IMPACT OF THE COVID-19 PANDEMIC ON SPIRITUAL GRACE

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ABSTRACT

The guidelines to mitigate the spread of the COVID-19 pandemic greatly impacted the economic and social well-being of United States adults, and it continues to this day. This study assessed if social isolation and unmet physical or financial needs resulting from the pandemic impacted spiritual grace among adults in the United States. Results from a survey conducted from June through August of 2020 (N = 94) concluded that COVID-19 did not significantly impact spiritual grace, but Christians have an increased likelihood of experiencing positive spiritual grace. Given spirituality's salutary health effects, further research may include how to leverage the resiliency offered by spiritual coping strategies that Americans can use during difficult times.

Keywords: *spiritual grace, social isolation, religion, spirituality, pandemic*

INTRODUCTION

Spirituality and Religion for Health

The impact of religion and spirituality (R/S) on health has been assessed by researchers for years, with multiple studies finding that R/S benefits physical and psychological well-being and protects against all-cause mortality (Campbell et al., 2007; Oman, 2018). Engaging in R/S-based activities also improves coping processes during times of stress (Koenig, 2009). For example, Goodrich (2020) found that during the 2008 recession, religious Americans were more likely to better manage their health than the non-religious. As of 2019, 65% of Americans consider themselves to be religious, and 62% of Christians claim to attend church at least once a month (Mitchell, 2019). Approximately one-quarter (27%) of Americans consider themselves spiritual but not religious, and often, these identifiers overlap with one another (Lipka & Gecewicz, 2017). It has been recommended that public health experts identify underlying features of religion that support health, especially features other than religious membership that are not frequently assessed (Idler, 2014). Ethical spirituality, a feature of religion, is defined as traits that can positively influence an individual's spiritual health and personality, such as compassion, generosity, and grace (Idler, 2014). Receiving, learning, and expressing these traits can prevent illness.

Implications of Spiritual Grace on Health

There is a need for assessing the role of spiritual grace on health, especially during times of crisis. While spiritual grace is generally associated with Christianity, it has been part of other world religions throughout history and has potential psychological benefits to those who receive or express grace (Bufford et al., 2017; Judd et al., 2020). Some researchers describe grace as having attributes of love, kindness, forgiveness, gratitude, and altruism but define grace as the act of expressing these traits to others (Bufford et al., 2017). The act of expressing such traits can be practiced by people or be perceived to come from a higher power.

Many researchers have investigated various components of religious coping and what comprises a person's perception of spiritual grace. One of the most widely known measurements of

these components is the Brief Multidimensional Measure of Religiousness/Spirituality (MMRS), developed by the Fetzer Institute, which provides a starting point for researchers examining positive and negative religious coping traits (Johnstone et al., 2009). It also evaluates how people experience forgiveness, abandonment, punishment, and grace (Piedmont et al., 2007). Using the MMRS, researchers have solidified the common belief of a loving and forgiving God (Stewart & Koeske, 2006). Several other scales have attempted to focus on spiritual grace specifically, such as the Grace Scale, the Richmont Grace Scale, and the Amazing Grace Scale, which generally favor the use of Likert-styled questions (Bufford et al., 2017).

Religion and Spirituality Mental and Social Health Implications

Multiple studies have examined the impact of R/S, finding favorable associations with self-reported and psychosocially assessed health outcomes (Oman, 2018). Religious or faith-based practice is one way in which communities often find meaning during stressful times (Simonsen & Jacobsen, 2013). Religious communities provide comfort, guidance, and encouragement in the event of natural disasters or other periods of distress or crisis; coming together as a community during difficult times is common among these communities globally as they provide one another with social support and share resources (Aten et al., 2011; Ren, 2012; Stone et al., 2003). Additionally, being able to find meaning during times of crisis can serve to counteract stress. For example, a longitudinal study that evaluated individuals after the 9/11 attacks found that spirituality and religiosity resulted in fewer mental health problems and infectious conditions and led to overall better health (McIntosh et al., 2011). Similarly, a study by Aten (2011) found that African American clergy members in Mississippi played an important role in supporting their community members and served as facilitators in addressing mental health disparities among their community after Hurricane Katrina.

Religion and Spirituality in Relation to COVID-19

The COVID-19 pandemic forced people to socially isolate to comply with essential public health protection measures (Gupta & Dhamija, 2020). This suggests that the COVID-19 pandemic negatively impacted mental and physical health (Pietrabissa & Simpson, 2020). According to Idler (2014), social isolation poses a danger to mental and physical health. Social isolation impacts health by reducing the amount of social networking the public engages in and by prohibiting people from gathering in settings that allow them to connect emotionally (Wang et al., 2017). Social isolation may also contribute to feelings of social disconnectedness or a lack of social support experienced from less frequent social interactions (Wang et al., 2017). Health outcomes related to social isolation include depression, poor sleep quality, impaired executive functioning, and accelerated cognitive decline (Hawkley & Capitanio, 2015).

Recent literature regarding the impact of quarantine on mental health has shown that people who must quarantine compared to those who are not required to quarantine are more likely to experience trauma-related symptoms, sometimes so severe that a diagnosis could be given (Brooks et al., 2020). Among those who work in hospital settings, quarantine is connected to depressive symptoms (Brooks et al., 2020). Social isolation may lead to increased stress in times of crisis, with this stress contributing to chronic illness and poor health (Lazarus & Folkman, 1984).

Additionally, the COVID-19 pandemic significantly impacted the United States economy by drastically interrupting over a decade of economic growth (Bustillo, 2020). The United States unemployment rate increased from 4.4% in March 2020 to 14.7% in April 2020, with nearly 21 million jobs lost (Bustillo, 2020). Furthermore, a survey of the four largest cities in the U.S., including New York, Los Angeles, Chicago, and Houston, revealed that half or more households reported serious financial problems encompassing issues paying for cost-of-living necessities such as food, rent, and medical care (Robert Wood Johnson Foundation, 2020). The economic repercussions of COVID-19 may have fomented stress on people in the United States.

The COVID-19 pandemic had the potential to impact spiritual grace through social isolation and unmet physical and financial needs. While prior research has determined the importance of spiritual health, the unprecedented events surrounding the COVID-19 pandemic leave public health officials to determine to what extent the pandemic impacted the quality of life among people in the United States. Understanding how certain spiritual

traits are impacted and their role during times of crisis is important for future research in preventive health and can contribute to supporting holistically resilient populations. However, there remains a lack of literature exploring the role of specific spiritual factors, like grace, during times of crisis and which spiritual indicators have the strongest effects in minimizing downstream health outcomes related to social isolation.

The purpose of this cross-sectional study among a convenient sample of adults in the United States was to evaluate the social isolation effects of COVID-19 and the effects of unmet physical and financial needs on perceived spiritual grace. Our hypothesis predicted that experiencing strained relationships, social isolation, and unmet physical and financial needs would affect individuals' perceived levels of spiritual grace, thereby reducing the salutary effects of religiosity and spirituality on overall health and well-being.

METHODS

Study Design

A digital survey was developed to assess how spiritual grace was impacted by the COVID-19 pandemic based on a conceptual framework that incorporated several theories surrounding the concepts of social isolation and financial strain, including the Sense of Coherence (SOC) framework by Aaron Antonovsky, the Conceptual Model of Social Isolation, Lazarus' Theory of Stress and Coping, and a conceptual model for cognitively based compassion training. Institutional Review Board (IRB) approval was granted by Baylor University's Office of the Vice Provost for this study. The survey was administered from June to August of 2020.

Inclusion Criteria, Sampling Procedure, and Instruments

Inclusion criteria consisted of adults 18 years or older in the United States who could access an online survey link. Qualtrics software was used to create the survey and collect responses. An anonymous Qualtrics survey link was distributed via email and social media such as Facebook, Instagram, and Twitter. The beginning of the survey required participants to read a consent form before answering research questions, acknowledging that continuing the survey was to provide consent. A convenience sample reached several organizations that were either public health, religious or spiritually based, or both, as well as those either employed or studying at academic institutions. Due to the sensitive nature of the COVID-19 pandemic and having aspects related to the pandemic as the primary topics of the survey, questions were phrased in a manner that would attempt to prevent distressful emotions for those completing the survey. Many questions encompassed a Likert scale to follow the patterns previously seen in other religion and grace-based questionnaires. Approximately six organizations and three social media platforms received a message with the link, and 104 individuals completed the survey. After reviewing all 104 survey responses, the total analytic sample included 94 responses. The 10 responses considered invalid in the study were excluded due to errors regarding zip codes, which hindered researchers from being able to identify whether these respondents resided in the United States. Valid responses include those that skipped over questions, either wholly or partially. Incomplete responses are noted in the summary tables. Because of the small sample size, some categories were collapsed in our analysis.

Measures

The primary outcome of interest was spiritual grace. For the purposes of this study, spiritual grace refers to the unmerited mercy, love, and salvation from God or other spiritual force. Differences between religion and spirituality should be noted; religion refers to the practice of a specific faith, while spirituality encompasses a wide variety of values, ethics, and activities that allow for happiness and contentment (Ghaderi et al., 2018). This study aimed to be inclusive for people who consider themselves religious or spiritual. Predictors of interest included the ability to acquire physical and financial related needs, self-perceived social isolation (defined as the inability to interact with other people in a face-to-face environment physically), and strain in relationships with themselves, other people, and God or other spiritual force. Respondents were also asked about their zip code, race, ethnicity, religious or spiritual beliefs, engagement in religious or spiritual activity, and if the respondent was diagnosed with COVID-19 or knew of anyone who was diagnosed with COVID-19. Variables were measured by asking about experiences before, during, and

after March 2020 to assess the impact of pandemic quarantine procedures.

Demographic Variables

Respondents were asked to enter their zip code into the survey so that researchers could identify whether they resided in the United States. The survey also asked them to "select the answer that best represents your racial or ethnic background," of which possible answers included were: (a) Hispanic, (b) Black or African American, (c) Native Hawaiian or Other Pacific Islander, (d) White, (e) Asian, (f) American Indian or Alaskan Native, and (g) Other. This question specifically aimed to control for the impact of racial injustices and political tensions among minority groups across the United States at the time the survey was distributed, which could have affected survey results.

Religiosity

Questions regarding religious activity and religious affiliation characterized religiosity. Participants were asked to choose the religion or spiritual belief they best identified with. The options included: (a) Christianity, (b) Judaism, (c) Islam, (d) Atheism, (e) Agnosticism, (f) Spiritual but Not Religious, and (g) Other. Responses were later coded as: (0) Christian, (1) Spiritual but Not Religious, and (2) Other due to the small number of responses that did not identify as Christian or spiritual but not religious. Additionally, respondents were asked, "Do you engage in a religious or spiritual activity at least once a week?" Options included: (a) Yes and (b) No. Questions were also asked regarding the perceived relationship between the respondent and his/her God or spiritual force and any changes in this relationship. Relationship options included: (a) Better, (b) Worse, (c) Neither, or (d) Prefer not to answer.

COVID-19

Respondents were asked, "Have you ever been diagnosed with COVID-19?" and "Do you know someone who has been diagnosed with COVID-19?" Options included: (a) Yes and (b) No. These variables were coded together to reflect those who either knew of someone with COVID-19 or had been diagnosed with COVID-19.

Social Isolation

In relation to social isolation, participants were asked to "indicate if you have experienced any of the following emotions *at least once a day*." Respondents could respond (a) Yes or (b) No for two sections, before March 2020 and during or after March 2020. The emotions listed were loneliness, anger, sadness, and stress, in that order. Another question asked respondents to indicate if their "relationships with friends and family have been strained as a result of being socially isolated during the COVID-19 pandemic." Answer choices included: (a) Strongly Disagree, (b) Disagree, (c) Neutral, (d) Agree, or (e) Strongly Agree. Responses were later recoded to (0) Disagree and (1) Agree.

Physical and Financial Hardship

The survey also asked if the respondent's "physical needs have not been met since the start of the COVID-19 pandemic." Similarly, it asked if they had "struggled financially since the start of the COVID-19 pandemic." Again, options ranged from Strongly Disagree to Strongly Agree and were coded in the same way.

Spiritual Grace

To analyze whether participants were experiencing spiritual grace, the survey asked them to "indicate whether you experience the following in your relationship with God or spiritual force." The question listed options of (a) Yes or (b) No for people to indicate whether they experienced forgiveness, love, goodwill, anger, abandonment, and punishment in their relationship, both before March 2020 and during or after March 2020. Responses were recoded so that those who answered at least at least two out of the three positive traits (forgiveness, love, and goodwill) were considered to have a positive experience with spiritual grace and their relationship with God or other spiritual force, which was coded as (2). Similarly, those who stated to experience two out of three negative traits (anger, abandonment, and punishment) were classified as having a negative relationship with God or other spiritual force and were coded as (0). Those who dually reported having two positive and negative experiences in this relationship were recoded as Neutral (1).

DATA ANALYSIS

Data was analyzed using SPSS Statistics version 27 and STATA version 16. Univariate statistics, including frequencies and percentages, and bivariate statistics, including chi-square analyses,

were calculated to describe the sample and determine statistically significant differences in sample characteristics, including differences between those who know of someone with COVID-19 or were diagnosed with COVID compared to those who experienced neither. Multivariate binary logistic regression models were also used to determine relationships between experiencing positive spiritual grace and predictors of interest. Race and ethnicity, knowing someone with COVID-19 or being diagnosed with COVID-19, not having physical and financial needs met, experiencing strained relationships with friends and family, and experiencing loneliness were covariates included in the logistic regression models. In the logistic regression, race and ethnicity was categorized as either White or Non-White (Black, Hispanic, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaskan Native, or other) due to the small sample size among Non-White racial and ethnic categories.

RESULTS

Survey Responses

Table 1 displays the frequency of those who responded to questions related to their racial or ethnic

Table 1
Survey Results

	Total (*N* = 94) ***n* (%)**
Racial or Ethnic Background	
Hispanic	24 (25.5)
Black or African American	7 (7.4)
White	61 (64.9)
Asian	1 (1.1)
Other	1 (1.1)
Knew of someone with COVID-19 or was diagnosed with COVID-19	
No	38 (40.4)
Yes	56 (59.6)
Identified as Christian, spiritual but not religious, or other	
Christian	50 (53.2)
Spiritual but not religious	26 (27.7)
Other	18 (19.1)
Engaged in weekly religious or spiritual activity	
No	43 (45.7)
Yes	51 (54.3)
Financial or physical needs not met	
Disagree	58 (61.7)
Agree	33 (35.1)
Missing	3 (3.2)
Strained relationships with friends and family	
Disagree	76 (80.9)
Agree	18 (19.1)
Change in relationship with God or spiritual force	
Better	24 (25.5)
Worse	2 (2.2)
Neither	59 (62.8)
Prefer not to answer	6 (6.4)
Missing	3 (3.2)
Relationship with God or spiritual force and relational grace	
Positive	50 (53.2)
Negative	4 (4.3)
Neutral	26 (27.7)
Missing	3 (3.2)

Note. Questions in the survey also asked participants about how their emotions have changed from before March of 2020 to during or after March of 2020, specifically regarding their rates of anger, loneliness, sadness, and stress. All of these categories increased.

background; whether they knew of someone with COVID-19 or were diagnosed with COVID-19; those who identified as Christian, spiritual but not religious, or of another religion; those who engaged in weekly religious or spiritual activity; whether their physical and financial needs were not met; those who experienced strained relationships with friends and family; those who experienced a change in their relationship with God or another spiritual force; their overall relationship with God or spiritual force; and their experience in receiving grace. Regarding racial or ethnic background, 64.9% of respondents identified as White, while 25.5% identified as Hispanic. These two racial or ethnic categories account for the majority of respondents. Survey results showed that 35.1% of respondents claimed to have struggled to meet their physical needs, financial needs, or both, while 61.7% stated they were able to meet these needs. Among these responses, 19.1% reported experiencing strained relationships with family and friends. Over half of respondents, or 59.6%, reported knowing someone who was diagnosed with COVID-19 or having been diagnosed with COVID-19 themselves.

Results found that 53.2% of respondents reported being Christian, and 27.7% claimed to be spiritual but not religious. Approximately 54.3% of respondents claimed they participated in religious or spiritual activity on a weekly basis. Almost two-thirds (62.8%) of respondents stated that their relationship with God or spiritual force remained unchanged, and 25.5% expressed a positive relationship with God or spiritual force. Overall, more than half of respondents (53.2%) reported having a positive perception of spiritual grace as related to God or their spiritual force.

Chi-square tests of independence were used to measure associations between respondents who reported knowing of someone diagnosed with COVID-19 or personally being diagnosed with COVID-19; however, statistical significance was not found. Chi-square results are available upon request.

EXPERIENCING POSITIVE SPIRITUAL GRACE

Table 2 shows that those with unmet financial needs had lower, but not statistically significant,

Table 2
Odds of Experiencing Positive Spiritual Grace

	aOR (95% CI)	p-value
Financial and physical needs not met		
No (ref)	1	0.92
Yes	0.94 (0.29, 3.03)	
Strained relationships with friends and family		
No (ref)	1	0.85
Yes	0.88 (0.22, 3.42)	
Experienced loneliness		
No (ref)	1	0.17
Yes	0.45 (0.14, 1.42)	
Diagnosed or know someone diagnosed with COVID-19		
No (ref)	1	0.20
Yes	0.45 (0.14, 1.50)	
Engaged in weekly religious/spiritual activity		
No (ref)	1	0.88
Yes	1.20 (0.32, 3.73)	
Identified as Christian		
No (ref)	1	0.004*
Yes	12.15 (2.17, 68.01)	
Identified as Spiritual but Not Religious		
No (ref)	1	0.063
Yes	4.94 (0.92, 26.58)	
Race/Ethnicity		
White (ref)	1	0.34
Non-White	1.76 (0.56, 5.57)	

Note. * Denotes statistical significance at p = 0.05
Note. c-statistic = 0.77

odds of experiencing positive spiritual grace (OR = 0.94, 0.29, 3.03) compared to those whose financial needs were met. Similarly, those who were diagnosed or knew someone who was diagnosed with COVID-19 had lower, but not statistically significant, odds of experiencing positive spiritual grace (OR = 0.45, 0.14, 1.50) compared to those who were not diagnosed or did not know someone who was diagnosed with COVID-19. Odds of experiencing positive spiritual grace were also lower, but not statistically significant, among those who had strained relationships with friends and family compared to those who did not experience strained relationships (OR = 0.88, 0.22, 3.42) and among those who experienced loneliness after March of 2020 compared to those who did not experience loneliness after March of 2020 (OR = 0.45, 0.14, 1.42). However, engaging in weekly religion and spirituality activity resulted in increased but also not statistically significant odds of experiencing positive spiritual grace (OR = 1.20 0.32, 3.73). Non-White respondents were found to have increased, but not statistically significant, odds of experiencing positive spiritual grace compared to White respondents (OR = 1.76, 0.56, 5.57). However, results were statistically significant (p = 0.007) among those who identified as Christian (OR = 12.15, 2.17, 68.01).

DISCUSSION

The purpose of this study was to evaluate how spiritual grace might be impacted due to the effects of COVID-19 via social isolation and unmet physical or financial needs among adults in the United States. Respondents indicated that they experienced increased rates of anger, loneliness, sadness, and stress once the pandemic began. As mentioned previously, these distressful emotions are associated with feelings of social isolation and, therefore, have the potential to strain relationships with friends and family. We examined loneliness closely because of the isolation aspect of the pandemic and because social isolation had the potential to strain relationships among respondents who took the survey. However, our results show that from the time period of June through August of 2020, experiencing these emotions did not seem to play a significant role in affecting people's relationships, nor their experience of spiritual grace, except for those identified as Christian. The increase in distressful emotions may indicate that Americans are not relying on their religion or spirituality to help them cope with these emotions, given respondents reporting a positive experience in their relationship with God, spiritual force, and spiritual grace. Despite survey respondents being primarily Christian or spiritual but not religious, fewer than anticipated reported being spiritually active.

Worthy of discussion is the difference between the Christian and the spiritual but not religious groups, as they comprised of the majority of survey respondents. One of the most significant findings in this study was that Christians were much more likely to experience positive spiritual grace than any other religious group (p = 0.004). This could be due to the Christian understanding of suffering or the potential for Christian respondents to be given more social support during this time than the spiritual but not religious respondents; those involved with religious institutions and organizations are provided with more indirect (non-face-to-face) social opportunities, which, in this study, would affect the outcome of Christian respondents as less likely to experience a change in grace (Koenig, 2009). It is encouraging that the negative aspects of the pandemic did not affect both group's positive experience of spiritual grace during the survey period.

While it remains undetermined whether respondents' rates of spiritual or religious activity changed before or after the pandemic began (as this was not explicitly asked in the survey), the lack of religious and spiritual connection with acute stressors should encourage public health officials and members of spiritual ministry alike to promote opportunities for people to utilize their spiritual health capital and to cope using spiritual factors like grace. In existing research, religion and spirituality are usually compared to other aspects of health (including psychological, social, and physical) to assess overall well-being (Koenig, 2009). This study expands our understanding of spirituality on health in times of crisis, given what is known about the salutary effects of religion on health. It suggests that a healthy relationship with a higher power can have positive health effects, especially among those who identify as Christian, and that people can leverage spiritual factors to strengthen resiliency in times of crisis.

Encouraging people to be spiritually active, providing opportunities for partaking in online ser-

vices or online group discussions, and encouraging families to pray together would have benefited people during the pandemic. As previously mentioned, communities often come together during times of crisis as a way of coping, and these services may relieve stress and anxiety related to a pandemic or other crises (Ren, 2012). From a purely spiritual perspective, it may be effective for public health officials to promote spiritual activities relevant to faith communities in their respective areas. These activities could counteract loneliness caused by social isolation among the religious and spiritually active. Messaging for such activities should focus on aspects of grace, including forgiveness, love, and goodwill, so people understand spiritual well-being during times of suffering. Creative solutions should be implemented to engage those who do not have internet access, particularly those who cannot afford internet, computers, or other forms of technology, or for people living in rural areas.

It is important to note that participants' responses may have been impacted by the political tension across the United States at the time the survey was sent, particularly among participants who identified as a racial or ethnic minority. These participants may have experienced distressful emotions because of social isolation, political concerns, or a combination of both. This could impact the participants' perceived relationship with God and others, their perception of spiritual grace, and other aspects not addressed in this survey.

STUDY LIMITATIONS

It should be noted that generalizability is limited, given that the study is based on a small, convenient sample of United States adults. Other limitations include the fact that most responses came from the states of Maine and Texas, though 21 states are represented overall. Prior research on spiritual health has indicated that measuring such an abstract subject produces difficulties for researchers in providing accurate, concrete, quantitative data (Idler et al., 2003). This challenge proved to be prevalent in this study.

STUDY STRENGTHS

Strengths of this study include its collection of primary data and its ability to measure spiritual components that are not frequently researched during times of crisis. While the sample size of this study was small, survey responses were obtained from a diverse group of individuals during the middle of the pandemic. By examining the impact of the pandemic on spiritual grace, this study was also able to contribute to research regarding both crises and spiritual health. This provides a foundation for future research regarding spiritual traits like grace, given the variation based on categories of spirituality and religious affiliation shown in this study.

IMPLICATIONS FOR FUTURE RESEARCH

Future research should consider investigating the role of distressful emotions between different religions and the spiritual but not religious, especially among people who are actively practicing their faith. In addition, subsequent studies should investigate the potential difference between Christians, other religions, and the spiritual but not religious to identify potential differences in how each group utilizes spiritual health capital and related components based on religious identity. Experiences with loneliness and social cohesion could be outcomes of interest in exploring specific protective factors of spirituality. Communities in the United States need to continue measuring and understanding factors related to spiritual health in order to use such factors during times of crisis or disaster. Studies similar to this one can implement surveys to assess traits of spiritual health in future disasters and crises, which could inform healthcare providers on the well-being of their patients, influence new public health policies, and improve health preparedness plans. Other traits similar to grace, such as forgiveness and compassion, would also be worth researching to see whether they impact peoples' relationships with a higher power and, hence, affect health.

CONCLUSION

This study aimed to analyze if and how COVID-19 impacted experiences of spiritual grace among people in the United States. Findings support that between June and August of the COVID-19 pandemic, Americans reported normal or better-than-average relationships with God or a higher power but may not have used this relationship to cope with negative feelings associated with social isolation. COVID-19 was not reducing Americans' perceived levels of spiritual grace, suggesting this spiritual factor is a source of resiliency during times of crisis. Promoting consistent religious engagement

may benefit and encourage people to engage in weekly religious or spiritual activity. In addition, this study indicates that religious leaders should emphasize the importance of individual spiritual activity and offer strategies for engaging in these activities to those they serve. Future research may address building resiliency using spiritual health in communities coping with crisis.

DECLARATIONS

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CONFLICTS OF INTEREST

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AVAILABILITY OF DATA AND MATERIAL

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CODE AVAILABILITY

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