
TRADITIONAL RELIGIOUSNESS OF YOUTH FROM SMALL-TOWN AND RURAL AREAS OF LESSER POLAND IN THE FACE OF THE FEAR OF ILLNESS AND DEATH RELATED TO THE COVID PANDEMIC

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Abstract

The article is based on a mid-2021 survey of a group of 400 secondary school students from rural and small-town areas of south-eastern Poland which region is called Lesser Poland, an area considered to be traditionally religious and Catholic. The study investigated the occurrence of fear caused by the pandemic and the religious response to it. It was preceded by an analysis of texts and articles on similar subject matter that were published during the pandemic. They show the scale of the threat, the fear and uncertainty associated with it, and possible reactions, including religious ones. In Poland, there is a conviction that the deep-rooted religiousness of youth is in decline or hiding solely due to external factors and may re-emerge when a situation that occurs stimulates this. The emergence of traditional religiousness is inspired by emotionally positive situations, such as conventions, meetings and pilgrimages or emotionally negative situations such as war, disease and threats to life and health. The pandemic can undoubtedly be considered such a situation. The research among the youth of Sandomierz Diocese aims to show to what extent the assumption concerning traditional religiousness of rural and small-town areas of Lesser Poland region commonly functioning in Polish Episcopate's pastoral programs is correct and to what extent and in what way traditional religiousness manifests itself and works in trying times.

Keywords: religion, Covid, fear, rural, students

1. Introduction

This article is aimed at determining the extent to which the fear of illness and death resulting from the pandemic is present among the youth of rural and small-town areas of Lesser Poland, considered as traditionally Catholic, and the extent to which this fear triggers youth's religious behaviour. These are the assumptions underlined in articles dedicated to the subject of pandemic and in the Pastoral Program of the Polish Conference of Bishops, entitled *Gathered at*

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the Holy Supper, intended for 2021-2022 [1]. We approach to this task in a few steps that are a presentation of statistical research methodology itself, then we go to the presentation of our survey results that are followed by its discussion and finally a conclusion. We are going to begin from a general overview of the issue of fear related to the threat to life and health caused by the Covid-19 pandemic and possible responses to it, including religious ones. What follows this overview is a survey of a selected group of youth from small-town and rural areas of Southern-East Poland, which region is called Lesser Poland [Polish: Małopolska]. We consider rural and small-town areas of Lesser Poland as the ones where the rate of mutual interest is higher than in metropolitan environments [2], considered to be traditionally Catholic [3].

At the present time, our knowledge of the Covid-19 pandemic is about as wide as it is diverse. This issue is one of the topics that have generated theories that are astonishing in their number but also in their divergence. The analysis of data for the last two years shows that the virus, widely considered to be responsible for the Covid pandemic, is less harmful than other, similar viruses but much faster and more efficient in terms of transmission [4]. Analyses show that the higher mortality rates associated with Covid-19 occur mainly in countries with higher life expectancy and higher prevalence of chronic diseases [5]. In all age groups, the risk of death from Covid-19 is similar to the risk of death from other respiratory diseases combined [K. Baskaran, S. Bacon and S. Evans, *Factors associated with deaths due to COVID-19 versus other causes: population-based cohort analysis of UK primary care data and linked national death registrations within the Open SAFELY platform*, medRxiv 1 (2021) 9]. The most likely victims of Covid are generally considered to be elderly people with co-morbidities such as diabetes and hypertension (often obesity-related) or victims of septic shock [4].

Anxiety (fear) is defined as “a negative emotional response to the experienced worry about an impending, and previously known, event which may involve loss of health or life” [6]. Zygmunt Bauman argues that: “*Fear* is the name we give to our uncertainty: our ignorance of the threat and what to do - what can and cannot be done - to stop it in its tracks, or to fight it when it is not in our power to stop it” [7]. It is important to remember that fear is an evolutionary adaptation referred to as the *Survival Optimisation System* (SOS) [8]. Of course, the perception of threat may be inaccurate. There may, after all, be phobias involving the identification of existential threat in objectively harmless objects, organisms, individuals or behaviours [9]. Further, the meaning of fear can be analogously extended to include any emotionally negative agitation that is the result of assessing the severity of the threat caused by a particular situation [10]. In any case, anxiety can be defined by different, interacting aspects: this emotion is composed of many mental states, including subjective experiences, emotional sensations and feelings of psychological arousal [11]. Authors of the article *Why Not Lose Faith in Science in the Fight Against Coronavirus* noted that communication and technological advances

combined with the transmission of inaccurate and often merely sensational news can also trigger an increase in socially unacceptable reactions such as fear, aggression and rage [12]. Based on the analyses, there are four characteristics that make fear negative in some way. These are irrationality, elusiveness, inequality and vulnerability to authoritarianism [9]. All of us (including young people) dealt and are still dealing with the presence of many such factors during the pandemic. However, it appears that the lockdown and isolation practices, presented as crucial for protecting one's health, have negative psychological and economic consequences [13]. Since the mind requires data but does not receive it, the missing data is replaced by its own judgment. And this is how anxiety transforms into fear. Restrictions and quarantines employed to stop the accelerated expansion of Covid-19 modify the lifestyles of individuals and increase anxiety, depression and stress [14].

2. Statistical research methodology

The survey was conducted among secondary school students from the Sandomierz Diocese. The Sandomierz Diocese is located in south-eastern Poland. Geographically, it is located in the central-eastern part of Lesser Poland. Demographically, it covers rural and small-town areas. In addition, even in the relatively largest centres secondary school students tend to come from suburban, small-town and rural areas [15]. There are no noticeable demographic or cultural differences between the territory of the current Sandomierz Diocese and adjacent areas, thus it is possible to conclude that the results may be typical for small-town and rural youth throughout the entire region of Lesser Poland. The survey took place in May and June 2021. The questionnaires were sent out to catechists, so all the students surveyed attend religion classes. There were 400 respondents to the survey, including a similar number of women (50.5%) and men (49.5%). Because of our cooperation with Sandomierz Diocese Bishop's Office, we had access to Catholic high-school students from all the parts of the Diocese.

The students responded to the statements using a 5-point rank scale ranging from 'strongly disagree' (1) to 'strongly agree' (5). The questionnaire is included as an appendix to this article.

Statistical analysis of the results of the survey was performed in the IBM SPSS Statistics software. The study used rank variables (5-point response scale from: strongly disagree - 1, rather disagree - 2, neither agree nor disagree - 3, rather agree - 4, strongly agree - 5). It used descriptive statistics (Min - lowest score in the group, Max - highest score in the group, M - arithmetic mean, Me - median, SD - standard deviation), the Mann-Whitney U test (to compare women and men in terms of responses to questions that are dependent variables), and Spearman's rho correlation coefficient (to examine linear correlations between dependent and independent variables). The Mann-Whitney U test is used to determine whether two groups are statistically significantly different in terms of variables measured at the ordinal level or in terms of variables measured at the

ratio level, but whose distribution is statistically significantly different from the normal distribution. The following designations are used in the tables: M - arithmetic mean, Me - median, SD - standard deviation, Z - statistic of the Mann-Whitney U test, p - significance of the Mann-Whitney U test. Three levels of statistical significance were adopted: $p < 0.001$ denoted by ***, $p < 0.01$ denoted by **, and $p < 0.05$ denoted by *. In each of these three cases, the difference can be described as statistically significant. Spearman's rho correlation coefficient is used to determine whether there are statistically significant linear correlations between variables measured at the ordinal level or between variables measured at the ratio level, but whose distribution is statistically significantly different from normal. Three levels of statistical significance were adopted: $p < 0.001$ denoted by ***, $p < 0.01$ denoted by **, and $p < 0.05$ denoted by *. If the correlation is statistically significant at least at the $p < 0.05$ level, then the rho correlation coefficient should be interpreted. It can take on values ranging from -1 to +1. The further away it is from 0, and the closer it is to -1 or +1, the stronger the correlation. Negative values mean that as the value of one variable increases, the value of the other variable decreases. In contrast, positive values indicate that as the value of one variable increases, the value of the other variable also increases. The coefficient indicates the presence of linear correlation but does not provide information on which variable is the effect and which is the cause.

3. Analysis of survey results

What follows is an analysis of the survey results. The following graphs show descriptive statistics for the statements that constitute the independent variables. Bar graphs illustrating arithmetic means were considered optimal. Within them, the statements were arranged from the one with which the respondents agree the most to the one with which they agree the least. This is reflected by the arithmetic mean.

With reference to the independent variables (Figure 1) and based on the arithmetic means, it can be said that the respondents agree the most with the statement *I consider myself deeply religious* (the mean is close to the answer 'neither agree nor disagree'), and the least with the statement *I started looking for new forms of religious life because of the pandemic* (the mean is close to the answer 'rather disagree'). On average, it can be said that the respondents 'neither agree nor disagree' with the statements: *The pandemic still poses a threat to me and my family*, *The threat of illness is an opportunity to take more interest in faith and religion*, *The epidemic is a call to faith from Jesus to the world*, *Vaccines against COVID-19 will help people*. In turn, between 'neither agree nor disagree' and 'rather disagree' is the attitude towards the statement *I prayed more during the pandemic*, whereas close to the answer 'rather disagree' is the attitude towards the statement *I was very afraid of being infected with COVID-19*.

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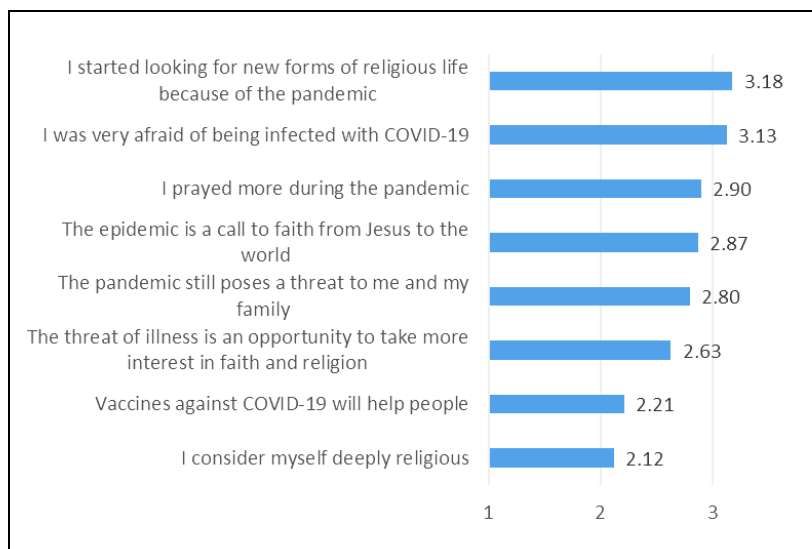


Figure 1. Reference to independent variables.

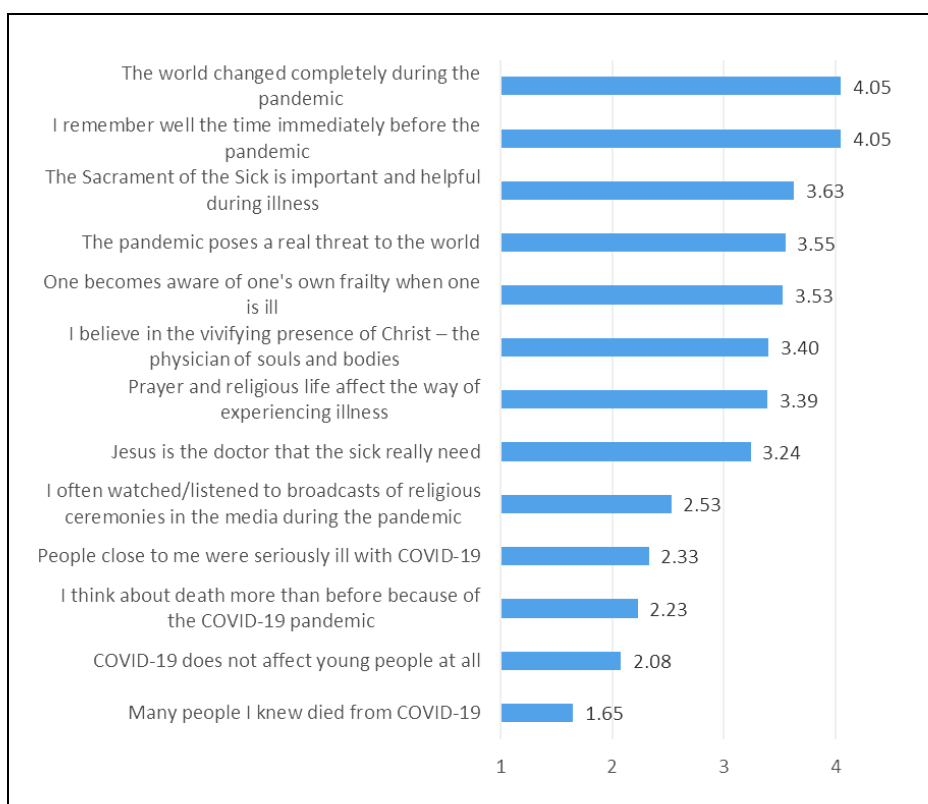


Figure 2. Reference to dependant variables.

With reference to the dependent variables (Figure 2) and based on the arithmetic means, it can be said that the respondents agree the most with the statements: *I remember well the time immediately before the pandemic* and *The world changed completely during the pandemic* (the means are close to the answer ‘rather agree’), and the least with the statement *Many people I knew died from COVID-19* (the mean is between the answers ‘rather disagree’ and ‘strongly disagree’). On average, between the answers ‘neither agree nor disagree’ and ‘rather agree’ are the statements *One becomes aware of one’s own frailty when one is ill*, *I believe in the vivifying presence of Christ - the physician of souls and bodies*, *The Sacrament of the Sick is important and helpful during illness*, *Prayer and religious life affect the way of experiencing illness*, *The pandemic poses a real threat to the world*. In turn, the respondents ‘neither agree nor disagree’ with the statement that *Jesus is the doctor that the sick really need*. Between the answers ‘rather disagree’ and ‘neither agree nor disagree’ are the statements *People close to me were seriously ill with COVID-19* and *I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic*, and close to the answer ‘rather disagree’ are the statements *COVID-19 does not affect young people at all* and *I think about death more than before because of the COVID-19 pandemic*.

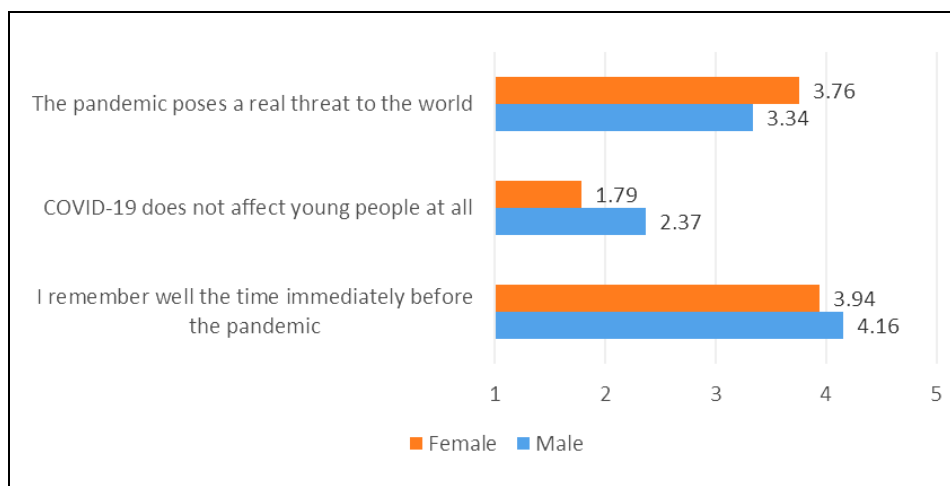


Figure 3. Comparison of men and women responses.

Then, men and women were compared in terms of their responses to the questions that constitute the dependent variables. The Mann-Whitney U test showed that men are significantly more likely than women to agree with the statements: *I remember well the time immediately before the pandemic* and *COVID-19 does not affect young people at all*, while women are significantly more likely than men to agree with the statement *The pandemic poses a real threat to the world*. The graph was prepared similarly to the one above and also deals with means - the higher the mean, the greater the agreement with the

statement, whereas the crux of the matter is a comparison between men and women, so there was no need to arrange the statements by means (Figure 3).

What follows is the presentation of correlations between dependent and independent variables. These have been included in separate tables. Only those results that show a significant statistical relationship (the value of the rho correlation coefficient is higher than 0.1 or lower than -0.1) are included below. The correlation can be either directly proportional (the higher - the higher) and the higher rho correlation coefficient index is, the stronger correlation occurs, or inversely proportional (the higher - the lower), and the lower rho correlation coefficient index is the stronger relationship occurs. The inversely proportional correlation has been yellow color-coded. We are going to recall the results showed in Tables 1-8 in the Discussion section.

Table 1. Correlations between the agreement with the statement ‘I was very afraid of being infected with COVID-19’ and the responses to the questions that are dependent variables.

Dependent variables	I was very afraid of being infected with COVID-19	
	rho	p
The world changed completely during the pandemic	0.185	< 0.001***
Many people I knew died from Covid-19	0.210	< 0.001***
Covid-19 does not affect young people at all	-0.296	< 0.001***
One becomes aware of one’s own frailty when one is ill	0.259	< 0.001***
I think about death more than before because of the Covid-19 pandemic	0.319	< 0.001***
Jesus is the doctor that the sick really need	0.193	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.185	< 0.001***
The Sacrament of the sick is important and helpful during illness	0.209	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.208	< 0.001***
The pandemic poses a real threat to the world	0.339	< 0.001***
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.182	< 0.001***

Table 2. Correlations between the agreement with the statement ‘The pandemic still poses a threat to me and my family’ and the responses to the questions that are dependent variables.

Dependent variables	The pandemic still poses a threat to me and my family	
	rho	p
The world changed completely during the pandemic	0.178	< 0.001***
People close to me were seriously ill with Covid-19	0.119	0.019*
Many people I knew died from Covid-19	0.152	0.002**

Covid-19 does not affect young people at all	-0.311	< 0.001***
One becomes aware of one's own frailty when one is ill	0.308	< 0.001***
I think about death more than before because of the Covid-19 pandemic	0.266	< 0.001***
Jesus is the doctor that the sick really need	0.184	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.197	< 0.001***
The Sacrament of the sick is important and helpful during illness	0.174	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.229	< 0.001***
The pandemic poses a real threat to the world	0.348	< 0.001***
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.145	0.004**

Table 3. Correlations between the agreement with the statement ‘The threat of illness is an opportunity to take more interest in faith and religion’ and the responses to the questions that are dependent variables.

Dependent variables	The threat of illness is an opportunity to take more interest in faith and religion	
	rho	p
I remember well the time immediately before the pandemic	0.120	0.017*
The world changed completely during the pandemic	0.193	< 0.001***
People close to me were seriously ill with Covid-19	0.102	0.043*
Many people I knew died from Covid-19	0.117	0.019*
Covid-19 does not affect young people at all	-0.011	0.826
One becomes aware of one's own frailty when one is ill	0.267	< 0.001***
I think about death more than before because of the Covid-19 pandemic	0.123	0.014*
Jesus is the doctor that the sick really need	0.585	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.522	< 0.001***
The Sacrament of the Sick is important and helpful during illness	0.500	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.477	< 0.001***
The pandemic poses a real threat to the world	0.183	< 0.001***
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.316	< 0.001***

Table 4. Correlations between the agreement with the statement ‘The epidemic is a call to faith from Jesus to the world’ and the responses to the questions that are dependent variables.

Dependent variables	The epidemic is a call to faith from Jesus to the world	
	rho	p
One becomes aware of one’s own frailty when one is ill	0.193	< 0.001***
I think about death more than before because of the Covid-19 pandemic	0.192	< 0.001***
Jesus is the doctor that the sick really need	0.616	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.580	< 0.001***
The Sacrament of the Sick is important and helpful during illness	0.566	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.555	< 0.001***
The pandemic poses a real threat to the world	0.129	0.010*
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.449	< 0.001***

Table 5. Correlations between the agreement with the statement ‘I prayed more during the pandemic’ and the responses to the questions that are dependent variables.

Dependent variables	I prayed more during the pandemic	
	rho	p
One becomes aware of one’s own frailty when one is ill	0.155	0.002**
I think about death more than before because of the Covid-19 pandemic	0.207	< 0.001***
Jesus is the doctor that the sick really need	0.543	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.465	< 0.001***
The Sacrament of the sick is important and helpful during illness	0.476	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.518	< 0.001***
The pandemic poses a real threat to the world	0.153	0.002**
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.592	< 0.001***

Table 6. Correlations between the agreement with the statement ‘Vaccines against Covid-19 will help people’ and the responses to the questions that are dependent variables.

Dependent variables	Vaccines against Covid-19 will help people	
	rho	p
Covid-19 does not affect young people at all	-0.206	< 0.001***
One becomes aware of one’s own frailty when one is ill	0.167	0.001**
I think about death more than before because of the Covid-19 pandemic	0.131	0.009**
The pandemic poses a real threat to the world	0.375	< 0.001***
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.073	0.146

Table 7. Correlations between the agreement with the statement ‘I consider myself deeply religious’ and the responses to the questions that are dependent variables.

Dependent variables	I consider myself deeply religious	
	rho	p
The world changed completely during the pandemic	0.100	0.047*
Many people I knew died from Covid-19	0.130	0.010*
One becomes aware of one's own frailty when one is ill	0.111	0.029*
I think about death more than before because of the Covid-19 pandemic	0.155	0.002**
Jesus is the doctor that the sick really need	0.474	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.473	< 0.001***
The Sacrament of the sick is important and helpful during illness	0.400	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.453	< 0.001***
The pandemic poses a real threat to the world	0.146	0.004**
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.532	< 0.001***

Table 8. Correlations between the agreement with the statement ‘I started looking for new forms of religious life because of the pandemic’ and the responses to the questions that are dependent variables.

Dependent variables	I started looking for new forms of religious life because of the pandemic	
	rho	p
Many people I knew died from Covid-19	0.188	< 0.001***
One becomes aware of one’s own frailty when one is ill	0.138	0.007**

I think about death more than before because of the Covid-19 pandemic	0.182	< 0.001***
Jesus is the doctor that the sick really need	0.379	< 0.001***
I believe in the vivifying presence of Christ - the physician of souls and bodies	0.394	< 0.001***
The Sacrament of the sick is important and helpful during illness	0.368	< 0.001***
Prayer and religious life affect the way of experiencing illness	0.400	< 0.001***
The pandemic poses a real threat to the world	0.103	0.044*
I often watched/listened to broadcasts of religious ceremonies in the media during the pandemic	0.457	< 0.001***

4. Discussion

The essentially similar relationships between most individual-level risk factors and mortality from Covid-19 and non-Covid causes suggest that Covid-19 to a large extent simply amplifies the underlying risk of death. Therefore, the high mortality rate caused by Covid-19 was foreseeable even before the pandemic struck Europe [16]. Demographic characteristics, lifestyle-related factors and co-morbidities in general had qualitatively similar associations with the risk of both Covid-19 and non-Covid deaths [17]. Mankind has not yet found all the answers to the many pandemic-related questions, even after struggling with it for more than two years. This state of affairs, with the simultaneous multiplicity of opinions and mutually contradictory theses, can evoke in people a sense of helplessness against the situation, and therefore a feeling of anxiety. In addition, the risk of infection of family members or friends can intensify the negative impact of anxiety phenomena [14].

At an anthropological level, it is also important to consider a range of communication filters, the mental and emotional state of those influenced by negative news, quarantine and curfew, as well as the experience of infection or death among relatives and friends [18]. Although the survey respondents commonly consider Covid-19 to be a very serious disease, they just as commonly expect that they themselves will not become ill or they will experience less severe symptoms. Respondents are most concerned about the possibility of transmitting the disease to someone else or the disease actually affecting someone close to them [19]. The Covid-19 epidemic has a negative psychological impact on persons who are already in certain psychological states [14]. A large amount of information on patients and fatalities gives the impression that the phenomenon is widespread and there is no escaping it [20]. Psychologists stress that the sense of security is reduced by constantly bombarding people with images of possible threats [21]. When Covid-19 vaccines were in the development phase, missing safety information was supplemented by opinions on existing vaccines [19]. Advances in new

biomedical technologies have also caused some ethical confusion that, in turn, can easily turn into moral anxiety [12].

Contrary to assumptions and media reports the young people surveyed showed a rather indifferent attitude to the statement that the pandemic threatens the world and a negative attitude in response to the statement that the pandemic threatens themselves. Generally, the respondents agree that the world changed completely after the pandemic. Although the respondents disagree with the statement that Covid does not affect young people (this response prevailed among male youth), they do not, however, claim that they think about illness and death more often. Also noteworthy is the finding that the youth surveyed for the most part did not experience the death of those close to them, which implies other young people.

Although the survey also showed some apparent correlations (Table 1). People who were afraid of Covid infection simultaneously revealed that someone close to them became seriously ill during the pandemic or died as a result; however, this was objectively not a large group of the respondents. The same small group was convinced of their own frailty and thought about death more often (Table 2). They also believed that the world changed completely after the pandemic. However, the most personal fear accompanied the belief that the pandemic is a real threat to the world. It can therefore be concluded that the fear for health and life usually emerged as a result of direct confrontation with the situation, and not because of generally disseminated information. On the other hand, in addition to the immediate threat of disease that young people had to confront among their loved ones, which makes the feeling of fear understandable, noteworthy is the global mind-set characteristic of today's youth, i.e. personal and emotional involvement in global issues such as the changing or endangered world. This attitude was more common in female youth surveyed (Figure 3). A similar correlation is observable within a small group of respondents who believe that the pandemic still poses a threat to them and their families. It cannot be said whether personal fears translate into global ones or vice versa, yet a definite correlation is visible. It is therefore possible to speak of small-scale but visible globalist tendencies among rural youth, common in larger communities. Very similar views are expressed by youth who agreed with the opinion that vaccines can be viewed as a salvation from the pandemic (Table 6).

Contemporary Polish society in many respects, and among them religiously, is divided into two environments: a metropolitan and a rural/small-town [Centrum Badań Opinii Społecznej (CBOS), *Komunikat z badań*, 89(1) (2022) 3]. The Polish literature on the sociology of religion distinguishes between three concepts of tradition: (1) the transmission of something ready from one generation to another; (2) the social transmission of a certain content; (3) the transmission in social heritage of the ability of consciously valuing. This is how the religiosity of Polish people at the end of the 20th and beginning of the 21st century was presented. Catholics surveyed by the Centre for Social Studies back in 2006 declared the following motives for practicing religion:

religious experience - 36.7%, fulfilment of the dictates of one's conscience - 27.9%, fulfilment of a Church obligation - 6.5% [22]. The percentage of secondary school students from the Sandomierz Diocese who participate in religion classes at school is still relatively high. Most of the young people surveyed consider themselves to be religious, but this does not translate into their religious practices, which is a widely recognized phenomenon among catechized youth in Lesser Poland.

As recently as 2017, women in Poland were slightly more likely than men to agree with the view that religious faith can give a person support and a sense of security (61.3% vs. 58.6%); young people living in rural areas - 69.1%, in cities with up to 50,000 residents - 69.1%. The bond of religious faith with a sense of security was slightly more often perceived by women, young people from technical schools, young people living in rural areas and those with stronger ties to religion [23]. These results come as no surprise: Polish people in the countryside believe and practice regularly more often than those in the big cities. However, those who moved from the countryside to the city (but not to a big city) remain - despite their mobility - very similar in terms of religious faith to those who remained in the countryside, and when it comes to practice, they even go to church more often than the others [Centrum Badań Opinii Społecznej (CBOS), *Komunikat z badań*, 91(1) (2022) 5-6]. Meanwhile the pandemic has not contributed to an increase in the frequency or intensity of personal prayer of examined youth. Although such an assumption has appeared in articles and documents from the Polish Bishops' Conference.

They say that the new conditions created a space for reflection on the fundamental dimensions of existence, which faith, or religion more broadly, can influence by giving them meaning. Moreover, it was also a period conducive to deepening spirituality. The signalled possibility was mentioned by representatives of the Church, who rather cautiously tried to forecast that this period could become a special opportunity for the restitution of religiosity, or more precisely, the development or deepening of spirituality, without, however, prejudging what direction this stimulation would take [24].

Within the small group of people who strongly agreed that the pandemic time makes one more interested in religion (Table 3) and that the pandemic is a call to faith from Jesus to the world (Table 4), these views were most strongly linked to seeking salvation from Jesus Christ in case of illness. Similarly, people who declared that they are deeply religious and prayed more during the pandemic simultaneously claim that they searched for new forms of contact with God and watched/listened to broadcasts of religious rituals more often (Tables 5 and 7). Dependent variables with clear religious connotations, such as: *Jesus is the doctor that the sick really need, I believe in the vivifying presence of Christ - the physician of souls and bodies, The Sacrament of the Sick is important and helpful during illness and Prayer and religious life affect the way of experiencing illness* are significantly more strongly correlated with positive responses to questions about being a deeply religious person (Table 7),

looking for new forms of religious life (Table 8), praying more, and about whether the pandemic is an opportunity to take an interest in religion (Table 5) and whether the pandemic is Jesus' call to the world (Table 4). The independent variables referring to the fear for oneself and one's family and the search for salvation in vaccines were not associated as strongly with direct contact with the disease as with global fears and a belief in human frailty and thoughts of death. Although in religious people a sense of frailty and thoughts of death occurred on a similar scale, they were outweighed by the extent of correlations with statements with religious connotations. The majority of respondents linking Covid to religiousness and globalism are female. All the respondents whose statements showed significant relationships disagreed with the statement that the pandemic does not affect young people.

In the face of a threat, certain indifferent or committed coping strategies are undertaken by people. In the majority of small-town and rural youth surveyed, an indifferent attitude toward the pandemic prevails. An indifferent strategy is based on the idea of John Rawls. It is a model of society in which everyone receives assistance proportionate to their own shortcomings and impotence in such a way that the society does not have to expose anyone's limitations to the public. In this way, a person relieves himself of the need to involve [25]. According to this theory, trust in social institutions should develop in extreme situations, yet this value has been declining for decades in many Western countries [26]. Individuals are largely interdependent, and no person's business is so completely private so as not to impede others in any way. Therefore, this cosmopolitanism, under which they envisage long-term prosperity, can hinder a strategic, coordinated response in short-term crisis events [27]. This is why individual governments should consider the role of cultural values in preparing for pandemic-scale events [26]. The idea that Science will solve the crisis and there is no need to rely on fallible politicians may seem nice, but it is also worrisome, since it suggests that average citizens are unable to handle it on their own. In developed countries, ordinary people often have been and are bored by the predictability of their lives. However, facing the possibility of illness and death is not really the unpredictability the bored people had in mind. The opposite of destructive predictability can be equally frightening unpredictability [9]. Perhaps the pandemic understood globally was not a strong enough stimulus for young people, or one can no longer speak of the traditional religiousness of small-town and rural youth, or it is this attitude of indifference that has become a response to the pandemic stimulus. The question remains open whether this is, so to speak, 'sober' indifference that does not succumb to panic and approaches media reports with caution, or 'dismissive' indifference. The same is precisely the case with the question of the phenomenon of secularization. In post-modern societies, institutionalized religion loses its direct influence on social life [28]. It is also possible that religion does not disappear in society, but instead changes its social forms as a result of socio-cultural transformation [29]. Unfortunately, the results

of the survey, which show not indifferent reactions in cases when the respondents were directly confronted with the pandemic threat in their own environment (such as fear and the need to take an interest in religion), speak in favour of the latter option. An attitude of 'dismissive' indifference is more common in young men.

As for the other strategy, that can be named committed one, the type of anxiety that helps people develop effective strategies was described in the literature on fear as 'functional fear'. It involves the use of adaptive emotions and precautionary measures to protect oneself against the cause of anxiety. By contrast, 'dysfunctional fear' applies to people who worry so much that it has a negative impact on their quality of life [30]. Functional fear induces attitudes even more effective than those experienced while feeling safe. According to the above theory, it works on a similar basis to the attractor of happiness, which motivates people to take action to improve their objective living situation [31]. This implies that for some people initial anxiety can ultimately be beneficial and not detrimental to their general well-being [30]. However, a condition for the 'functional' experience of fear is to develop a sense of resilience to fear, which is a token of a certain kind of autonomy [32]. The term *resilience* derives from the testimonies of World War II concentration camp survivors [33]. As it emerged, the inappropriate experience of difficulties may sometimes give rise to 'derivative fear'. The unanchored and diffuse nature of fear that facilitates the emergence of a socially constructed and often politically motivated othering, 'scapegoating' or 'demonization' [9]. Analysis of testimonies from observers of life in extremely harsh conditions showed that those who persisted used a certain 'formula' to survive. This 'formula' of resilience included a positive family environment, solidarity within the family, ability to regulate emotions and religious beliefs [33]. A certain degree of fear is inevitable in human life and every legal system implies 'a minimum level of fear' in order to encourage compliance with the law [34]. The situation is completely different in the family and in religion. In a safe environment, a sense of detachment from an experienced painful event is created, and this detachment serves as a catalyst for healing. It appears that it can even be the familial and religious experience of funeral and bereavement in the event of death [33]. When experiencing a threat together, one loses sight of minor problems that can normally depress their mood, therefore the final emotional balance turns out to be positive. Thus, traditional religiousness appears as a desirable and effective response to fear. This less frequent committed strategy is characterized by a certain type of polarization. These extreme attitudes are more common in young female respondents. This has been predicted in research conducted in the second decade of the 21st century. Polish religiosity has become more pluralistic and more diverse. Although there are symptoms of declining religiosity, according to the data presented, diversification results not only in secularization, but also in social polarization [35]. On the one hand, the youth experiences fear tendencies to which they respond with emotional globalist involvement. On the

other hand, fear is replaced by involvement in prayer and religion, which shows, albeit on a small scale, the effectiveness of the defence that religion and faith offer against fear.

5. Conclusions

Different authors hypothesize that those who grow up in less secure conditions will attach more importance to religious values, for those with greater security the importance of religious values will be less [36]. Unfortunately, searching in religiosity a response to the fear caused by the pandemic is noted in people who are already religious, so among the youth surveyed, the fear caused by the pandemic, if present, is not a factor that is supposed to positively affect religiosity, and this seems to be the assumption of pastoral programs and statements of Polish sociologists of religion. Similar studies have already been conducted among Polish and Ukrainian youth living in the area of former Galicia, i.e. Lesser Poland [31]. However, they concerned the religiosity of the big-city youth of Krakow and Lviv. The research among the youth of Sandomierz Diocese was to show to what extent the assumption concerning traditional religiousness of rural and small-town areas of Lesser Poland region commonly functioning in Polish Episcopate's pastoral programs is correct and to what extent and in what way traditional religiousness manifests itself and works in trying times. This study brings a negative answer to the question above, giving the youth of Sandomierz Diocese as a counterexample. Though we as the authors must assume that our research is limited to the high-school students of one diocese only, we are planning to extend the scope of our future research. So far, similar studies on small-town and rural areas have not been conducted in neighbouring Lesser Poland dioceses with similar demographic and religious structures, such as Kielce, Lublin, Zamość-Lubaczów, Przemyśl, Rzeszów and Tarnów. If there have been such studies, their results are not yet available. This state of affairs creates an interesting research perspective and will allow for further inquiries into this domain. Also open is the question of what happens to the traditional religiosity of Catholic youth in small-town and rural areas of Lesser Poland that it does not show the assumed trends. This issue, too, may become the subject of interesting analysis in the near future.

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