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How Does Religious Commitment Affect Satisfaction with Life during the COVID-19 Pandemic? Examining Depression, Anxiety, and Stress as Mediators

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Abstract: The effect of religiosity on individuals is seen more in stressful situations. Religion strengthens people in coping with the issues given rise by COVID-19 due to its contributions, such as reducing death fear and giving hope. The impact of religious commitment on COVID-19 fear, psychological consequences, and satisfaction with life levels in the COVID-19 period is investigated. To measure this impact of religious commitment, a cross-sectional study was designed with 2810 adults in Turkey. For this purpose, religious commitment, COVID-19 fear, DASS-21, and satisfaction with life scales were used. Mediation and moderation analyses were conducted to test the formed hypotheses. First, the impact of religious commitment on satisfaction with life with depression, anxiety, and stress was tested. Then, the moderating impact of COVID-19 fear in terms of the effect of religious commitment on satisfaction with life was analyzed. Finally, the role of depression's mediation and COVID-19 fear's moderation in terms of the impact of religious commitment on satisfaction with life was found. It was found that satisfaction with life decreased more in those with high COVID-19 fear than those with low COVID-19 fear; additionally, religious commitment increased satisfaction with life by reducing depression.

Keywords: COVID-19; religious commitment; depression; satisfaction with life

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1. Introduction

Religion has been one of the main elements of life in Turkish society, as in many societies throughout history. Religious and spiritual ties exist in most of Turkish society today. Although the precise percentage of Muslims is not known, it is estimated to be 98% in Turkey. In Turkey, 89% of the people consider religion to be important in their life, which is the highest rate in Europe (Pew 2020). Among them, the rate of those who fast during Ramadan is 65%, those who prefer religious and official marriage 74%, and those who define themselves as religious are around 51%. However, the percentage of those who define themselves as non-believers or atheists is around 2–3%, and this is increasing gradually in Turkey (Kenton 2019). Religion is still active in resolving conflicts between different groups (Jacoby et al. 2019), providing spiritual therapy for the treatment of addiction and mental illness, ensuring individual and social peace (Esat et al. 2021; Eskin et al. 2020), and providing necessary hygiene for individuals in Turkey (Euronews 2020; Uğurlu et al. 2020).

Religious beliefs can contribute to order in a world of constant problems and tensions. Religions have always embraced forgiveness, which can help reduce problems (Carone and Barone 2001). Individuals with religiosity can cope with solitude, exclusion, mental illness, physical diseases, immune deficiencies, and many psychological and social problems (Hart and Koenig 2020). Religious commitment has been related to better psychological consequences when dealing with difficult situations such as pandemics. Prevention of infection caused by COVID-19 and measures such as lockdowns, quarantines, restricted

mobility, and physical distance are factors that create depression, anxiety, and stress in society (Roychowdhury 2020).

According to the literature, religious commitment has a positive impact on satisfaction with life (Lim and Putnam 2010; Roberto et al. 2020; Yonker et al. 2012). The distinction between personal desires and the individual's current situation is demonstrated by life satisfaction. In this view, the greater the gap between personal desires and current circumstances, the worse the quality of life (Karataş and Tagay 2021; Koçak et al. 2021a). Religion can help to bridge the gap between expectations and reality. Furthermore, religious people are happier because they have a sense of belonging and believe that they will benefit from the world's problems in the afterlife (Bergan and McConatha 2001; Ellison et al. 1989). In this way, religious commitment explains why people are content with their lives.

The effects of pandemics on religious people's behavior differ according to individual characteristics, such as sex, age, and marriage status (Çapcıoğlu 2020). During the pandemic, religious activities were affected as a result of quarantines. In this period, the reflections of individual religious orientations to prayer, worship, and perform other spiritual practices tended to be very positive. Additionally, as the COVID-19 virus spread rapidly, the closure of churches and mosques brought up alternatives to religious practices among Muslims and Christians (Al-Astewani 2020; Sulkowski and Ignatowski 2020). Some religious activities moved to online mediums as an alternative gathering setting to churches and mosques (Aji et al. 2020).

This study's theory was based on making it easier for believers to cope with distress by regulating their mental and emotional states, as demonstrated in many empirical studies (Pargament 1997; Pargament et al. 1988; Pargament and Raiya 2007; Yıldırım et al. 2021). According to this theory, religion is an essential element in dealing with the feeling of insecurity that arises in troubling situations (Lim and Putnam 2010). That is why many coping mechanisms include the use of religion in reducing stress. In our study, there is one research question. This question is, "How does religious commitment impact an individual's satisfaction with life during the pandemic?" The research tried to understand how religious commitment affects satisfaction with life during the COVID-19 pandemic. Moreover, the mediating role of psychological consequences such as stress, anxiety, and depression in terms of the impact of religious commitment on satisfaction with life was investigated. Moreover, the moderation impact of COVID-19 fear in terms of the influence of religious commitment on satisfaction with life was examined. Religious commitment and COVID-19 fear were associated with psychological outcomes and satisfaction with life. Furthermore, it was found that depression was mediated, and COVID-19 fear had a moderation role in the impact of religious commitment on satisfaction with life.

2. Literature Review and Hypotheses

2.1. Religiosity as Coping Strategy

Religion has the potential to regulate an individual's life by being effective in people's daily lives as well as their future decisions. Furthermore, it improves the ability to cope with the difficulties encountered, thanks to the meaning of life, increased sense of hope for the future, and expectation of reward. Coping refers to a person's deliberate efforts to alleviate problems (Lee et al. 2019). For example, during the COVID-19 pandemic, socio-economic issues such as staying at home for a long time, being under the pressure of unemployment, and the inability of young people to go to school have led to serious psychological problems (Koçak et al. 2021b). Such problems trigger physical and psychological issues. Religion gives a crucial meaning to an individual's life and increases self-confidence (Aten et al. 2019; Lucchetti et al. 2020). Religiosity increases the resilience of individuals by adding meaning to their lives (Fradelos et al. 2018; Pirutinsky et al. 2020), strengthening their spirituality and self-esteem levels (Kane et al. 2021; Schieman et al. 2017), increasing their hopes for the future (Dyson et al. 1997; Koenig 2012), emphasizing the importance of family and social environments (Muruthi et al. 2020), and improving quality of life (Felicilda-Reynaldo et al.

2019), especially in times of distress. Therefore, the theory of this study is that religion has a positive effect on individuals coping with problems.

Pargament developed the religious coping approach (Pargament 1997) based on Lazarus and Folkman's coping and stress theory (Lazarus and Folkman 1984). When individuals face stress in their lives, they use factors such as religion, spirituality, values, and culture as coping mechanisms (Ellison et al. 1989; Lazarus and Folkman 1984; Pargament 1997). According to Pargament (1997), religious coping techniques mediate the links between a person's common religious tendency and the consequences of critical life events. In the case of a stressful event, generic faiths must be transformed into specific means of coping. These particular coping strategies seem to have the greatest immediate effects on an individual's health during difficult circumstances (Pargament 1997). Different religious coping methods provide tailored responses to life's complex stressors. Various strategies have been developed over time to measure religious coping. Firstly, there was interest in how often individuals pray and join religious communities (Bade and Cook 2008; Bänziger 2007; Bänziger et al. 2008). Secondly, some religious attitudes were included in general coping strategies (Pargament et al. 2011). Thirdly, Pargament et al. developed three ways people use religion to cope with stress (Pargament et al. 1988). Collaborative religious coping, which is active problem-solving in connection with God, has been linked to improved health and well-being (Harrison et al. 2009; Koenig and Larson 2001; Pargament et al. 1998, 2004). The deferring religious coping approach, which is being passive and waiting for God to intervene, on the other hand, demonstrated mixed health correlations (Bickel et al. 1998; Pargament et al. 2004) and had a negative moderating impact between stressors and satisfaction with life and positive effect (Fabricatore et al. 2009). The self-directing strategy is that God will provide the abilities needed for proper coping and that the person can consciously employ those abilities to overcome the issue (Pargament et al. 2004).

Religiosity or religious involvement is effective in improving health. Religiosity strengthens people's coping by providing spiritual, mental, and emotional satisfaction (Roberto et al. 2020). Additionally, the future hopes of those with spirituality become more optimistic (Ano and Vasconcelles 2005). Religion is thought to have benefits in two main groups in troubled situations. Religiosity provides psychological support by offering hope and consensus for humanity (Van Ness and Larson 2002), bringing people together, and providing a basis for them to feel more comfortable (Molteni et al. 2021).

Religiosity encourages people's well-being and health (Counted et al. 2020; Pargament and Raiya 2007) through mobility and sociability (Jung 2014). It encourages rich people to give financial and physical support to the poor in challenging times (Modell and Kardia 2020). Religiosity and spirituality can facilitate the purpose and meaning of life (Karataş and Tagay 2021). During the COVID-19 pandemic, a survey was undertaken in Italy. As a result, it was understood that those who reported that their families were infected with COVID-19 also reported high religiosity by attending religious meetings and praying (Molteni et al. 2021). Studies have shown improvements in spiritual and religious coping to lower anxiety, depression, and stress (Amadi et al. 2016; Li and Shun 2016). Additionally, religious coping provokes cognitive capacities, adjustment to the disease, happiness, and quality of living (Joshanloo and Weijers 2016). Massarwi et al. (2019) found that the more religiosity in adolescents, the lower the criminal activity, and that religiosity had a moderation effect between risk factors and aggression.

The reaction of religious people in troubled times may vary according to societies and religions. Islam rewards the struggle with difficulties and adversity (Jacobsen 2021; Koçak 2021; Musharraf 2017). It is thought that every difficulty overcome leads the individual to a better religious and human personality and rank in Islam (Ali 2009; Hanefar et al. 2016; Raduan et al. 2018; Shadid 2007). In addition, since Islam emphasizes both mental and physical cleanliness, fewer mental and infectious diseases and hygiene problems are seen in Islamic societies (Ahmad and Ahad 2020; Berzengi et al. 2017; Francis et al. 2019; Khan et al. 2012). For example, the individual's ability to always ask God's forgiveness without the need for any intermediary facilitates the spiritual purification of the individual

(Hanefar et al. 2016). Moreover, Islam considers the importance of personal hygiene and emphasizes its maintenance (Bhat and Qureshi 2013). Performing ablution with water five times a day for worship leads to the cleansing of the body and soul (Bajirova 2017). Finally, recommendations on washing hands before and after meals and after using the toilet provide both body relaxation and hygiene by ensuring cleanliness (Allegranzi et al. 2009; Assad et al. 2013). Japanese culture and religious rules regarding hygiene have become social rules. That is why wearing masks, washing hands, and observing hygiene are perceived as a cultural norm (Botti et al. 2017). For Muslims, taking ablutions for praying five times a day and the frequent washing of hands as a religious duty have contributed to the compliance with hygiene rules during the COVID-19 pandemic (Ahmad and Ahad 2020). In Detroit, Jewish, Christian, and Muslim citizens played an essential role in combating the pandemic. Members of the three major religious beliefs helped reduce problems caused by COVID-19 by spreading moral views on allocations and providing social support (Modell and Kardia 2020).

A study on the Orthodox Jewish Community in America found that increased stress during the COVID-19 period caused weight gain in individuals. However, in those with high religiosity, weight gain was less apparent than those with low religiosity (Pirutinsky et al. 2021). Among Black students in America, religious belief and psychological well-being were moderately positively correlated (Blaine and Crocker 1995). Research in Poland found that students' religiosity played a role in motivation to combat COVID-19 (Domaradzki and Walkowiak 2021). A study in Colombia and South Africa found that those with high levels of hope also have increased well-being (irrespective of religious coping). The Columbia data observed that those with high positive religious coping tended to improve well-being even if their hope was low (Counted et al. 2020). In many studies, it was found that religiosity has a negative effect on risky habits such as substance usage and sexual behavior and a positive effect on self-esteem, disease, psychological health, volunteering, and well-being (Ano and Vasconcelles 2005; Walker et al. 2007).

2.2. The Religiosity Effect on Depression, Anxiety, and Stress

Religiosity can lead to an increase in hope and a decrease in depressive symptoms (Zacher and Rudolph 2021). Religion was correlated with improved well-being. Additionally, religiosity has been associated with reduced death fear and psychological distress (Arslan 2021). Additionally, it can contribute to recovery and protection against addictive or suicidal behaviors. Positive and negative religious coping styles correlate with psychological consequences (Ano and Vasconcelles 2005). A meta-analysis study conducted on 66,273 people found that religiosity had a negative effect on risk behavior and depression and a positive impact on well-being (Yonker et al. 2012). Davis et al. (2003) found that the higher the spiritual and religious orientation in men, the lower the anxiety. Young people showed that periodic religious experiences, compassion, and spirituality were related to less depression (Desrosiers and Miller 2007).

Religiosity strengthens hopes and psychological resistance to problems (Koenig 2020). Therefore, religiosity will increase the ability to cope with problems. A survey done by Lucchetti et al. (2020) in Brazil during COVID-19 showed that religion and spirituality gained importance in the pandemic, which was positively related to psychological outcomes. Personal spiritual activities have been related to less anxiety. In S. Arabia, religious coping positively impacted caregivers' psychological well-being and quality of life (Alquwez and Alshahrani 2020). Studies have shown religion has a beneficial impact on quality of life (Zacher and Rudolph 2021), reduces people's fear of death (Cohen et al. 2005), and teaches that individuals experiencing difficulties will receive a reward in the hereafter (Ahmad and Ahad 2020). In this sense, the levels of psychological consequences were expected to be lower in those who were religious in the face of their difficulties than those who were not religious (Cohen et al. 2005). The correlation and direct effect hypotheses below were formed in line with the literature review.

H1a. *Religious commitment is negatively associated with COVID-19 fear.*

H1b. *Religious commitment has a negative effect on anxiety.*

H1c. *Religious commitment has a negative effect on stress.*

H1d. *Religious commitment has a negative effect on depression.*

2.3. The Correlations between Religiosity, COVID-19 Fear, Psychological Consequences, and Satisfaction with Life

Satisfaction with life demonstrates the distinction between personal desires and the individual's present situation. In this sense, the larger the difference between personal desires and the person's present situation, the lower the quality of life (Karataş and Tagay 2021). Religion can decrease the difference between expectation and the current state. Religious people are happier because they feel a sense of belonging and think they will benefit from the troubles seen in the world in the hereafter. In this sense, religious commitment makes sense of satisfaction with life (Ellison et al. 1989; Lim and Putnam 2010). Those studies found generally positive relationships between religiosity and quality of life (Roberto et al. 2020; Yonker et al. 2012).

Religious behaviors vary according to different religions, societies, traditions, and perceptions. Therefore, these differences affect the impact of religion on satisfaction with life differently. One study showed that religious affiliation was strongly linked to life satisfaction (Bergan and McConatha 2001). Joshanloo and Weijers (2016) found that religiosity can mitigate income inequality's negative effect on satisfaction with life. A study in Turkey proved that religion had a positive impact on satisfaction with life. The findings showed that religiosity's ideological and consequential dimensions have non-linear relationships with satisfaction with life (Yeniaras and Akarsu 2016). However, according to a survey performed on 5312 individuals in the Netherlands, Muslims had poorer life satisfaction than non-religious people due to their low and disadvantaged social status. It was observed that a sense of belonging had a positive function in the quality of life of Catholics compared to non-spiritual people (Ten Kate et al. 2017). A study between Catholics and Protestants found that intrinsic religiosity increases belief in the afterlife and improves satisfaction with life (Cohen et al. 2005). In line with the literature's information, the following hypothesis was formed.

H1e. *Religious commitment has a positive effect on satisfaction with life.*

Among 200 retired individuals, it was discovered that spiritual coping had a partial mediation function in the connection between religiosity and quality of life (Ayten and Yıldız 2016). Conversely, some studies show that religious commitment increases distress, but the purpose of living increases quality of life, gratitude, and relationships with people and reduces distress (Green and Elliott 2010; Perera and Frazier 2012). Religiosity was found to improve psychological resilience and reduce depression, anxiety, and stress levels, thus positively affecting life quality and satisfaction with life (Lim and Putnam 2010; Zhang et al. 2020). Studies found that psychological outcomes reduce satisfaction with life. The research done by Zheng et al. (2019) found that perceived stress reduces satisfaction with life. The COVID-19 anxiety was inversely related to the quality of life. Furthermore, COVID-19 anxiety was shown to negatively raise psychological consequences and reduce quality of life (Satici et al. 2020). In line with the related literature review, the following hypotheses were formed.

H2a. *The Fear of COVID-19 increases stress, depression, and anxiety.*

H2b. *There is a negative correlation between the fear of COVID-19 and satisfaction with life.*

H2c. *Depression has a negative effect on satisfaction with life.*

H2d. *Anxiety has a negative effect on satisfaction with life.*

H2e. *Stress has a negative effect on satisfaction with life.*

Due to infections and sudden deaths, individuals have felt rising COVID-19 fear. This fear has reduced reasoning and generated low-level quality of living (Koçak et al. 2021b). It was seen that the resilience and quality of life decreased because of high COVID-19 fear (Karataş and Tagay 2021). A study measuring students' depression and anxiety levels in nine different countries determined that Turkish students' levels were the highest (Ochnik et al. 2021). A study reported that COVID-19 fear was highly correlated with mental health problems, sleep disorders, and quality of life, which are negatively correlated to mental health (Duong 2021). Many studies in the literature have shown that COVID-19 anxiety reduces life satisfaction by raising psychological outcomes (Ahorsu et al. 2020; Satici et al. 2020; Zhang et al. 2020). Due to the COVID-19 pandemic, the possible contributions of religion have been discussed in different aspects (Ribeiro et al. 2020; Yendell et al. 2021). Some studies have found either no or limited correlation between religious coping and COVID-19 fear (Prazeres et al. 2020). Additionally, conspiracy theories and general misinformation based on religious beliefs have had a negative impact on the COVID-19 process (Barua et al. 2020). It has been seen that religious coping has essential contributions to the psychological and physical problems caused by COVID-19 during the pandemic period (Counted et al. 2020; Rababa et al. 2021). In a study of nursing students in the USA, religious support was related to 2-fold lower risk of depression (Kim et al. 2021). A study found that positive religious coping alleviates the psychological problems of Christians and Muslims, especially during the COVID-19 period (Thomas and Barbato 2020). According to the literature, the mediation and moderation effect hypotheses below were formed in line with the literature's information.

H3a. *Depression has a mediating effect in terms of the impact of religious commitment on satisfaction with life.*

H3b. *Stress has a mediating effect in terms of the impact of religious commitment on satisfaction with life.*

H3c. *Anxiety has a mediating effect in terms of the impact of religious commitment on satisfaction with life.*

H3d. *COVID-19 fear has a moderating effect in terms of the impact of religious commitment on satisfaction with life.*

In Figure 1, the conceptual diagram of the research model is depicted in accordance with the hypotheses formed. The diagram shows religious commitment's direct effect on psychological outcomes and life satisfaction. Additionally, the mediation impact of psychological outcomes on life satisfaction is also illustrated. In Figure 1, the mediation impact of religious commitment on satisfaction with life through psychological outcomes is depicted. The moderation effect of COVID-19 fear in the relationship between religious commitment and satisfaction with life is demonstrated. The demographic data were used as control variables in the model.

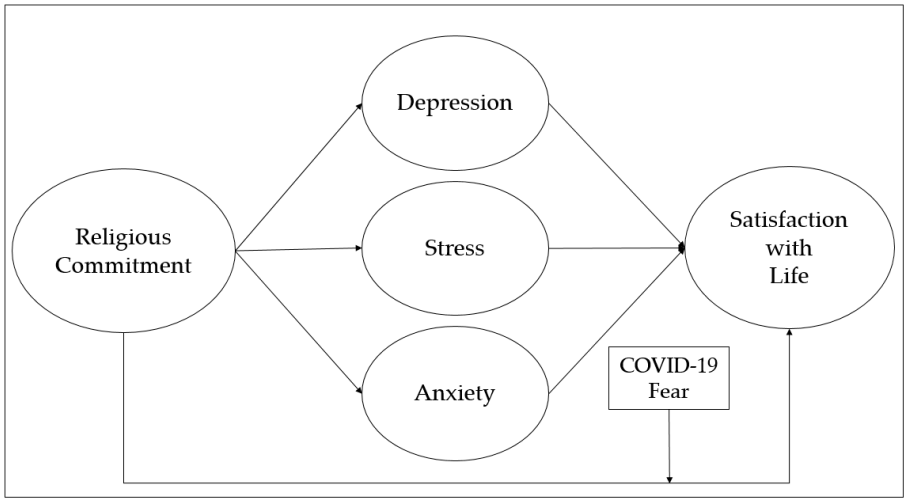

Figure 1. Conceptual framework of the study.

3. Method

3.1. The Design, Procedure, and Participants of Study

This survey was carried to find the correlation among independent and dependent variables and the change in target factors in Turkish society. Convenience sample methodology and the cross-sectional survey method were used to examine the population. Cross-sectional data were used to measure variables at a certain moment in time. This study was designed to evaluate the results after determining the relationships and effects rather than generalizing them.

The study's participants were from various areas and towns throughout Turkey. Due to the COVID-19 measures, only an online survey was done; 2810 individuals were reached. Surveys were conducted by reaching the participants in different cities using the snowball method. The number increased with the support of university students. Therefore, the number of women and singles was higher than other groups. The survey was conducted between 5 February 2021 and 30 March 2021, when COVID-19 cases were high. During this period, education in schools was carried out online. The service sector was operating by takeaway and delivery only. There were restrictions on visiting places of worship, and there was a curfew on evenings and weekends.

Before answering the questionnaire, respondents were told about the survey's methodology and objectives. Additionally, the approval of the participants was obtained before they were asked to respond. The participants remained anonymous. In order to allow the participants to respond just once, a technical setup was developed. Participants could answer whenever they wanted and quit at any time they wished. Data privacy was provided. The research was employed in compliance with Helsinki Declaration standards, and legal authorization was acquired from Turkey's Ministry of Health on 11 January 2021.

3.2. Analyses of the Data

After gathering data via an internet survey software, the data was transferred to MS Excel for editing before being integrated into IBM SPSS 25. Descriptive analysis was used to examine the percentages, means, and standard deviations of the demographics. To ensure factor structure, factor analysis was conducted on all the variables. Religious commitment and COVID-19 fear were independent factors for multiple linear regression, satisfaction with life was the dependent variable, and depression, anxiety, and stress were mediator variables. PROCESS-Macro Plug-in Model 5 was used to test the mediation and moderation hypotheses together (Hayes and Rockwood 2020). A simple slope test was conducted for two-way interactions to be able to graph the moderation results. The criterion of significance chosen was $\alpha > 95\%$.

3.3. Measures

3.3.1. Individual Information Questions

A form with personal questions was used. The form requested information such as sex, age, marriage, educational background, revenue, and career. Gender, marriage, education, and vocation were all asked categorically, while the others were left open-ended. To comprehend the emotions of different groups, three dichotomous variables were generated for the occupation status question. Employees—others (coded 1–0, respectively), students—others (coded 1–0, respectively), and unemployed—others (coded 1–0, respectively) were reevaluated.

3.3.2. Religious Commitment Scale Short Form (RCI)

The adaption research of the RCI-10, a shortened version of the religious commitment scale designed by Worthington et al. (2003), into the Turkish language has been done by Akin et al. (2015). It has 2 sub-dimensions: individual (items = 1, 3, 4, 5, 7, 8) and interpersonal (items = 2, 6, 9, 10). The scale is also used in one dimension, and evaluation can be made according to the total score. In the analysis, the GFI was the expected value (x2 = 109.33, SD = 26, RMSEA = 0.093, GFI = 0.94 and SRMR = 0.053). The loadings were between 0.43 and 0.78. The Cronbach alpha value was calculated as 0.84 for the individual subscale, 0.65 for the interpersonal subscale, and 0.85 for the whole measure. In this study, the religious commitment scale was used in one dimension. The one-dimensional Cronbach alpha value was 0.951.

3.3.3. COVID-19 Fear Scale (FCV-19S)

The adaptation, validity, and reliability of the COVID-19 Fear Scale, produced by Ahorsu et al. (2020), were assessed and applied to Turkish society by Bakioğlu et al. (2020). All items of the measure, consisting of 7 questions, scored positively. There are no items on the scale that are of opposite direction. All questions are scored between 1–5 (1—strongly disagree, 5—strongly agree) using a 5-point Likert type scale. Scores between 7 and 35 were taken from the scale. Getting a high COVID-19 fear score shows that the level of fear is high. The Turkish version demonstrated good reliability and validity. In the adaptation analysis, Cronbach's alpha internal consistency was 0.88. In this study, the Cronbach alpha value was 0.873.

3.3.4. DASS-21 Scale

The scale's brief version (DASS-21) was created by Henry and Crawford (2005) by picking 21 items from the 42 items in the initial measure created by Lovibond and Lovibond (1995). The brief form was modified by Yılmaz et al. (2017) into the Turkish language, with adequate values. The measure has 3 sub-scales and 21 items that evaluate stress, depression, and anxiety. The measure has a Likert-type scale with the following codes: 0 = not relevant for me, 1 = somewhat relevant for me, 2 = mostly relevant for me, and 3 = completely relevant for me. By the findings of the adaption analysis, the items' loadings were between 0.41 and 0.81. The reliability coefficients of the data were between 0.755 and 0.822. In this study, the Cronbach alpha value was 0.939 for DASS-21 and 0.914, 0.850, and 0.873 for depression, anxiety, and stress, respectively.

3.3.5. Satisfaction with Life Scale (SWLS)

Satisfaction with life measure was produced by Diener et al. (1985), and the adaptation, validity, and reliability to Turkish society were carried out by Dağlı and Baysal (2016). The measure has 5 questions under a single factor structure. The Cronbach alpha value of the measure was 0.88, and the reliability between the two tests was 0.97. The factor analysis results revealed that the satisfaction with life scale shows a one-dimensional composition, as in the initial scale, with 5 items. In the current study, the Cronbach alpha coefficient was 0.843.

4. Analysis Results

4.1. Descriptive Analyses

As shown in Table 1, 1715 participants were female (61%), and 1095 were male (39%). The average value of the age variable was 30.34 ± 13.38. It was understood that 1848 participants were single (65.8%), and 962 were married (34.2%). When their educational status was evaluated, 6 of them had no education (0.2%), 72 were primary school graduates (2.6%), 67 were secondary school graduates (2.4%), 339 were high school graduates (12.1%), 1963 were university graduates (69.9%), and 363 had a master or Ph.D. degree (12.9%). The mean value of the income level variable was 4450.93 ± 2288.81. When the occupation status was evaluated, 214 of the participants were unemployed (7.6%), 1350 were students (48%), 172 were retired (6.1%), 166 were housewives (5.9%), 345 were private sector workers (12.3%), 418 were public sector workers (14.9%), and 145 were business owners (5.2%).

Table 1. Frequency analysis.

		f	%	M	Sd.
Gender					
	Female	1715	61		
	Male	1095	39		
Age				30.34	13.39
Marital Status					
	Single	1848	65.8		
	Married	962	34.2		
Education Level					
	No graduation	6	0.2		
	Elementary	72	2.6		
	Middle School	67	2.4		
	High School	339	12.1		
	University	1963	69.9		
	Master or Ph.D.	363	12.9		
Income Level				4450.93	2288.81
Occupation					
	Unemployed	214	7.6		
	Student	1350	48		
	Retired	172	6.1		
	Housewife	166	5.9		
	Private Sector Worker	345	12.3		
	Public Sector Worker	418	14.9		
	Business Owner	145	5.2		
Total		2810	100%		

4.2. Correlation Analyses

According to Table 2, women had higher FCV-19, depression, anxiety, and stress (r = 0.25, r = 0.16, r = 0.17, r = 0.23, $p < 0.01$, respectively) and had lower religious commitment and SWL (r = −0.16, r = −0.09, $p < 0.01$, respectively) than men. With increasing age, lower FCV-19, depression, anxiety, and stress (r = −0.19, r = −0.30, r = −0.19, r = −0.29, $p < 0.01$, respectively) and higher religious commitment and SWL (r = 0.26, r = 0.24, $p < 0.01$, respectively) were observed. There was higher FCV-19, depression, anxiety, and stress (r = −0.16, r = −0.28, r = −0.17, r = −0.26, p < 0.01, respectively) in singles than in married persons, and lower religious commitment and SWL (r = 0.31, r = 0.25, $p < 0.01$, respectively) were found. It was seen that as education increased, anxiety and religious commitment decreased (r = −0.05, r = −0.08, $p < 0.05$, 0.01, respectively). The unemployed had more depression and lower religious commitment and SWL (r = 0.07, r = −0.12, r = −0.14, $p < 0.01$, respectively). Students had higher FCV-19, depression, anxiety, and stress (r = 0.15, r = 0.26, r = 0.16, r = 0.25, $p < 0.01$, respectively), and lower religious commitment and SWL (r = −0.19, r = −0.17, $p < 0.01$, respectively) than other groups. It was found that working

people had lower FCV-19, depression, anxiety, and stress (r = −0.16, r = −0.22, r = −0.13, r = −0.21, $p < 0.01$, respectively), and higher religious commitment and SWL (r = 0.16, r = 0.17, $p < 0.01$, respectively) than other groups.

FCV-19 was positively highly associated with depression, anxiety, and stress (r = 0.35, r = 0.52, r = 0.36, $p < 0.01$, respectively), whereas it was negatively associated with religious commitment and SWL (r = −0.11, r = −0.15, $p < 0.01$, respectively). Depression was positively and highly related with anxiety and stress (r = 0.55, r = 0.73, $p < 0.01$, respectively) and negatively related with religious commitment and SWL (r = −0.18, r = −0.40, $p < 0.01$). Anxiety had highly positive relationships with stress (r = 0.56, $p < 0.01$, respectively), whereas it had negative relationships with religious commitment and SWL (r = −0.10, r = −0.20, $p < 0.01$). Stress was negatively correlated with religious commitment and SWL (r = −0.11, r = −0.31, $p < 0.01$). Religious commitment was positively highly related with SWL (r = 0.32, $p < 0.01$). According to the results, H1a and H2b hypotheses were accepted.

Table 2. Means, standard deviation, and correlations.

N.	Items	Mn	Sd.	1	2	3	4	5	6	7	8	9	10	11	12
1	Gender (1–2)	1.6	0.49	1											
2	Age	30	13.39	−0.42 **	1										
3	Marital status (1–2)	1.3	0.48	−0.39 **	0.75 **	1									
4	Education	4.9	0.77	−0.06 **	−0.11 **	−0.14 **	1								
5	UNE. (0–1)	0.08	0.27	0.08 **	−0.06 **	−0.08 **	0.05 **	1							
6	Students	0.48	0.50	0.34 **	−0.69 **	−0.66 **	0.08 **	−0.28 **	1						
7	Working	0.32	0.47	−0.40 **	0.41 **	0.46 **	0.10 **	−0.20 **	−0.66 **	1					
8	FCV-19	2.5	0.84	0.25 **	−0.19 **	−0.16 **	−0.04	0.04 *	0.15 **	−0.16 **	1				
9	Depression	0.58	0.71	0.16 **	−0.30 **	−0.28 **	0.01	0.07 **	0.26 **	−0.22 **	0.35 **	1			
10	Anxiety	0.34	0.49	0.17 **	−0.19 **	−0.17 **	−0.05 *	0.03	0.16 **	−0.13 **	0.52 **	0.55 **	1		
11	Stress	0.76	0.71	0.23 **	−0.29 **	−0.26 **	−0.02	0.03	0.25 **	−0.21 **	0.36 **	0.73 **	0.56 **	1	
12	Rel. Com.	3.2	1	−0.16 **	0.26 **	0.31 **	−0.08 **	−0.12 **	−0.19 **	0.16 **	−0.11 **	−0.18 **	−0.10 **	−0.11 **	1
13	SWL	4.3	1.38	−0.09 **	0.24 **	0.25 **	0.03	−0.14 **	−0.17 **	0.17 **	−0.15 **	−0.40 **	−0.20 **	−0.31 **	0.32 **

Notes. For gender, 1 = m, 2 = f. For marital status, 1 = s, 2 = m. UNE. = unemployed, 0–1 = no–yes. FCV-19 = COVID-19 fear. Rel. Com. = religion commitment. SWL = satisfaction with life. ** $p < 0.01$, * $p < 0.05$.

4.3. Regression Analysis

Table 3 shows multiple regression analysis, which was performed to test the hypotheses of H1b, H1c, H1d, and H2a. Psychological outcomes were used as outcome variables, as shown in Table 3. Depression (Step 1, F = 76.59, $p < 0.001$, R2 = 0.198), anxiety (Step 2, F = 121.89, $p < 0.001$, R2 = 0.282), and stress (Step 3, F = 74.07, $p < 0.001$, R2 = 0.192) were tested with three different steps. In Step 1, it was observed that depression decreases as age increases, and depression was more common in men, singles, unemployed people, and students. It was found that COVID-19 fear had a positive effect and religious commitment had a negative effect on depression (B = 0.26, $p < 0.001$; B = −0.05, $p < 0.001$, respectively). In Step 2, it was understood that anxiety decreases as education increases, and income positively affects anxiety. Moreover, the positive effect of COVID-19 fear on anxiety (B = 0.29, $p < 0.001$) was determined. In Step 3, it was seen that stress decreases in males, the elderly, married persons, and the highly educated and increases in students. Additionally, the effect of COVID-19 fear on stress was positive (B = 0.26, $p < 0.001$). According to the results, hypotheses H1b and H1c were rejected, H1d and H2a were accepted.

Table 3. Multiple linear regressions.

Items	Step 1: Dep.			Step 2: Anx.			Step 3: Str.		
	B	**SE**	***p***	**B**	**SE**	**P**	**B**	**SE**	***p***
(Constant)	0.48	0.14	<0.001	−0.19	0.09	0.031	0.36	0.14	0.009
Gender (1–2)	−0.07	0.03	0.022	0.01	0.02	0.704	0.07	0.03	0.010
Age	−0.01	0.00	<0.001	0.00	0.00	0.126	−0.01	0.00	<0.001
Marital status (1–2)	−0.10	0.04	0.024	−0.05	0.03	0.065	−0.09	0.04	0.033
Education	−0.03	0.02	0.124	−0.04	0.01	0.001	−0.03	0.02	0.046
Income	0.02	0.01	0.228	0.03	0.01	0.001	0.01	0.01	0.696
UNE. (0–1)	0.21	0.05	<0.001	0.03	0.03	0.387	0.09	0.05	0.104
Students	0.19	0.04	<0.001	0.04	0.03	0.114	0.13	0.04	0.001
FCV-19	0.26	0.02	<0.001	0.29	0.01	<0.001	0.26	0.02	<0.001
Rel. Com.	−0.05	0.01	<0.001	0.00	0.01	0.587	0.00	0.01	0.824
F		76.59			121.89			74.07	
p		<0.001			<0.001			<0.001	
R^2		0.198			0.282			0.192	

For gender, 1 = m, 2 = f. For marital status, 1 = s, 2 = m. Dep = depression. Anx = anxiety. Str = stress. UNE. = unemployed, 0–1 = no–yes. FCV-19 = COVID-19 fear. Rel. Com. = religious commitment.

Table 4 shows the direct effect outputs for testing the H1e, H2c, H2d, and H2e hypotheses. The effects were analyzed using three different steps. In Step 4 (F = 70.04, $p < 0.001$, $R^2 = 0.184$), it was seen that women, the elderly, married persons, the educated, and high-income people had higher satisfaction with life, and unemployed people had lower satisfaction with life. It was discovered that COVID-19 fear had negative effects on satisfaction with life, whereas religious commitment had positive effects (B = −0.16, $p < 0.001$; B = 0.37, $p < 0.001$, respectively). In Step 5 (F = 71.87, $p < 0.001$, $R^2 = 0.220$), it was observed that women, the elderly, married persons, and high-income people had higher satisfaction with life, and unemployed people had lower satisfaction with life. It was understood that the effect of depression on satisfaction with life is negative (B = −0.66, $p < 0.001$). In Step 6 (F = 81.93, $p < 0.001$, $R^2 = 0.276$), women and high-income people had higher satisfaction with life, whereas unemployed persons and students had lower satisfaction. Additionally, the impact of religious commitment on satisfaction with life was highly positive, whereas depression, stress, and interaction (Rel. X FCV-19) variables were negative. According to the results, hypotheses H1e, H2c, and H2e were accepted, and H2d was rejected.

Table 4. Main effects on satisfaction with life.

Variable	Step 4:SWL			Step 5: SWL			Step 6: SWL		
	B	**SE**	***p***	**B**	**SE**	**P**	**B**	**SE**	***p***
(Constant)	1.72	0.27	<0.001	3.06	0.25	<0.001	1.37	0.32	<0.001
Gender (1–2)	0.24	0.06	<0.001	0.18	0.05	0.001	0.21	0.05	<0.001
Age	0.01	0.00	0.003	0.01	0.00	0.021	0.00	0.00	0.117
Marital status (1–2)	0.17	0.08	0.040	0.28	0.08	<0.001	0.10	0.08	0.213
Education	0.08	0.03	0.009	0.06	0.03	0.053	0.06	0.03	0.069
Income	0.22	0.03	<0.001	0.20	0.02	<0.001	0.22	0.02	<0.001
UNE. (0–1)	−0.50	0.10	<0.001	−0.49	0.10	<0.001	−0.37	0.10	<0.001
Students	−0.06	0.08	0.446	0.06	0.08	0.449	0.06	0.08	0.435
FCV-19	−0.16	0.03	<0.001	−0.02	0.03	0.540	0.00	0.03	0.902
Rel. Com.	0.37	0.03	<0.001				0.58	0.08	<0.001
Depression				−0.66	0.05	<0.001	−0.60	0.05	<0.001
Anxiety				0.10	0.06	0.128	0.08	0.06	0.209
Stress				−0.07	0.05	0.184	−0.11	0.05	0.025
Rel. X FCV-19							−0.16	0.05	<0.001
F		70.04			71.87			81.93	
p		<0.001			<0.001			<0.001	
R^2		0.184			0.220			0.276	

For gender, 1 = m, 2 = f. For marital status, 1 = s, 2 = m. UNE. = unemployed, 0–1 = no–yes. FCV-19 = COVID-19 fear. Rel. Com. = religious commitment. SWL = satisfaction with life. Rel. X FCV-19 = religion commitment X COVID-19 fear.

4.4. Indirect (Mediation) Analysis

To test the mediation hypotheses (H3a, H3b, H3c) of depression, anxiety, and stress in terms of the effect of religious commitment on life satisfaction, direct effect analyses were performed, as shown in Tables 3 and 4. Later, indirect (Mediation) and conditional direct effect (Moderation with COVID-19 Fear) analyses were performed simultaneously using SPSS PROCESS-Macro Step 5. In Table 3, regression analysis was performed for the effect of religious commitment on depression, anxiety, and stress, and a significant result was obtained only with depression (Step 1, B = −0.05, $p < 0.001$). Then, regression analysis was performed for the effects of depression, anxiety, and stress on satisfaction with life, as shown in Table 4. First, in Step 5, only depression (B = −0.66, $p < 0.001$) and, in Step 6, depression and stress were found to have a significant negative effect (B = −0.60, $p < 0.001$; B = −0.11, $p < 0.025$).

The independent religious commitment variable continued its effect on the satisfaction with life dependent variable through only the depression variable, as seen in Table 5. There was a mediating relationship in terms of the impact of religious commitment on satisfaction with life via depression (g = 0.0390, SE = 0.0093, 95% CI: 0.0219, 0.0585). However, anxiety and stress variables were not significant as mediators. According to the results, hypothesis H3a was accepted, and H3b and H3c were rejected.

Table 5. Conditional direct and indirect effects of religious commitment on satisfaction with life.

Conditional Direct Effect of Religious Commitment on Satisfaction with Life				**Unstandardized**	**SE**	**LLCI**	**ULCI**	
Low		COVID-19 Fear		−0.8386	0.3838	0.0304	0.3243	0.4434	Sign.
Average		COVID-19 Fear		0.0000	0.3290	0.0235	0.2829	0.3751	Sign.
High		COVID-19 Fear		0.8386	0.2742	0.0326	0.2102	0.3381	Sign.
Indirect Effects of Religious Commitment on Satisfaction with Life									
Independent		Mediator		Dependent	Unstandardized				
Rel. Com.	>	Depression	>	SWL	0.0390	0.0093	0.0219	0.0585	Sign.
Rel. Com.	>	Anxiety	>	SWL	−0.0014	0.0015	−0.0046	0.0012	N.S.
Rel. Com.	>	Stress	>	SWL	0.0016	0.0019	−0.0016	0.0061	N.S.
Rel. Com. = religious commitment, SWL = satisfaction with life									

4.5. Moderation Analysis

The interaction of COVID-19 fear and religious commitment had a significant effect on satisfaction with life, as shown in Figure 2. Following the direct effect analysis in Step 6 and Table 4, the moderation effect occurred as B = −0.16 and $p < 0.001$. According to these values, the impact of the COVID-19 fear and religious commitment interaction on satisfaction with life was statistically significant. According to the graph in Figure 2, as the religious commitments of those with low COVID-19 fear rise, their satisfaction with life increases. However, as the religious commitments of those with high COVID-19 fear rise, their life satisfaction does not increase as much as those with low COVID-19 fear. According to the results, hypothesis H3d was accepted.

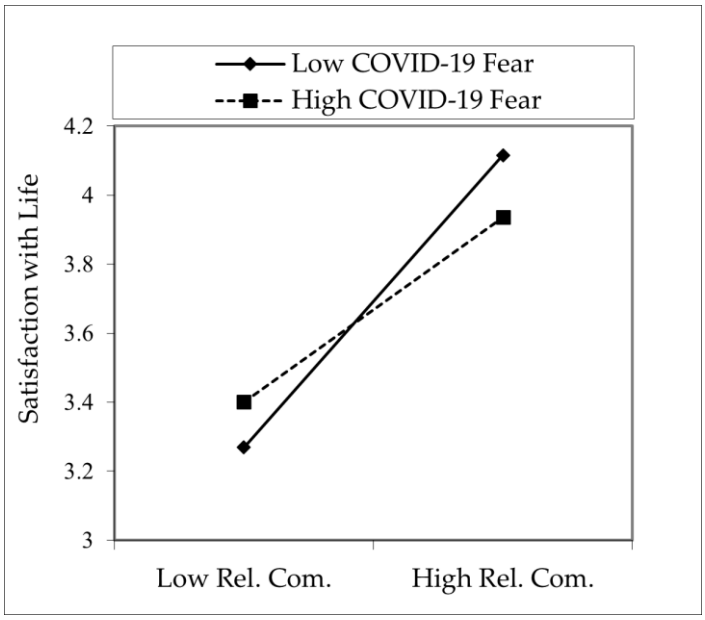

Figure 2. COVID-19 fear and religious commitment interaction effect on satisfaction with life.

4.6. Results of the Research Model and Hypotheses

As a result of the direct, mediation, and moderation tests within the conceptual research frame shown in Figure 1, the results of the tests are illustrated in Figure 3 below. The effect values and significance levels between both factors are shown in the arrow line in between. In addition, indirect effect (mediation) values are displayed at the corners of Figure 3. As shown in Figure 3, only a mediating effect on depression and a significant moderation effect of COVID-19 fear were detected.

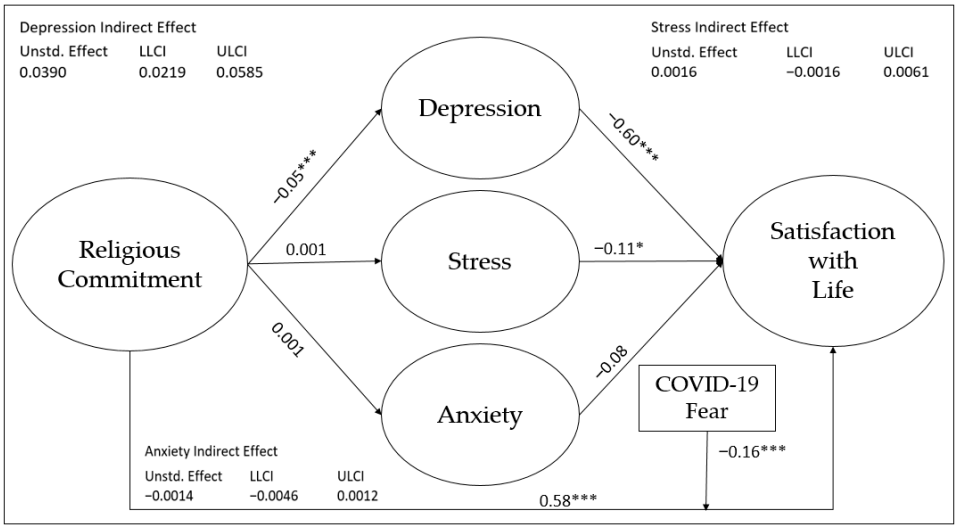

Figure 3. The proposed research model's findings; * $p < 0.05$, *** $p < 0.001$.

The research conceptual model's direct, indirect, and moderation analyses were tested by creating different hypotheses. The results of the tests are shown in Figure 3. Moreover, Table 6 shows the results obtained as a result of the analysis of the hypotheses. Consequently, nine hypotheses were accepted, and five were rejected. The hypotheses are explained in more detail in the discussion section.

Table 6. Summary of hypotheses testing results.

No.	Relationship	Proposed Relationship	Support
H1a	Religious Commitment–COVID-19 Fear	Negative	Yes
H1b	Religious Commitment–Anxiety	Negative	No
H1c	Religious Commitment–Stress	Negative	No
H1d	Religious Commitment–Depression	Negative	Yes
H1e	Religious Commitment–Satisfaction with Life	Positive	Yes
H2a	COVID-19 Fear–Stress, Depression, Anxiety	Positive	Yes
H2b	COVID-19 Fear–Satisfaction with Life	Negative	Yes
H2c	Depression–Satisfaction with Life	Negative	Yes
H2d	Anxiety–Satisfaction with Life	Negative	No
H2e	Stress–Satisfaction with Life	Negative	Yes
H3a	Religious Commitment–Satisfaction with Life	Mediated by Depression	Yes
H3b	Religious Commitment–Satisfaction with Life	Mediated by Stress	No
H3c	Religious Commitment–Satisfaction with Life	Mediated by Anxiety	No
H3d	Religious Commitment–Satisfaction with Life	Moderated by COVID-19 Fear	Yes

5. Discussion

The findings are divided into five main categories. The first category is the relationships between religiosity commitment and the fear of COVID-19, stress, depression, and anxiety; second, the correlations between religious commitment and satisfaction with life; third, the relationships between the fear of COVID-19, psychological outcomes, and satisfaction with life; fourth, the linkages between depression, anxiety and stress, and satisfaction with life. Finally, the mediation effect of depression, anxiety, and stress and the moderation effect of COVID-19 fear on the relationship between religious commitment and satisfaction with life were evaluated. Among the hypotheses determined in the study, the H1a, H1d, H1e, H2a, H2b, H2c, H2e, H3a, and H3d hypotheses were accepted, and the H1b, H1c, H2d, H3b, and H3c hypotheses were rejected.

The study discovered a negative correlation between religious commitment and psychological outcomes and COVID-19 fear. Religious commitment was found to reduce COVID-19 fear, depression, anxiety, and stress. Since humans are bio–psycho–social–spiritual beings, these differences act as a mechanism to support each other in difficult times (Carey and Hodgson 2018; Fawcett 1993). Therefore, religion has a calming and unifying role in difficult times. Moreover, religion is an essential element for individuals' physical and mental health. Religion makes it easier to overcome difficult situations by strengthening the ability to cope. In this sense, the findings in the study show that religious commitment reduces negative psychological states such as stress, depression, anxiety, and COVID-19 fear, which coincide with the literature. The rehabilitation effect of religion should be considered in therapeutic processes to reduce the negative consequences of psychological symptoms, especially in Turkish society, where religion is important (Walpole et al. 2013). Studies have found that coping with religion is influential in troubled times (Aten et al. 2019; Molteni et al. 2021; Ribeiro et al. 2020).

Secondly, a moderate positive correlation was discovered between religious commitment and satisfaction with life. Moreover, the increase in religious commitment was observed to increase satisfaction with life positively. Religious commitment increases individuals' satisfaction by adding meaning to the lives of individuals and contributing to the balance and peace between their inner and outer worlds. Religion contributes to the health of the individuals positively and then to satisfaction with life in two respects. The first is that it makes the individual experience positive emotions resulting from religious life and keeps the individual away from negative emotions. Another is that prohibiting the use of harmful substances to health, such as alcohol, drugs, cigarettes, and unhealthy behaviors, such as adultery, gambling, violence, and hatred, contributes positively to health (Karslı 2019). Turkish society generally values their religion and traditions in life. Therefore, religious commitment is an important predictor in determining satisfaction with life in Turkish society (Ayten 2013). It is in line with the current literature, where the consensus is that religious commitment positively affects satisfaction with life (Ayten and Yıldız 2016; Lim and Putnam 2010).

Third, moderate positive correlations between fear of COVID-19 and psychological outcomes were observed. Increased COVID-19 fear was found to improve individuals' psychological outcomes, such as anxiety, stress, and depression. Uncertainties in an environment of fear and stress, fake news, and conspiracy theories lead to negative psychological consequences. In this sense, the pandemic is one of the critical stressors that alarms people. The spread of curfews and quarantines, the closure of many workplaces, schools, entertainment and cultural places, and the increase in the number of deaths in addition to infected people have led to a fear of COVID-19 in individuals. It is expected that the physical and psychological problems arising from COVID-19 fear will have a more significant impact on disadvantaged groups (Vieira et al. 2020). High levels of COVID-19 fear can lead to negative psychological consequences in the individual and major medical illnesses by weakening and collapsing the immune system over time (Liu et al. 2020). In the study, it was discovered the COVID-19 anxiety can increase depression, anxiety, and stress levels and, consequently, decrease the satisfaction with life of individuals, which is similar to the results of the current literature (Ahorsu et al. 2020; Koçak et al. 2021b; Satici et al. 2020).

Fourthly, negative effects were discovered between depression, anxiety, stress, and life satisfaction. Increasing depression had a significant negative influence on life satisfaction, whereas stress had a minor negative impact. Anxiety, on the other hand, was found to have no effect on life satisfaction. The study's findings are consistent with some of the current research. While some research found that depression, anxiety, and stress had a negative impact on life satisfaction, others found that only one or two of them had a negative impact (Jovanovi et al. 2020; Kumar et al. 2020; Satici et al. 2020). Because the current study was done one year after the onset of the COVID-19 pandemic, it was understood that subjects' depression rose (particularly among students and the unemployed) and suppressed their existing anxiety. It was discovered that the challenges during the COVID-19 pandemic period exacerbated the depression of the disadvantaged, such as the youth, elderly, and unemployed, and decreased their satisfaction with life (Yezli and Khan 2020).

Finally, the mediating effect of depression, anxiety, and stress on the correlation between religious commitment and life satisfaction and the moderating effect of COVID-19 fear were examined in the study. Only depression mediated the impact of religious commitment on life satisfaction. Because of these connections, research that gradually integrated religion into psychotherapy was discovered in the literature. Some research in the literature discovered that religious engagement reduced depression and boosted life satisfaction (Abdi et al. 2019; Roh et al. 2015). In some, religious commitment was found to reduce depression or increase satisfaction with life without using any mediating variable (Meer and Mir 2014; Miller et al. 1997). A study done in Jordan found that depression had a mediating role in the relationships between religious commitment and satisfaction with life (Alaedein-Zawawi 2015). In a survey carried by Reutter and Bigatti (2014), there was a negative relationship between religious commitment and depression and a negative correlation between depression and life satisfaction.

The moderator role of COVID-19 fear was seen in the effect of religious commitment on satisfaction with life. According to the values, the impact of COVID-19 fear and religious commitment interaction on satisfaction with life was significant. As the religious commitments of those with low COVID-19 fear rise, their satisfaction with life increases. However, as the religious commitments of those with high COVID-19 fear rise, their life satisfaction does not increase as much as those with low COVID-19 fear. In any case, it was seen that the increase in religious commitment increases satisfaction with life. However, it was found that religious commitment had a more significant effect on satisfaction with life in those with a low level of COVID-19 fear. In the literature, depending on the level of the fear of COVID-19, it was seen that either individuals' tendencies or concerns will increase in many issues such as employability, job insecurity, satisfaction with life, family relations, financial burden, alcohol and substance use, and death anxiety (Baker et al. 2020; Burlacu et al. 2021; Khan et al. 2021; Lee 2020).

The research question generated for the study is the following: How does religious commitment impact an individual's satisfaction with life during a pandemic? Throughout human history, religion has been an indispensable element of human life. Religion is influential in people's decisions that affect their future as well as their routines. In every era, religion has been a value that has the potential to direct human behavior, a cause of conflicts, and one of the phenomena that are applied to solve people's problems. It improves the ability to cope with the difficulties encountered, thanks to the purpose of life, a strong sense of hope, and the expectation of compensation for struggling with challenges. The impact of religious commitment, an important coping mechanism, on satisfaction with life when there are serious problems due to quarantines and workplace and school closures due to COVID-19 was evaluated. The study found that age was negatively associated with depression, anxiety, stress, and COVID-19 fear and positively related to religious commitment and satisfaction with life. In other words, it is understood that young people had more psychological problems and less religious commitment and satisfaction with life during the COVID-19 period. The inability of young people to go to school during the pandemic and the uncertainty of their career processes may have negatively affected their psychology. In the study, a positive correlation between satisfaction with life and religious commitment was determined. Since Turkish society is generally committed to religious values, satisfaction with life increases as religious commitment increases. However, a negative relationship was found between depression, anxiety, and stress factors, used as mediating variables, and religious commitment. In addition, a negative correlation was found between COVID-19 fear and religious commitment. Therefore, religious commitment, which is a coping strategy, increases satisfaction with life levels by reducing the psychological problems of individuals. Additionally, it has also been found that the positive effect of religious commitment on satisfaction with life is lower in those with high COVID-19 fear.

6. Limitations

The research was in the COVID-19 period, which makes the study different and original. However, the fact that the investigation is in the COVID-19 period also means that the results of this study cannot be generalized. Additionally, performing the research just on the internet limited the understanding of the actual attitudes of the individuals. During the COVID-19 period, the overreactions of students, older people, and the unemployed may have caused a bias in the research. In addition, the study's higher rates of singles, women, and university graduates relative to other groups may give rise to a bias in the results. Another problem is the study's cross-sectional nature and the fact that it was only performed with Muslims. As a result of these factors, the current findings in the study cannot be extended. Therefore, additional studies with various people and methods must be conducted in the future.

7. Some Conclusions and Implications for the Future

It was found that in the COVID-19 period, religious commitment increased individuals' satisfaction with life levels by reducing their depression. Additionally, it was understood that religious commitment had a more significant effect on satisfaction with life in those with a low level of COVID-19 fear. Religions effectively prevent and reduce criminal behavior while promoting values by strengthening the family structure, relative relationships, and solidarity. Accordingly, those with religious commitment can cope with problems caused by COVID-19 more easily. Therefore, it will be possible to strengthen families and society by protecting individuals' spirituality, religious values, and culture. For this purpose, policymakers should integrate religious education, with theory and practice, into educational processes. From a holistic point of view, efforts should be made to raise the awareness of families, educational institutions, and communities. Moreover, the contribution of religion should be taken into consideration in therapy and treatment processes.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author.

Conflicts of Interest: The author declares no conflict of interest.

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