Religiosity, Divine Control and Consumer Resilience during the COVID-19 Pandemic

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Abstract

By way of a cross-sectional survey (n=524), this study demonstrates that religiosity positively influenced consumers' willingness to use face-to-face services under very different, disruptive, and risky conditions during the COVID-19 pandemic. Moderated mediation analysis shows this relationship was mediated by beliefs in divine control and moderated by ethnicity. The findings establish intrinsic religiosity as a key predictor of adaptive consumer behaviour that was critical to promoting much-needed socio-economic support during the ongoing disruption of the pandemic. They provide an explanation at the individual level, grounded in concepts of consumer resilience, of why religiosity has previously been linked to socio-economic recovery following the pandemic, and reveal the important influence of intrinsic religiosity on consumer adaptation and behaviour during times of major socio-economic disruption.

Key words: Consumer Resilience; Religiosity; Divine control; Ethnic minorities; Service consumption; COVID-19

Introduction

The consumption of face-to-face services in relative safety and security has long been part of the fabric of modern life in the UK (Szmkowiak et al, 2021). This suddenly and dramatically changed in early 2020 as the threat from COVID-19 - a novel, highly transmissible and dangerous virus - became apparent. Left unchecked, the rapid diffusion of the virus within the population was forecast to overwhelm the National Health Service (NHS) and cause the death of more than 250,000 people in the UK (Finkenbusch, 2024). On March 25th 2020, to slow the spread of the

virus and protect the NHS, the UK Government enacted a national lockdown. Almost all social gatherings were prohibited, and schools, businesses and face-to-face services (such as bars, restaurants, and hairdressers) were required to close, by order of the Coronavirus Act 2020 (25 March 2020; Cairney 2020). Where essential services were permitted to remain open, they were subject to strict new rules, such as social distancing, one-way systems, limits on customer numbers and the wearing of masks (House of Commons Library, 2020). Similar public health measures were replicated around the world, leading to arguably the most widespread and significant disruption to societies and economies since the Second World War (Suleimany, Mokhtarzadeh and Sharifi, 2022).

While national lockdowns to slow the spread of COVID-19 may have been necessary, these unprecedented disruptions to everyday life 'led to the collapse of socio-economic activity' (Sheetal, Ma, and Infurna, 2024, p.3). Sheetal *et al.* (2024) cite huge reductions in the use of hotels, cinemas, restaurants, shops, and airlines by consumers across the world – services that relied on footfall and social interaction and were thus most badly affected by lockdown restrictions (Gonzalez-Pampillon, Nunez-Chaim and Ziegler, 2021). As a result, governments around the world were faced with the urgent challenge of ensuring socio-economic resilience - a concept that Sheetal *et al*. (2024, p. 6) conceptualise in terms of recovery, and the ability of a socio-economic system to 'return to normalcy after the occurrence of an event that disrupts its state.'

Socio-economic resilience is measured by how much, and how quickly, socio-economic activities and behaviours – including the consumption of hospitality, retail, recreation, travel and transport services - return to pre-disruption levels (Nicola *et al.*, 2020, Sheetal *et al.*, 2024). Sheetal, *et al*, (2024) used a machine learning approach to broadly identify factors that predicted socio-economic resilience following the massive social and economic disruption of the COVID-19

pandemic. Highly prominent among these was religiosity, and more specifically the 'strength of respondents' religious beliefs' (Sheetal *et al.*, 2024, p.17).

In this paper, we examine how and why religiosity appears to have strongly underpinned socio-economic resilience, in terms of recovery in the levels of face-to-face service consumption. For this, we adopt consumer resilience as a theoretical lens for two reasons. First, socio-economic resilience is underpinned by consumer resilience in the sense that it constitutes a recovery in consumption activities, particularly with respect to the use of services. In the context of pandemic disruption, for example, Sheetal *et al.* (2024) propose that:

> if people are psychologically resilient, they would be more likely to venture outside their homes once the threat has subsided (i.e., exhibit socioeconomic resilience), and when many people in the community resume their everyday lives, the country's economy would recover. (Sheetal *et al.* 2024, p. 3)

From this perspective, socio-economic resilience is dependent on consumers 'resuming' the use of services that previously characterised their everyday lives. Thus, a mass return to the use of face-to-face services may be seen to constitute a critical normalising behaviour at the macro-level, which was specifically required, prescribed and promoted by the UK Government as a means of ensuring socio-economic resilience during the first year of the pandemic, when the virus remained prevalent, highly transmissible, and without a vaccine or cure (GOV.UK, 2020c). However, the elevated risk this behaviour presented to consumers – particularly those identified as 'highly vulnerable' due to higher mortality rates (e.g. ethnic minority groups; Dodsworth, 2021) – required individual resilience in the form of adapting to using face-to-face services that were radically altered by new health and safety protocols (GOV.UK, 2020c; Thatcher 2020), amidst the continuing threat of the virus, potentially indefinitely.

Second, religiosity has been consistently and positively associated with resilience in times of hardship and disruption, including during the COVID-19 pandemic (Edara, Del Castillo, Ching and Del Castillo, 2021; Blázquez and Sánchez-Mangas, 2023; Filipović and Rihtar, 2023). Defined as, 'the degree to which one holds religious beliefs and values both through an internal spiritual connection and external religious practices and behaviors' (Minton and Kahle, 2013, p. 12), religiosity incorporates affective (feelings about, and towards, religious beings, objects, or institutions), cognitive (religious beliefs and orthodoxies) and behavioural (engagement in religious practices) aspects, which are often closely integrated in practice (Cornwall *et al.*, 1986; Minton, 2018). Typologies of religiosity are commonly founded on the extent to which it is related to organised religious doctrine and activities, or the individual internalisation of religious and spiritual beliefs (Nguyen *et al.*, 2020). An important element of this intrinsic dimension is belief about the control and influence of God in people's lives (Upenieks and Ellison, 2022). This is encapsulated in the concept of *divine control*, which emerges when people believe that 'God controls the good and bad outcomes in their lives, that God has decided what their life shall be, and that their fate evolves according to God's will or plan for them' (Schieman *et al.*, 2006, p. 529). Beliefs in divine control have been positively associated with resilience (DeAngelis and Ellison, 2017), particularly during the COVID-19 pandemic (Upenieks and Ellison, 2022).

On the basis of a critical, interdisciplinary literature review at the intersection of consumer resilience, religiosity, and divine control beliefs, we formulate a conceptual model incorporating three hypotheses: i) Religiosity positively impacted willingness to use face-to-face services when they were permitted to re-open at the height of the pandemic, ii) this relationship was mediated by beliefs in divine control, and iii) the strength of this relationship was moderated by ethnicity. By conceptualising and empirically demonstrating the impact of religiosity and divine control beliefs

on willingness to use services - in very different ways, and under very different, and relatively dangerous, conditions - at the height of the pandemic, we make three theoretical contributions. First, we provide a theoretical explanation of how and why religiosity appears to have strongly predicted socio-economic resilience during the COVID-19 pandemic (Sheetal *et al.*, 2024). Second, we provide support for the primacy of intrinsic religiosity as a source of individual consumer resilience (Upenieks and Ellison, 2022) in times of major disruption, and advance a more nuanced explanation of the type of religious beliefs (i.e. divine control) that underpinned a resumption of service use and thus socio-economic resilience during the pandemic. Third, we replicate and extend US-based indications that ethnicity moderates the relationship between religiosity and divine control beliefs in a UK context, and with respect to a broader range of ethnic minority groups. This is important as it indicates that the impact of religiosity and divine control beliefs on consumer resilience will be stronger and more stable amongst ethnic minority groups.

The paper begins with a summary of the socio-economic impact of national lockdowns and the need for socio-economic resilience in the UK during the first year of the COVID-19 pandemic. We then critically consider the theoretical underpinnings of a return to using face-to-face services under new, different and potentially dangerous pandemic conditions, as both a normalising behaviour (at the macro-level) for socio-economic resilience and consumer adaptation to the very different environments, protocols, and conditions that now characterised these service environments (at the individual level), reflecting consumer resilience. Following this, we critically review relevant literature on the relationship between religiosity and consumer resilience, in the context of the pandemic, from which we draw our hypotheses. The method by which we tested these hypotheses is then discussed prior to the presentation of results and a discussion of their implications for theory, practice and future research.

The socio-economic impact of national lockdowns and the need for socio-economic resilience in the UK

By June 2020, following a three-month period of national lockdown, the prospects for the UK service economy were dire, with the forced closure of many workplaces, schools and face-to-face services leading to a 19.8% reduction in GDP between April and June 2020 (ONS, 2022). Hospitality services, including hotels, pubs and restaurants, were particularly badly affected (Gonzalez-Pampillon, Nunez-Chaim and Ziegler, 2021), recording close to zero output in April and May 2020 (Office for National Statistics, 2020). An urgent problem facing the UK Government was how to maximise socio-economic resilience during a pandemic that, amidst the continuing public health crisis, also posed a serious threat to the functioning of society and the national economy. Given that services account for 73% of total GDP (O'Neil, 2025), and there are 10.5 million frontline face-to-face workers in the UK working in retail, leisure, tourism, healthcare, transport, education and other industries (Office for National Statistics, 2020), rapid recovery in this sector was critical to achieving this.

In response, and despite the continued absence of a cure or vaccine for the virus, the UK Government began to lift its lockdown restrictions in June 2020. It then introduced the 'Eat out to Help Out' scheme, which sought to motivate customers to return to hospitality businesses - as a means of contributing to socio-economic recovery – by subsidising considerable discounts on food and non-alcoholic drinks consumed on the premises (GOV.UK, 2020a). The scheme announced in July ran throughout August 2020, with more than 160 million meals claimed at a cost of £849 million to the Government (Gonzalez-Pampillon, Nunez-Chaim and Ziegler, 2021). In this way, the UK Government not only allowed face-to-face services to re-open but switched from darkly

warning of the dangers they posed to positively encouraging the use of these services to boost the economy (see Fetzer, 2022).

However, evidence quickly emerged of a rapid rise in COVID-19 infections following the lifting of lockdown restrictions (Gonzalez-Pampillon *et al*. 2021). Fetzer (2022) concludes that the 'Eat Out to Help Out' scheme alone was responsible for between 8 and 17 percent of new COVID-19 cases and was a key factor in another wave of infections that precipitated further nationwide lockdowns during Autumn 2020. As the social and economic impacts of these measures began to bite once more, however, face-to-face services were again permitted to re-open in early December 2020 (Institute for Government, 2022). As before, the socio-economic success of this strategy depended on consumers being willing to return to using these services when the virus was still highly prevalent, transmissible and dangerous, and when neither a cure nor vaccine was available (WHO, 2020). After two periods of extended lockdown to slow the spread of the virus, and an intervening period in which a rapid rise in COVID-19 infections was clearly linked to the use of face-to-face services (Fetzer, 2022), it remained to be seen whether consumers would be willing to use face-to-face services that were radically altered by the imposition of stringent health and safety restrictions under these new and adverse conditions. For brevity, we refer to this point in time, and the conditions by which it was characterised, as the 'height of the pandemic' in this paper, as it preceded developments that subsequently mitigated the accumulated impact of extremely adverse circumstances since the first national lockdown (e.g. the development of vaccines and degrees of immunity).

In the following sections, we frame this as a question of resilience and, in particular, how consumer resilience can take the form of adaptation – in terms of changing one's thinking and behaviour to cope with, and adapt to using face-to-face services in significantly different ways and

under very different conditions - that supports a return to normalcy in levels of socio-activity. We do so on the basis that resilience has two preconditions: the presence of stressful, adverse circumstances and the ability to adapt and cope with these new circumstances (Ang, Uthaman, Ayre, Mordiffi, Ang and Lopez, 2018). The first of these was quite clearly evident - at an individual and socio-economic level – during the first year of the pandemic. The second, we contend, constituted a key pillar of the UK Government's strategy to ensure socio-economic resilience by encouraging a return to the consumption of face-to-face services (GOV.UK, 2020b) and is embodied in the key question that would determine its success: Would consumers be willing to adapt to using face-to-face services under very different conditions, with the addition of stringent health and safety restrictions and under the continuing threat of danger from the virus?

Consumer Resilience and Behaviour

With reference to Southwick and Charney (2012), Rajesh (2024, p.235) observes that conceptualisations of consumer resilience are often 'adapted from the individual and personal resilience contexts, where resilience reflects the ability of consumers to bounce back from stress and other traumatic memories.' This is grounded in a trait perspective, whereby resilience is characterised as possessing the psychological traits and attributes to recover from adversity and return to a previous state, with the term 'bounce back' frequently used in this body of work (e.g., Lazurus, 1993; Block and Kremen, 1996; Luthans, 2002; Longstaff, 2005; Smith, Dalen, Wiggins, Tooley, Christopher, and Bernard, 2008; Ledesma, 2014; Masten, 2014; Bermes, 2021; Zhu *et al*., 2024). From this perspective, there is a justifiable logic to Sheetal *et al*.'s (2024) assumption that individual consumer resilience will promote a return to previous consumption behaviours and

practices following a major disruption and thus underpin socio-economic resilience in times of national crisis.

However, consumer resilience has also been conceptualised as flexible and positive adaptation to difficult circumstances over time (Paquette *et al.*, 2023). From this process perspective, resilience refers to the psychological capacity to cope, adapt and thrive during significant disruption and adversity (Reyers *et al.*, 2022; Azam 2024), and the ability to alter thinking and behaviour to respond positively to major change and disruption (Deng *et al.*, 2023; Ha *et al.*, 2024; Liu *et al.*, 2023; Truong and Truong, 2022). This is particularly evident with respect to *persistent resilience*, a concept formulated and explored in studies of individual and societal responses during the years of austerity and economic hardship following the global financial crisis of 2008 (Golubchikov, 2011; Andres and Round, 2015; Szmigin *et al.* 2020). Persistent resilience refers to proactive, flexible, and continuous adaptation of the day-to-day aspects of life to cope with difficult conditions that extend over prolonged, perhaps indefinite periods of time (Golubchikov, 2011). Through the incremental restructuring of common, everyday practices (including consumption), it can ultimately result in significant and permanent transformation in the way individuals and societies operate (De Verteuil and Golubchikov, 2016; Szmigin *et al.*, 2020). In the context of austerity, Szmigin *et al.* (2020, p.1901) thus contend that 'persistent resilience is in opposition to previous conceptualisations of resilience as bouncing back from adversity … if anything, it is the antitheses of bouncing back, as people have to work through, over time, their responses to austerity and this is rarely a one-off event.'

Whereas the trait perspective on resiliency 'describes one's ability to withstand difficulties or bounce back from adversity' (Zhu *et al.*, 2024, p. 5), the process perspective puts more emphasis on specific contexts and behaviours, i.e. on 'what individuals actually experience and do in the

context of adversity' (Fisher *et al.*, 2019, p. 590). Flexible adaptation to conditions during and after a disruption might result in significantly, and perhaps permanently, altered consumption behaviours (De Verteuil and Golubchikov, 2016; Szmigin *et al.*, 2020), which may or may not be compatible with socio-economic resilience. For example, where adaptation leads to a radical change in social and working life that poses an existential threat to large sectors of the existing economy (e.g. a normalising of minimal use of transport, hospitality and physical retail services), resilient consumer behaviour might fail to support, or even undermine, socio-economic recovery and resilience, at least in the short and medium-term.

A similar focus on the behavioural manifestation of consumer resilience can be found in the concept of *collective resilience,* whereby 'a sense of psychological unity with others during emergencies is the basis of being able to give and accept support, act together with a shared understanding of what is practically and morally necessary' (Drury, Cocking and Reicher, 2009, p.85). Collective resilience derives from self-categorization theory (Turner 1982; Turner, Hogg, Oakes, Reicher and Wetherell, 1987), which holds that cognitively self-categorizing as a member of a collective, defined by any meaningful criteria (e.g. age, gender, support for a sports team, nationhood), enhances perceptions of similarity to other members, creates a sense of unity, solidarity, and fosters commitment to the group (Drury at al., 2009). This, in turn, can motivate individuals to act in the interests of other members of the group, even when they are not, and may never be, personally known (Drury and Reicher 1999; Levine, Prosser, Evans and Reicher 2005; Drury *et al.*, 2019).

Guèvremont, Boivin, Durif and Graf (2022) observe that national authorities often sought to leverage collective resilience during the early months of the pandemic by framing it as a national disaster that affected, and may be affected by, all citizens. This was quite evident in the UK, where

Government ministers clearly and consistently sought to instil a sense of national identity, national unity, and personal sacrifice for the national collective good. As documented by Kettell and Kerr (2022, p. 24), demands for 'determined collective action' and 'a huge national effort' from the Prime Minister, Boris Johnson, were echoed by senior cabinet ministers in calls for 'a collective national effort' (Rishi Sunak), 'a shared spirit of national endeavour' (Michael Gove), and a 'national spirit of unity and resolve' (Dominic Raab). By emphasising shared national culture, history and values, the UK Government sought to encourage self-categorisation as a UK citizen and motivate a form of adaptive consumer behaviour that would protect the security and interests of society, even where these might run contrary to an individual's own security and self-interest (Robson, 2020; Finkenbusch, 2024).

As with the process perspective of individual consumer resilience, however, the behavioural manifestation of collective resilience may or may not underpin socio-economic resilience during a national crisis. In the pandemic context, whilst collective resilience could have motivated consumers to protect businesses, jobs and livelihoods by adapting to the new conditions under which face-to-face services could now be consumed and rapidly returning to these, it could equally have manifest in the long-term adoption and normalisation of new ways of consuming that minimised the use of face-to-face services (e.g. socialising online, dining in using online take-away services, etc.), and thus transmission of the virus, to protect lives and the NHS on an ongoing basis. Thus, we contend that, during the first year of the pandemic, it was crucial for the UK Government to not only leverage consumer resilience, but also prescribe the type of adaptive consumer behaviour that would be necessary to ensure socio-economic resilience; i.e. to quickly return to using face-to-services despite the continued prevalence and dangers of the virus,

significant new health and safety restrictions, and thus the requirement for mental and behavioural adaptation to these new and very different conditions.

In this paper, we take this form of adaptive consumer behaviour as our focus, as we examine the impact of religiosity on consumers' willingness to return to using face-to-face services, under very different conditions, at the height of the pandemic, when the national economy depended on a resumption of face-to-face service consumption, despite it having been recently shown to significantly heighten the risk of infection and transmission (Fetzer, 2022), The rationale for our focus on religiosity is explained in the following section, ahead of a review of the extant literature on religiosity and resilience.

Religiosity, Behaviour and Socio-economic Resilience During the Pandemic

Religiosity was the focus of considerable attention during the first year of the pandemic with a complex picture emerging as to how it impacted individuals and society. This debate largely centred on the extrinsic aspects of religiosity, (i.e. "the wider social and personal implications of being linked to a church or place of worship"; Shaw, Joseph and Linley, 2005, p. 4). While some studies associated religious institutions and communities with promoting misinformation about the virus, mistrust of science and public health directives and behaviours that undermined efforts to mitigate the impact of the pandemic on society (Agley, 2020; Freeman *et al*., 2002; Hill *et al*., 2020), others associated them with positively mitigating the worst effects of the pandemic by promoting compliance with public health directives, adapting safe approaches to organised religious practices, and providing much needed psycho-social support during this traumatic event

(Frei-Landau, 2020; Weinberger-Litman et al., 2020; for a review, see Lee, Lim, Xavier and Lee, 2022).

However, central to the focus of this paper, religiosity has since been identified as one of the strongest predictors of socio-economic resilience and recovery around the world (Sheetal *et al*., 2024). Importantly, this does not necessarily relate to the extrinsic aspects of religiosity – indeed the kinds of 'social ties' that might be fostered by religious participation were not found to have any significant impact on socio-economic resilience in this study. Rather, the findings indicate that the speed with which consumers returned to using face-to-face services (such as cinemas, recreation sites, and public transport) was predicted by intrinsic religiosity (i.e. "a deep faith in God and a personal relationship with him"; Shaw *et al*. 2005, p. 4), in the form of personal religious beliefs. While Sheetal *et al*. (2024, p. 23) acknowledge that these findings, derived from a machine learning approach to analysing secondary data, require further investigation using 'an external, independently collected dataset', they are in line with a body of literature that suggests a positive link between religiosity, religious beliefs and psycho-social resilience. On this basis, we set out to examine the proposition that religiosity positively impacted consumers' willingness to return to using face-to-face services at the height of the pandemic, a critically important form of adaptive consumer behaviour that was required, and prescribed, by the UK Government to prevent further economic damage and promote socio-economic resilience (GOV.UK, 2020a). We now review the extant literature on religiosity and resilience and derive a series of hypotheses by which to test this proposition.

Religiosity and Resilience

Religiosity has been found to correlate with psychological resilience (e.g. Edara, Del Castillo, Ching and Del Castillo, 2021; Chow, Hashim, and Guan, 2021; Agbaria and Mokh, 2023), and to predict psychological resilience (e.g. Kilbourne, Cummings and Levine, 2009; Kira *et al*., 2022; Revens, Gutierrez, Paul, Reynolds, Price and DeHaven, 2021; Jafari, Kassan, Reay, and Climie, 2022). It has been shown to moderate the impact of stressful life events on well-being (Brown and Floyd, 2023) and to have a positive impact on mental health (Ellison *et al*. 2001). This, it is suggested, is because it correlates negatively with stress, distress, depression, and anxiety, and positively with self-esteem and life satisfaction (for a review, see Mattis and Watson, 2009). As such, religiosity is a resource that is commonly drawn upon by people in highly stressful situations and is instrumental in responding to, and recovering from, catastrophic and highly stressful events, including epidemics (David *et al*., 2023; Davis *et al*., 2019; Gaillard and Texier, 2010; Marks *et al*., 2009). In the COVID-19 pandemic, for example, religiosity was found to positively impact psycho-social resilience amongst adolescents (Filipović and Rihtar, 2023), to moderate the negative impact of pandemic-related stressors on mental distress (Blázquez and Sánchez-Mangas, 2023), and to partially mediate the inverse relationship between psychological resilience and fear of COVID-19 (Batmaz and Meral, 2022). Whilst there is considerable evidence for the positive impact of religiosity on psychological factors that are associated with resilience, and while it is reasonable to assume this will in turn influence actions and behaviours, the impact of religiosity on specific forms of adaptive behaviour remains under-researched. We seek to address this in the context of consumer resilience and behaviour during the adverse conditions of an ongoing epidemic.

On the basis that religiosity has clearly and consistently been associated with both socio-economic resilience (Sheetal *et al*. 2024) and psychological resilience (prior to and during the

pandemic, we propose that religiosity will predict willingness to return to using face-to-face services at the height of the pandemic - an act that required consumer resilience in the form of mental and behavioural adaptation to the very different conditions that now characterised these services, and which was necessary on a mass scale to ensure socio-economic resilience in the UK. Specifically, we hypothesise:

> *H1: Religiosity will be positively associated with willingness to use face-to-face services when they re-opened at the height of the COVID-19 pandemic.*

The Mediating Role of Beliefs in Divine control

As previously noted, Sheetal *et al*. (2024) observed that intrinsic religiosity, in the form of religious beliefs about God, was instrumental in predicting socio-economic resilience following the pandemic. This is in line with Upenieks and Ellison's (2022) observation that notions of a personal relationship with God, and beliefs about divine support and control, were heightened during the initial phases of the pandemic response because of the stringent restrictions that were placed on religious service and activities, and the severing of social contacts more broadly. In these circumstances, Upenieks and Ellison (2022, p.872) propose, 'ceding control to God as a vicarious form of control may allow believers to take comfort that a kind, loving deity will see them through the crisis and that they are not alone in their struggles.' In support of this, the authors empirically demonstrate that the ability to cope with adversity during the pandemic was strongly associated with beliefs about the control and influence of God in people's lives.

A *sense of divine control* emerges when people believe that 'God controls the good and bad outcomes in their lives, that God has decided what their life shall be, and that their fate evolves according to God's will or plan for them' (Schieman *et al*., 2006, p. 529). On the one hand, this

may foster resilience based on a fatalistic perspective that attributes all outcomes to "God's will", and thus 'provides a sense of safety, support, and tenacity to persevere through stressful situations' (Dolcos *et al*. (2021, p.2893). On the other hand, a sense of divine control might be empowering where there is a belief that God is an active partner, and that God's influence is channelled through the individual (Upenieks and Ellison, 2022). Beliefs in the divine control of a loving God have thus been found to reduce worry, increase hope, and mitigate psychological distress during times of hardship (Ellison et al. 2001; Mattis and Watson, 2009; Schieman et al., 2003; Schieman et al., 2005; Bradshaw and Ellison., 2010; Krause, 2009; Krause and Hayward 2015), and 'may be adaptive in situations where one can do little to improve health outcomes' (Clark *et al*., 2018, p. 2261).

Theoretical explanations for this centre on the notion that beliefs in divine control enable people to adapt to, and recover from, stressful experiences via a process of positive cognitive reappraisal, whereby stresses are reinterpreted as part of a broader narrative of divine control (DeAngelis and Ellison, 2017; Upenieks and Ellison, 2022). This work serves to refine theoretical explanations of how religiosity can positively impact resilience via the cognitive reappraisal of stressors and subsequent emotion-regulation (McIntosh *et al*., 1993; Thomas and Savoy 2014; Hayward and Krause, 2016; Vishkin *et al*. 2016; Dolcos, Hohl, Hu, and Dolcos, 2021; Agbaria and Mokh, 2023).

From a psychological perspective, therefore, a sense of divine control may be seen as a mental health-protective resource that mediates the positive impact of religiosity on resilience during times of adversity (DeAngelis and Ellison, 2017). On this basis, and considering previous findings that indicate beliefs about the role and influence of God have been positively associated

with both socio-economic resilience (Sheetal *et al*., 2024) and individual resilience (Upenieks and Ellison, 2022) during the pandemic, we further hypothesise that:

> *H2 Beliefs in divine control will mediate the positive impact of religiosity on willingness to use services when they re-opened at the height of the COVID-19 pandemic.*

Religiosity and Divine Control Beliefs: The Moderating Influence of Ethnicity

Religiosity is positively associated with a sense of divine control (Clark *et al*., 2018). This is unsurprising given that many religious believers, 'carry on an ongoing conversation with God through prayer and experience God as an intimate member of their social network' (Upenieks and Ellison, 2022, p. 859). However, there is evidence to suggest that the strength and stability of this relationship is moderated by ethnicity. For example, high levels of religiosity, strong beliefs in divine control, and the impacts of these factors on health, well-being, and behaviours are particularly apparent amongst African-Americans (Chatters *et al*., 2009; Ellison, 1995; Krause 2003; Schieman *et al*. 2006). Furthermore, Schieman and Bierman (2007) show that the relationship between religiosity and beliefs in divine control is weaker for White Americans than for Black Americans. This leads the authors to conclude that, compared to White Americans, 'the sense of divine control among African Americans is not only stronger but also more stable over time irrespective of personal and external conditions, including variations in religious activities' (Schieman and Bierman, 2007, p. 366).

These findings are important in the context of our study as they speak directly to the question of whether the impact of religiosity on willingness to use face-to-face services under the continuing threat of the virus, and with all of the adaptations that were required to cope with and mitigate the heightened risk of infection and transmission in these settings, might be more evident

amongst ethnic minority groups - who had suffered considerably higher mortality rates and were thus identified as 'highly vulnerable' by the UK Government (Dodsworth, 2021). Under these conditions, it is fair to assume that consumers from ethnic minority groups would perceive themselves to face particularly high personal risks in returning to face-to-face service environments which now clearly carried an elevated risk of viral infection and transmission. In this context, we thus draw on the earlier work of Schieman and Bierman (2007) to propose that ethnicity will moderate the relationship between religiosity and divine control beliefs in the UK context - where black people and South Asian people (particularly those of Pakistani and Bangladeshi heritage) comprise the largest ethnic minority groups – in a similar way to that which has been observed in the US context. Specifically, we hypothesise:

H3: The indirect relationship between religiosity and willingness to use face-to-face services (at the height of the COVID-19 pandemic) via beliefs in divine control is moderated by ethnicity. The effect will be stronger amongst White people than those from major ethnic minority groups in the UK (i.e., black and South Asian people).

All the hypotheses formulated are drawn together in the conceptual model illustrated in Figure 1. The method by which they were tested will be explained subsequently, prior to the presentation and discussion of results.

Figure 1 Conceptual Model
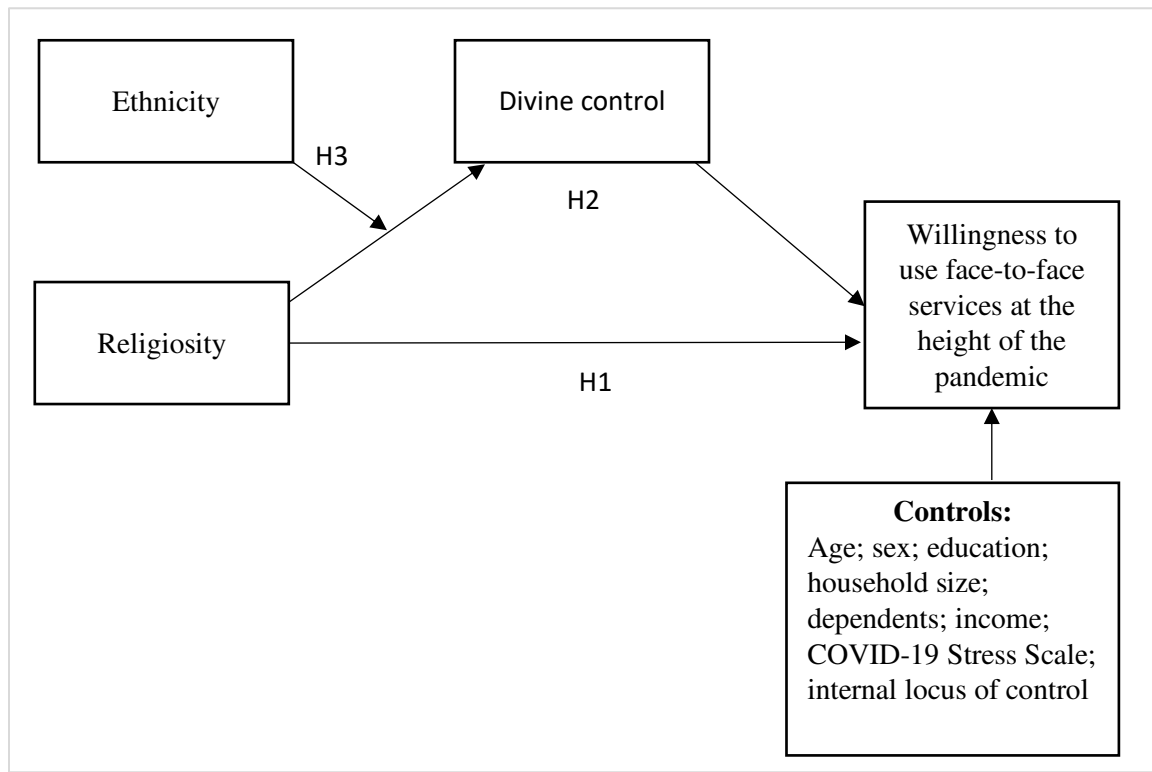
Method

Prior to starting the study, ethical approval was obtained for all protocols from one of the author's university ethics committees to confirm the study meets national and international guidelines for research on humans including informed consent and consent to publish. We conducted a cross-sectional survey (n=524) at the point at which face-to-face services began to re-open in the UK, following a second period of 'lockdown' in the first year of the COVID-19 pandemic. The data was collected over the period of one week by way of an online survey administered by Qualtrics Panel Management. Embedded filters for non-attentive respondents terminated the survey and rejected such cases. Data quality checks were undertaken, and cases removed, for incomplete responses, extremely fast/slow responding, and excessive 'straight-line' clicking.

Sample

Using a purposive sampling approach, recruitment quotas were applied on age (18−75), sex, and main regions, to achieve a broadly representative UK sample. Further quotas were applied to provide equal representation for the three largest groups by ethnicity in the UK: White respondents (n=175), black respondents (n=175), and South Asian respondents (n=174) in the UK. Quotas were applied on age (18-75). The composition of the sample is detailed in Table 1.

Table 1: Sample composition

	Freq.	%			Freq.	%
Age: 18-24	99	18.9	**Income:**	< £10,000	32	6.1
25-34	138	26.3	£10,000 - £19,999		77	14.7
35-44	116	22.1	£20,000 - £29,999		103	19.7
45-54	93	17.7	£30,000 - £39,999		106	20.2
55-64	54	10.3	£40,000 - £49,999		80	15.3
65-74	16	3.1	£50,000 - £74,999		72	13.7
75 and older	8	1.5	£75,000 - £99,999		35	6.7
Gender: Male	250	47.7	£100,000 - £149,999		13	2.5
Female	269	51.3	£150,000 or more		6	1.1
Non-binary	4	.8	**Employment:** Unemployed		41	7.8
Prefer not to say	1	.2	Student		59	11.3
Ethnicity: Black	174	33.2	Retired		31	5.9
Asian (Pakistani or Bangladeshi)	175	33.4	Employed (full-time)		257	49.0
White	175	33.4	Employed (part-time)		96	18.3
Education: No University degree	221	42.1	Self-employed		30	5.7
University degree	303	57.9	Other, please state:		10	1.9

Measures and Control Variables

We used existing scales to measure religiosity (10 items from Worthington *et al.*, 2003) and divine control (six items from Esparza *et al.*, 2015), both with five-point scales (1 = strongly disagree, 5 = strongly agree). We created an original scale to measure willingness to use services. Ng *et al.* (2007) usefully categorize face-to-face services across two dimensions: utilitarian vs. hedonic and collective vs. individual. We adopted this taxonomy to ensure we considered an appropriate and comprehensive range of services in this study. Consequently, we asked each respondent about their use of services in all four of the categories identified by Ng at al. (2007): 1) *hedonic-collective* services (e.g., café, restaurant, pub/bar); 2) *hedonic-individual* services (e.g., personal beauty services, nail bar, hairdresser/barbers); 3) *utilitarian- collective* services (e.g., bus, trains, trams); and, 4) *utilitarian-individual* services (e.g., taxi, in-person legal/financial services, one-to-one tuition). To ensure the services in question were personally relevant, respondents began by selecting four specific services (one from each of the four types identified here) that they had used relatively frequently in the twelve months prior to the start of the pandemic. If they had not used at least one service within each of the four types during that period, the survey terminated. To measure willingness to use services during the pandemic, respondents were later asked the following question in relation to each of the four services that they had previously identified as being relevant to them: *Assuming it now becomes available to you, how willing would you be to use [specified service]*' (1 = extremely unwilling, 7 = extremely willing). Table 2 provides a full list of items and validity-related statistics.

Table 2: Items, loadings, average variance extracted, and scale reliability

Religiosity (1 = "Not at all true of me", 5 = "Totally true of me")	λ	AVE	C.R.
R_1: I often read books and magazines about my faith	.804		
R_2: I make financial contributions to my religious organization	.786		
R_3: I spend time trying to grow in understanding of my faith	.875		
R_4: Religion is especially important to me as it answers questions about the meaning of life	.904		
R_5: My religious beliefs lie behind my whole approach to life	.884	.743	.967
R_6: I enjoy spending time with others of my religious affiliation	.866		
R_7: Religious beliefs influence all my dealings in life	.915		
R_8: It is important to me to spend periods of time in private religious thought and reflection	.889		
R_9: I enjoy working in the activities of my religious affiliation	.891		
R_{10}: I keep well informed about my local religious group and have some influence in its decisions	.795		
Divine control (1 = "Strongly disagree"; 5 = "Strongly agree")			
DC_1: Everything that happens is part of God's plan	.855		
DC_2: Everything that happens to a person was planned by God	.869		
DC_3: Whatever happens to me in my life, it is because that is the way God wanted it to happen	.883	.786	.957
DC_4: God controls everything good and bad that happens to a person	.923		
DC_5: God has a plan for each person, and you cannot change his plan	.911		
DC_6: No matter how much effort I invest into doing things, at the end, God's decisions will prevail	.878		
Willingness to use services (1= Extremely unwilling; 7 = Extremely willing)			
WTU_1: Hedonic public services (e.g., café, restaurant, pub/bar)	.738	.527	.816

	λ	AVE	C.R.
WTU$_2$: Hedonic individual services (e.g., personal beauty services, nail bar, hairdresser/barbers, therapeutic massage)	.656		
WTU$_3$: Utilitarian public services (e.g., bus, trains, trams, London Underground)	.809		
WTU$_4$: Utilitarian private services (e.g., taxi, in-person legal/financial services, one-to-one tuition, domestic services inside your home)	.692		
COVID-19 danger and contamination stress *(1 = "Strongly disagree"; 5 = "Strongly agree")*			
CS$_1$: I am worried that if I touched something in a public space (e.g., handrail, door handle), I would catch the COVID-19 virus	.671		
CS$_2$: I am worried that if someone coughed or sneezed near me, I would catch the COVID-19 virus	.759	.553	.880
CS$_3$: I am worried that people around me will infect me with the COVID-19 virus	.869		
CS$_4$: I am worried that I might catch the COVID-19 virus from handling money or using a debit machine	.833		
CS$_5$: I am worried that my mail has been contaminated with the COVID-19 virus by mail handlers	.669		
Internal locus of control *(1 = "Strongly disagree"; 5 = "Strongly agree")*			
ILOC$_1$: What people get out of life is always due to the amount of effort they put into it	.583		
ILOC$_2$: What happens to me is a consequence of what I do	.724		
ILOC$_3$: I can do almost anything if I really want to do it	.752	.520	.866
ILOC$_4$: I feel that when good things happen, they happen as a result of my own efforts	.799		
ILOC$_5$: What happens to me in the future mostly depends on me	.764		
ILOC$_6$: My life is determined by my own actions	.684		

Notes: λ = standardized factor loadings; AVE = average variance extracted; C.R. = construct reliability

We incorporated eight control variables, measuring relevant aspects of personality, contextual attitudes, and socio-demographics. Multi-item scales measured internal locus of control (six items from Esparza *et al*. 2015) and fear of danger and contamination in relation to COVID-19 (six items from Taylor *et al.* 2020). Locus of control (Rotter, 1966) relates to an individual's belief about the extent to which they have control over events in their lives, and may be internally focused (i.e. a belief in having personal control over outcomes) or externally focused (i.e. a belief that outcomes are most influenced by external forces). Single items measured age, sex, education, number in household, number of dependents, and income. Table 3 details scale means and inter-construct correlations.

Table 3: Means, standard deviations, and correlations

	Descriptives		Correlations										
	Mean	*S.D*	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
1.Religiosity	2.67	1.27	-										
2.Divine control	3.27	1.33	.636**	-									
3.Willingness to use services	5.01	1.37	.162**	.188**	-								
4.CDCS	3.41	.98	.034	-.050	-.103*	-							
5.Internal locus of control	3.79	.75	-.004	-.034	.116**	.034	-						
6.Age	3.90	1.46	-.259**	-.345**	-.098*	.062	.070	-					
7.Sex	1.54	.57	.081	.152**	-.024	.082	-.042	-.200**	-				
8.Education	.578	.49	.118**	.029	-.005	-.053	-.080	-.014	.098*	-			
9.Number in household	3.28	1.51	.339**	.351**	.046	.005	.011	-.257**	.170**	-.009	-		
10.Number of dependents	2.18	1.36	.269**	.180**	.066	.065	.043	.120**	-.004	.096*	.480**	-	
11.Income	4.11	1.82	.005	-.126**	-.015	.002	.028	.037	-.038	.281**	.125**	.112*	-

Notes: * p < .05, ** p < .01; CDCS = COVID-19 danger and contamination stress.

Common Method Variance

Ex ante, we incorporated multiple measures to minimize common method variance (CMV), including attention filter questions, alternative response formats, and written format questions unrelated to our focal and control variables (Podsakoff *et al*., 2012). Ex post, we used a single-item marker variable method to test for CMV. We used the following question, theoretically unrelated to our study variables, as the marker variable: 'Do you disagree or agree with the statement that there is too much sport on TV?' (1 = "strongly disagree", 5 = "strongly agree"). The smallest positive correlation between the marker variable and other model variables was with 'number of dependents' (r = 0.006). The remaining correlations remain similar in strength and significance after partialling out this smallest correlation, showing that CMV was not a concern (Lindell and Whitney, 2001).

Validity Assessment

Confirmatory factor analysis (using AMOS 22) demonstrated adequate fit: Ratio of chi-square to degrees of freedom (χ^2/d.f.: 1252.01/452 = 2.77); CFI = 0.95; RMSEA = 0.05; SRMR = 0.04). Table 2 shows that each multi-item scale exhibits adequate internal validity given composite reliability for each scale exceeds 0.70 (Fornell and Larcker, 1981). Average variance extracted for each construct exceeds 0.50, demonstrating convergent validity. The square root of the average variance extracted for all scales exceeds all inter-construct correlations (Table 4), indicating discriminant validity. Further, the HTMT ratios of correlations between the multi-item scales were lower than 0.85 (Henseler *et al*., 2015). Collectively, these tests provide adequate evidence of discriminant validity.

Table 4: Assessments of discriminant validity

Construct	Fornell-Larcker Criteria					HTMT Ratio			
	1	2	3	4	5	1	2	3	4
1. Religiosity	**.862**					-			
2. Divine control	.636**	**.887**				.660	-		
3. WTU services	.162**	.188**	**.726**			.183	.213	-	
4. CDCS	.034	-.050	-.103*	**.744**		.051	.061	.122	-
5. Internal LOC	-.004	-.034	.116**	.034	**.721**	.128	.127	.140	.127

Notes: Square root of average variance extracted on the diagonal (bold); inter-construct correlations below diagonal; * p < .05, ** p < .01; CDCS = COVID-19 danger and contamination stress.

Results

Direct and indirect path analyses

Hypotheses 1 and 2 were tested using structural equation modelling (SEM) in AMOS 22. The fit indices of the model are satisfactory: $\chi 2 /df = 2.504$; p = .000; RMSEA = .054; SRMR = .051; CFI = .940 (Browne and Cudeck, 1993). To assess the strength of the hypothesized effects, we performed direct and indirect effect tests with 5,000 bootstrap samples. Direct path coefficients are displayed in Figure 2. Without the mediator (i.e., divine control), there is a positive effect of religiosity on willingness to use services ($\beta = .175$, p < .003). After the mediator was added, the direct effect of religiosity on willingness to use services became insignificant ($\beta = .051$, p = .467). Results show that religiosity is positively and significantly associated with divine control ($\beta = .670$, p <.001) and that divine control is positively and significantly associated with willingness to use services ($\beta = .182$, p = .006). These coefficients produced a significant indirect effect ($\beta = .135$, p = .009), with the bias corrected confidence interval of this effect excluding zero (lower-level confidence interval = .031, upper-level confidence interval = .221). Beliefs in divine control were

found to fully mediate the positive impact of religiosity on the willingness to use services following

the second period of national lockdown in the UK. Thus, H1 is not supported; H2 is supported.

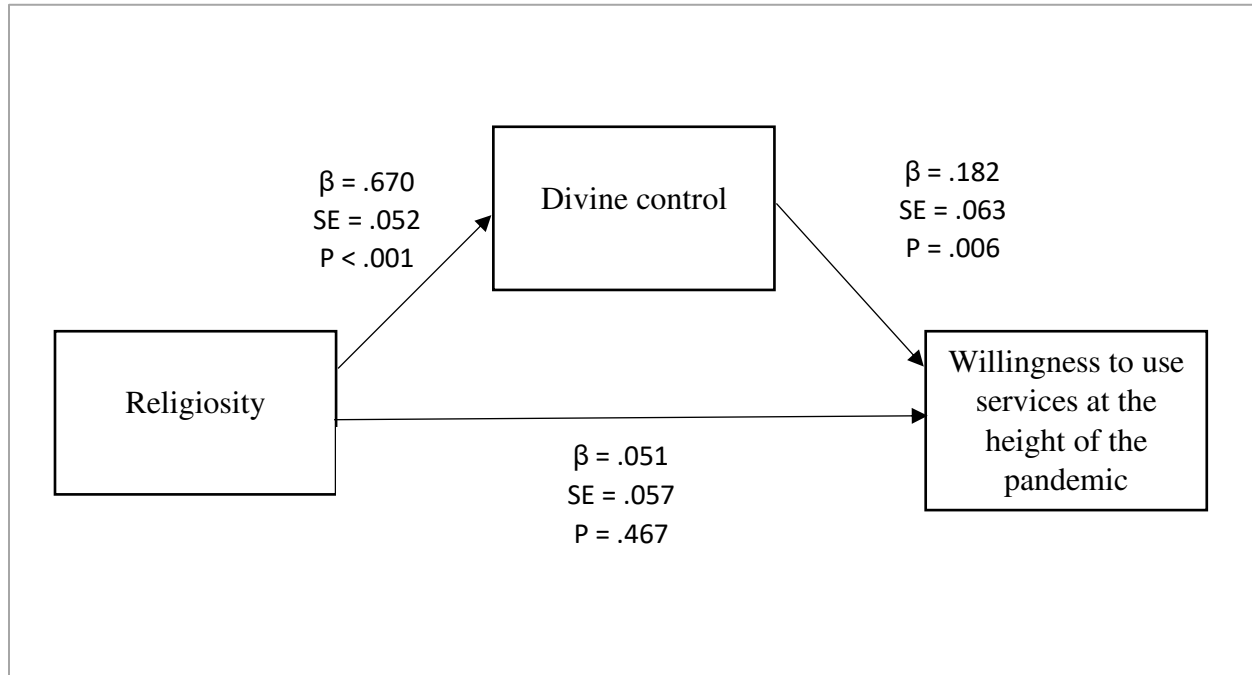**Figure 2: Standardized direct path co-efficient**

Table 5: Control Variables

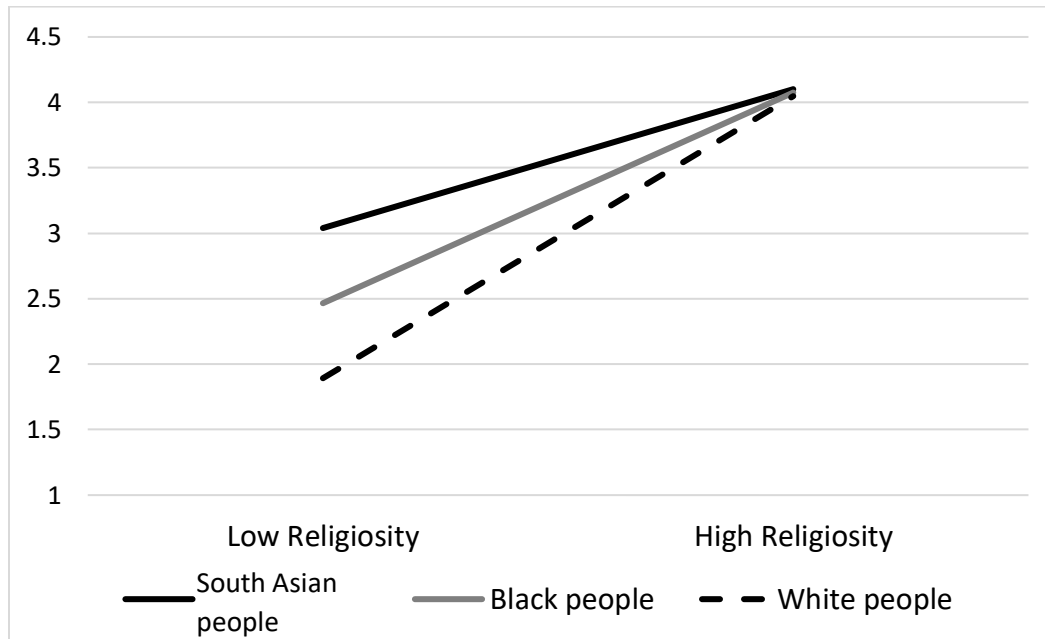| Relationship	B	S.E	P
Internal locus of control → willingness to use services	.131	.100	.011
CDCS → willingness to use services	-.113	.075	.025
Age → willingness to use services	-.081	.043	.127
Gender → willingness to use services	-.045	.103	.359
Number of dependents → willingness to use services	.077	.050	.177
Household size → willingness to use services	-.080	.047	.176
Income → willingness to use services	.009	.033	.862

Education → willingness to use services	-.016	.121	.756

Moderated mediation analyses

We used Hayes' (2013) PROCESS macro (model 7) to test H3, i.e. that the indirect effect of religiosity on willingness to use services via divine control is stronger for White people when compared to black and South Asian people, in the UK. Since ethnicity is a multi-categorical moderator and we were comparing Asian and black respondents to White respondents, we created two dummy codes where 'black respondents' (interaction effect 1) and 'South Asian respondents' (interaction effect 2) were compared to the control condition, 'White respondents'. The indirect effect of religiosity through beliefs in divine control was significant and positive for White (b = .109, BootSE = .046, 95% CI [.019 to .203]), black (b = .053, BootSE = .024, 95% CI [.009 to .104]) and South Asian respondents (b = .061, BootSE = .029, 95% CI [.010 to .123]). The index of moderated mediation for black respondents (index = -.056, BootSE = .028, 95% CI [-.116 to -.008]) and Asian respondents (index = -.048, BootSE = .024, 95% CI [-.098 to -.007]) was negative and significant. Pairwise contrasts show significant differences in the indirect effects between White and black respondents (contrast = -.056, Boot SE = .028, 95% CI [-.116 to -.008]), and between White and Asian respondents (contrast = -.048, Boot SE = .024, 95% CI [-.098 to -.007]). However, there is no significant difference between black and Asian respondents (contrast = -.008, Boot SE = .016, 95% CI [-.020 to -.046). These results support H3.

For further context, we also present the simple moderation effect of ethnicity on the relationship between religiosity and divine control which is visualised in Figure 3. This demonstrates that beliefs in divine control were more stable at a consistently higher level across different levels of religiosity for ethnic minority respondents, compared to White respondents.

Figure 3: Moderating effects of ethnicity on the relationship between religiosity and divine control

Robustness Checks

We conducted four robustness checks to examine whether the results remain consistent under various conditions and assumptions. First, we tested the mediation effect with both SEM and PROCESS Model 4, which returned comparable results. Next, we ran the model again without the controls; all relationships between the constructs remained statistically significant and similar in strength. Then we re-specified the model, treating internal locus of control and COVID-19 danger and contamination stress as alternative explanations in a parallel mediation analysis. The indirect effect of religiosity on willingness to use services remained significant, but the indirect effects via the alternative mechanisms were both insignificant (COVID-19 danger and contamination stress: $\beta = -.002$, $p = .776$; internal locus of control: $\beta = -.004$, $p = .645$). Finally,

using PROCESS Model 7 on SPSS, we ran a series of moderated mediation analyses, using our demographic and socio-economic control variables as potential moderators; in all cases, the lower level-upper level confidence intervals of the index of moderated mediation ran through zero, showing non-significant differences: sex ($\beta = .011$, LLCI: -.016, ULCI: .035); age ($\beta = .006$, LLCI: -.001, ULCI: .018); income ($\beta = -.002$, LLCI: -.001, ULCI: .006); education ($\beta = -.018$, LLCI: -.048, ULCI: .004); number of dependents ($\beta = -.010$, LLCI: -.025, ULCI: .0001); household size ($\beta = .005$, LLCI: -.015, ULCI: .002).

Discussion

The impetus for this study was to examine how and why religious beliefs appear to constitute one of the strongest predictors of socio-economic resilience following the COVID-19 pandemic, as measured by the speed of recovery in highly disrupted service sectors, such as leisure, hospitality, retail, travel and transport (Nicola *et al.* 2020, 2020; Sheetal *et al.*, 2024). Drawing on a consumer resilience frame, we conceptualise a willingness to use face-to-face services at the height of the pandemic as a specific form of adaptive consumer behaviour that was critical to recovery in the services sector, and thus socio-economic resilience, in the UK. Indeed, this particular form of adaptive behaviour was required, prescribed and promoted by the UK Government during the first year of the pandemic as a means of promoting much-needed socio-economic resilience, despite the elevated personal risks to consumers (Fetzer, 2022). Given that, at this time, the virus remained prevalent, highly transmissible, dangerous and without vaccine or cure, and that face-to-face services had recently been shown to be a key vector for spreading the virus (Fetzer, 2022), a willingness to use these services in this context reflects consumer resilience in the form of adapting to face-to-face services use under stringent new health and safety

restrictions and in the face of heightened personal risks, for an indefinite period. It is thus grounded in conceptualisations of consumer resilience that centre on adaptation to ongoing adversity (Golubchikov, 2011; Paquette *et al.*, 2023; Szmigin *et al.* 2020). Taking this adaptive consumer behaviour as our focus, we drew on interdisciplinary literature at the intersection of resilience, religiosity, and divine control beliefs to formulate a conceptual model incorporating three hypotheses: i) Religiosity positively impacts a willingness to use face-to-face services when they were permitted to re-open at the height of the pandemic, ii) this relationship is mediated by beliefs in divine control, and iii) the relationship between religiosity and divine control beliefs is moderated by ethnicity (see Figure 1).

In providing empirical support for this model, we make three theoretical contributions. First, we provide a novel theoretical explanation of how and why religiosity promotes socio-economic resilience during national crises, disasters and disruptions, such as the COVID-19 pandemic (Sheetal *et al.*, 2024). In this respect our findings indicate that religiosity underpinned socio-economic resilience during the pandemic because it positively impacted consumer resilience, in the form of adaptation to a 'new normal' of living with the virus and, specifically, a willingness to engage in a form of adaptive consumer behaviour that was critical to socio-economic resilience.

Second, we provide further support for intrinsic religiosity as a key source of individual consumer resilience during national crises, disasters and disruptions (Upenieks and Ellison, 2022). Moreover, we advance a more nuanced explanation of the types of religious beliefs that underpin consumer adaptation to using services under significantly different and challenging conditions, and thus socio-economic resilience, during national crises, disasters, and disruptions. In this respect, we extend the findings of Upenieks and Ellison (2022) that the ability to cope with adversity during the pandemic was strongly associated with beliefs about the control and influence

of God in people's lives, demonstrating specifically that beliefs in divine control explain the impact of religiosity on the consumer and, as a consequence, socio-economic resilience during the unprecedent social and economic disruption of the pandemic. We also add to previous evidence that beliefs in divine control can promote psychological resilience (Ellison *et al*., 2001; Schieman *et al*., 2003; Schieman *et al*., 2005; Krause, 2009; Mattis and Watson, 2009; Bradshaw and Ellison., 2010; Krause and Hayward 2015) by showing that they also predict consumer behaviour that reflected adaption to ongoing adversity and ultimately promoted socio-economic resilience amidst the unprecedented disruption of an ongoing pandemic.

Third, we extend previous literature that indicates ethnicity moderates the positive relationship between religiosity and divine control beliefs (Chatters *et al*., 2009; Ellison, 1995; Krause 2003; Schieman *et al*., 2006; Schieman and Bierman, 2007). Specifically, we replicate and extend the US-based findings of Schieman and Bierman (2007) in a UK context, and with respect to a broader range of ethnic minority groups. Where these authors find that the sense of divine control is both stronger and more stable across different levels of religiosity amongst Black Americans (compared to White Americans), we make similar findings with respect to both Black and South Asian people in the UK (compared to White people in the UK). Furthermore, we illuminate the importance of this in the context of consumer resilience, as our findings suggest that the moderating effect of ethnicity ultimately enhanced the extent to which religiosity positively impacted willingness to use face-to-face services amongst ethnic minority groups at the height of the pandemic. This is despite the fact that these groups had been identified as 'highly vulnerable' to the virus based on higher mortality rates (Dodsworth, 2021) and thus faced even greater personal risks in returning to face-to-face service environments under these new, different, and more dangerous conditions.

In addition to these contributions, it is important to acknowledge that a willingness to use services in different ways, and under different conditions, at the height of the pandemic reflects a particular form of consumer adaptation to ongoing adversity, which may have had both positive and negative consequences for individuals and communities. This is perhaps most clearly understood in the context of the UK Government's calls for collective resilience that were evident in its 'Eat Out to Help Out' scheme (GOV.UK, 2020a), and which encouraged people to act in the interests of society and the national collective by immediately returning to service environments, despite the elevated personal risks of doing so. The fact that this campaign alone precipitated a considerable rise in infections and deaths (Fetzer, 2022) suggests that, whilst a consumer response of this kind may promote a return to normal levels of socio-economic activity in the services sector, and thus socio-economic resilience, it does not necessarily reflect positive adaptation for all consumers. This raises an important question about the relationship between consumer resilience, either in personal or collective form, and individual well-being. Future research might usefully explore this topic and, more specifically, consider the extent to which religiosity and divine control beliefs might motivate adaptive and maladaptive behaviours amidst calls for consumer resilience in ways that promote socio-economic resilience during national crises, disasters and disruptions.

Implications for Practice

Given that significant socio-economic disruption is widely expected to become increasingly commonplace, whether because of future pandemics, geo-political turmoil, or climate change (National Intelligence Council, 2021), research that examines the underlying drivers of socio-economic resilience is of direct relevance to policy makers and organisations. From both a policy and marketing perspective, fostering adaptive consumer behaviour that supports socio-

economic resilience is an important aim. Our findings offer a platform to do this more effectively, a place to begin, and from which to build momentum.

Practitioners should be aware that in disruptions, such as pandemics, when the extrinsic aspect of religiosity may be restricted, intrinsic religious beliefs are likely to assume a more prominent role in shaping consumer attitudes and behaviours (Upenieks and Ellison, 2022). Our study highlights the impact of beliefs in divine control as a specific predictor of adaptative consumer behaviour - which, in this case, was central to recovery in the services sector, and thus to promoting socio-economic resilience - even when this presented heightened personal risks. As religiosity reflects a person's commitment to their religious beliefs, which, in relation to divine control, can extend to any religious or spiritual entity, our study indicates the existence of a large, global segment of consumers that will be particularly disposed to engaging in adaptive consumer behaviours that support socio-economic resilience during major disruptions.

Our findings suggest that, during a national crisis or disaster, leveraging consumer resilience in a form that will support the services sector, and thus socio-economic resilience, will be more effective amongst people with high levels of religiosity and divine control beliefs. Such consumers may constitute a primary audience for communication and campaigns (such as the 'Eat out to Help Out' scheme), as a means of generating momentum and motivating the wider population to adopt similar behaviours via mechanisms like 'social proof', whereby a behaviour is judged to be positive because many others are observed doing it (Cialdini, 2007).

Developing communication and marketing campaigns that resonate with consumers' religious beliefs could encourage consumers to adapt to ongoing adversity in a way that enables them to re-engage with services during a major disruption or crisis. Organisations and brands that have previously developed an association with religion and religious beliefs may be particularly

well-placed to generate this momentum, and others have scope to do so. While being overtly religious in tone may not be appropriate for these organisations, showing an understanding and appreciation of the importance of religious values and beliefs could be important.

For example, such organisations might include subtle religious cues in their communication, such as references to being or feeling "blessed", to show empathy with consumers who hold strong beliefs in divine control (see Minton 2019). The redesign of servicescapes may also provide an opportunity to acknowledge the importance of religious beliefs and practices to customers, e.g. via the provision of multi-faith prayer rooms. Opening hours that show sensitivity to religious beliefs and rituals (e.g. around days or times that are devoted to prayer or participation in religious practices), and developing products, events, promotions and offers that are connected to religious activities, rituals and events could also exhibit responsiveness to the needs and values of religious customers.

On a cautionary note, however, it is important to acknowledge that the increased willingness of these consumers to adapt to ongoing adversity in ways that enable them to return to using face-to-face services, albeit in very different ways and circumstances than before, might place them, their loved ones, and their communities at heightened risk. This could become problematic during a future public health crisis, and is pertinent for ethnic minorities, who were identified as 'highly vulnerable' during the pandemic but exhibited stronger and more stable beliefs in divine control that were predictive of a willingness to return to face-to-face services quickly. Policymakers should thus exercise care in leveraging personal and collective resilience as a means of motivating particular consumer behaviours to foster socio-economic resilience and consider whether such behaviour is adaptive or maladaptive for all individuals and groups.

Limitations and Future Research

Given the volume and diversity of specific changes to a wide range of face-to-face services at the point at which we collected the data for this study, measuring a willingness to adapt to each of these would have resulted in a survey that was prohibitively complex, burdensome, and not necessarily appropriate for all respondents. As such, we elected to use a more concise measure of willingness to use face-to-face services at the point at which they became available at the height of the pandemic, as this allowed for contemplation of the various adaptations that this would require from the respondent's perspective. However, it is important to acknowledge that our measure therefore rests on an assumption that respondents knew about the heightened risk from the virus in face-to-face service environments, that using these services would require them to comply with new and different conditions, restrictions and behavioural norms, and thus that they would have to adapt to both the elevated risk and the very different way of using face-to-face services, when indicating whether they would be willing to do so at this point. However, in light of the 24-hour media coverage of the pandemic at that time, and frequent and consistent communication from the UK Government, about the ongoing dangers of the virus, the continued absence of a vaccine or cure, the socio-economic impact of lockdowns, and the conditions and restrictions under which services would be permitted to re-open, and why (House of Commons Library, 2020; Islam, 2020), we consider it reasonable to assume that respondents were aware that a return to using services at this time would require adaptation to these very different conditions. Moreover, they had been given a preview of just how different face-to-face services would be at this point, and how they would need to adapt, during a brief period of re-opening 5 months earlier. They were also privy to a stark demonstration of the heightened risk that these service environments posed when face-to-face services were forced to close once again, within weeks of

re-opening, as it became clear that these environments were linked to a rapid and significant increase in viral infections and transmissions (Fezter, 2021).

A second point of consideration relates to our focus on measuring attitudes to engaging in adaptive behaviour as opposed to actual behaviour or resilient traits. In this respect, behavioural measures would not have been appropriate to all respondents because not all services opened at the same rate and at the same time, during the period for which the survey was live. On the measurement of psychological resilience, while the addition of a self-report scale (e.g. Connor-Davidson, 2003) would have potentially provided us with further data on the propensity for resilience amongst our sample, it would not necessarily have revealed how that resilience might manifest in behavioural terms and, in particular, whether religiosity positively impacted the particular form of adaptive consumer behaviour that was required, prescribed and encouraged by national authorities to promote socio-economic resilience during the first year of the pandemic (GOV.UK, 2020a). Additionally, we were concerned that the inclusion of both a self-report measure of trait resilience and a measure of willingness to engage in this adaptive behaviour could have given rise to confounding effects. For example, self-reporting high levels of trait resilience might prime more positive responses on subsequent measures of 'willingness to use to face-to-face services', even if this was not necessarily a form of adapted behaviour that these resilient respondents might otherwise choose to adopt. Similarly, initially reporting a strong willingness to use face-to-face services might prime more positive responses on subsequent self-report measures of trait resilience than might otherwise have been reported. We thus decided to focus our measurement in this study on attitudes to the type of adaptive consumer behaviour that was central to our aims. As a result, the study is limited in the sense that it does not facilitate an examination of the relationship between trait resilience and particular forms of consumer adaptation that support

socio-economic resilience during national crises, disasters and disruptions. While this was beyond the scope of the current work, it would constitute an interesting and useful direction for future research.

Finally, whilst our measures demonstrate that religiosity, and specifically divine control beliefs, predicted a willingness to engage in adaptive consumer behaviour that supported socio-economic resilience, despite the personal risks of doing so, the parameters and nature of our study do not extend to examining precise personal motivations for this. For example, the personal motivations of people for adapting in this way to the ongoing adversity of the pandemic, regardless of levels of religiosity and divine control beliefs, may relate to the 'pull' of using certain services again (for the particular benefits they conferred), the 'push' of escaping the restrictions of a second period of lockdown in nine months (regardless of the health protections these measures might have afforded them), and/or the desire to support fellow citizens and contribute to society and the national good (a form of *collective resilience*; Drury *et al.* 2009) – as consumers had been asked to do during the Government's 'Eat out to Help Out' scheme (GOV.UK, 2020a). To extend our study of how religiosity underpins socio-economic resilience via particular behavioural manifestations of consumer adaptation to adversity, future research might usefully examine whether and how the impact of religiosity and divine controls interacts with differing personal motivations for engaging in such behaviour.

Conclusion

In conclusion, this study demonstrates the positive impact of religiosity and divine control beliefs on consumers' willingness to use face-to-face services towards the end of the first year of the COVID-19 pandemic. This was a time when the virus remained prevalent, transmissible, dangerous, and without cure or vaccine, and when lockdown measures had decimated the service

sector and the national economy. As a result, the face-to-face service environments that consumers encountered at this point were very different to those they had been used to before the pandemic, with the heightened threat from the virus clearly signalled by the imposition of strict and unusual health and safety practices. A willingness to use face-to-face services under these continuing adverse conditions inherently constituted a willingness to adapt, mentally and behaviourally, to cope with and mitigate the heightened personal risk of engaging in this behaviour and to comply with the new rules under which these services were permitted to operate. It is thus grounded in concepts of consumer resilience and was critical to fostering much-needed socio-economic resilience at the national level. The results indicate that religiosity is an important contributor to adaptive consumer behaviour that supports socio-economic resilience in times of adversity and severe social and economic disruption. Moreover, this effect is mediated by beliefs in divine control. This is important as it underlines the importance of intrinsic religiosity, which often takes on greater importance in times of severe disruption, when opportunities for religious practice and participation may be restricted (as they were during the first year of the pandemic). It thus forms an important aspect of understanding of consumer resilience, and its potential impact on socio-economic resilience, in times of disruption and adversity.

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