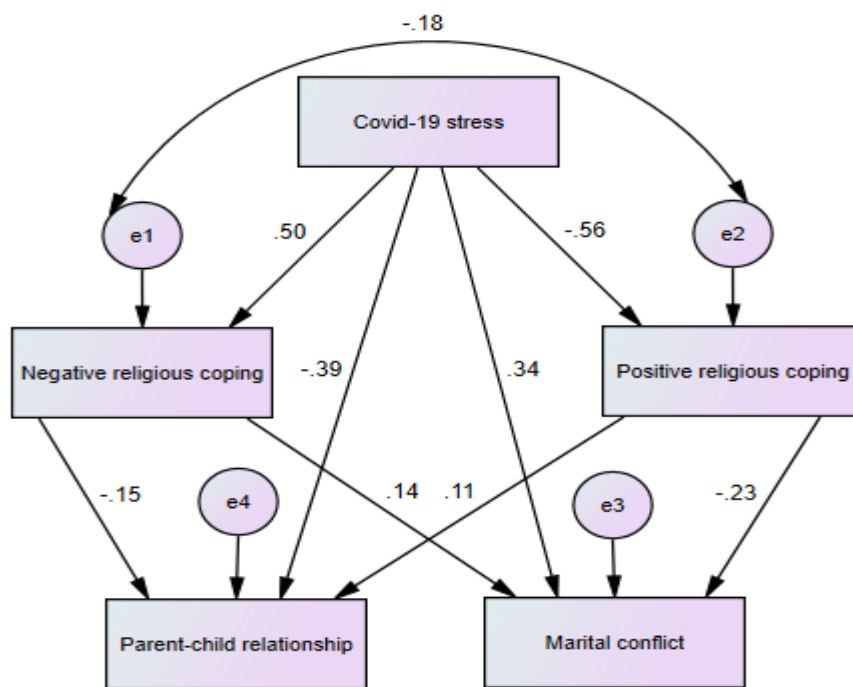


Figure 1. Final research model

Discussion

The present study aimed to investigate the role of COVID-19 stress in the development of unhealthy and hostile marital and parent-child relationships, with a focus on the mediating role of religious coping styles. The obtained results demonstrated that the stress caused by the COVID-19 pandemic can predict the occurrence of unhealthy interactions between individuals and their spouses and children. When individuals experience COVID-19 stress, they are more likely to engage in unhealthy interactions with their family members. This finding is consistent with the research conducted by [Salimi, Chamgordani, et al. \(2021\)](#), which revealed that the experience of COVID-19 stress can lead to violence and conflicts within marital and family relationships. Furthermore, [Leslie and Wilson \(2020\)](#) observed a significant

increase in domestic violence following the COVID-19 epidemic, while [Xue et al. \(2020\)](#) found that family and marital violence escalated during the illness and especially during quarantine periods. These studies suggest that the COVID-19 pandemic has created distressing conditions, which contribute to significant stress and negatively impact individuals' ability to maintain mental well-being, resulting in ineffective interactions with their spouses and children. When individuals experience stress as a result of traumatic events and negative life experiences, their adaptability decreases. Consequently, this experienced stress can lead to ineffective responses, ultimately creating a negative and destructive cycle that intensifies conflicts within marital and parent-child relationships ([Salimi, Chamgordani, et al., 2021](#)).

When one parent experiences COVID-19 stress, it can significantly affect their ability to manage the family. The individual may become easily disturbed by even the slightest noise or commotion from their children, leading to violent behavior. In some cases, the stress experienced by parents can be transferred to their children, resulting in inconsistent disciplinary actions and a negative cycle that hinders healthy interactions between parents and children. Furthermore, the stress of COVID-19 can impede an individual's ability to fulfill their marital roles effectively. Consequently, one of the partners may blame the other for their perceived shortcomings. For instance, a person may feel reluctant to engage in sexual activities due to the stress of COVID-19, while their spouse may insist on it, leading to conflicts that diminish the quality of the relationship. This finding is consistent with the research of [Yuksel and Ozgor \(2020\)](#), which demonstrated that the stress caused by the COVID-19 can negatively impact an individual's sexual performance and reduce the quality of sexual experiences.

Additional findings from this research indicate that religious coping strategies can predict the nature of an individual's interactions with their spouse and child. Negative religious coping strategies have a detrimental effect on the quality of interactions, whereas positive religious coping strategies have a positive impact on the quality of interactions. These findings align with the research conducted by [Habib et al. \(2020\)](#), which concluded that positive religious coping during the COVID-19 epidemic is associated with higher life satisfaction and positive emotions, while negative religious coping is correlated with negative emotions. Moreover, [Nemati et al. \(2019\)](#) found a significant correlation between religious coping strategies and marital satisfaction. Consequently, when individuals experience the stress of COVID-19, they employ various coping strategies, and considering the religious context of Iran, it is likely that religious coping strategies are widely utilized. Positive religious strategies can enable individuals to establish healthy interactions with their spouse and children by maintaining their inner peace. Conversely, negative strategies can lead to destructive behaviors, creating a negative cycle of interactions. Effective religious coping strategies can serve as a protective barrier against the stress

of COVID-19. Individuals can find solace and reduce their stress levels by seeking God's guidance and invoking God's name. Recognizing that God is their guardian and protector and accepting divine destiny will can help alleviate the stress of COVID-19 and foster healthy relationships with their spouse and children.

As demonstrated in this research, the experience of COVID-19 stress can predict religious coping strategies, and these strategies, in turn, can predict the quality of interactions between individuals and their spouse and child. In other words, the indirect effects analysis revealed that COVID-19 stress predicts the quality of interactions indirectly through the mediation of religious coping strategies. This finding is consistent with previous research conducted by [Salimi, Chamgordani, et al. \(2021\)](#), [Habib et al. \(2020\)](#), [Leslie and Wilson \(2020\)](#), [Xue et al. \(2020\)](#) and [Nemati et al. \(2019\)](#). [Sheivandi and Hasanvand \(2020\)](#) also reported that pervasive anxiety during the COVID-19 epidemic contributes to increased aggression and decreased quality of family interactions. However, individuals with strong spiritual and religious beliefs and good spiritual health can mitigate the harmful effects of COVID-19 anxiety. Therefore, when parents experience COVID-19 stress, they can alleviate its severity by utilizing positive religious coping strategies, thereby improving their interactions. For instance, individuals can maintain their inner peace by engaging in acts of charity and prayer to seek protection from calamities, enabling them to interact effectively with their spouse and children. Thus, while the stress of COVID-19 may initially create unhealthy relationships within families, individuals have the potential to counteract this stress through positive and effective religious coping strategies, relying on their faith in a higher power who can alleviate the destructive effects of COVID-19.

In summary, the findings of this research indicate that the stress caused by the COVID-19 pandemic can lead to unhealthy interactions with spouses and children. However, individuals can mitigate the effects of COVID-19 stress and establish positive interactions with their family members by employing positive and effective religious coping strategies. On the other hand, negative religious coping strategies are not effective in alleviating the stress of COVID-19. Therefore, while COVID-19 stress can directly and indirectly contribute to unhealthy family interactions, religious coping strategies play a prominent role in mitigating these effects. Nevertheless, it is important to acknowledge the limitations of this research, such as the lack of face-to-face communication, which may have influenced the participants' responses to the research instruments. Caution should be exercised when generalizing the results. Future research should consider comparing the level of COVID-19 stress based on the religiosity and religious orientations of individuals from different ethnic backgrounds, examining its effects on changes in family interactions and individual well-being. Given the religious context of Iran, it is recommended to promote positive and effective religious coping methods through national media and social networks to facilitate

improved marital and parent-child interactions during periods of high stress, such as the COVID-19 pandemic or any other stressful epidemic.

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