Coping During the Time of Covid: Mental Health and Changes in Religious Practices

Laird Edman, Hannah Paauw, Taelor Lamansky, Nolan Behr, Noah Hop, Jessica Rogers, Allison Haverdink, Alison Painter

Northwestern College

Introduction

While rituals, particularly religious rituals, have long been the focus of anthropological research, they have only recently become a focus of psychological research. Ritual is defined as predefined sequences of behavior characterized by rigidity, formality, and repetition that are causally opaque, and embedded in a larger system of symbolism and meaning (Hobson et al., 2017; Lawson & McCauley, 1990; Wen et al., 2020). Religious rituals appear to provide three primary regulatory functions for individuals: regulation of emotions, of the performance of goal states, and of social connections (Hobson et al., 2017). Because of the importance of ritual in emotion regulation, one would expect 1) experiencing an emotional deficit should elicit more ritualistic behavior and 2) enacting rituals should thereby reduce emotional deficits (Hobson et al., 2017). The current study compared self-reports of anxiety and depression before and during the Covid pandemic with type, frequency, and importance of religious ritual participation. It was hypothesized that, for those for whom religious rituals were an important facet of life, ritual participation would be negatively related to levels of anxiety and depression during the pandemic.

Methods & Procedure

Using the Qualtrics survey program, participants completed a measure of religious behaviors and attitudes focused on ritual, worship, and private devotional activities (Edman et al., 2020). The measure includes sixty-three questions answered using Likert-type scales. The questions concerned the frequency (7-point scale) and importance (5-point scale) of various religious activities prior to the pandemic and during the pandemic (e.g., private extemporaneous prayer; pre-written prayers; liturgies; prayer with others; etc.). Included were questions regarding the experience of depression and/or anxiety. Demographic questions included religious traditions and worship practices prior to the pandemic.

Demographic Highlights

Sample	124 (29% Male)
Year in School	27.4% Freshman, 25.8% non-student, 20.2% Sophomore, 15.3% Junior, 8.9% Senior, 1.6% Graduate Student, .8% 5th Year Senior or above
Ethnicity	97.6% White, .8% Asian, .8% Hispanic, .8% "Other"
Reported Religion	60% Non-liturgical Protestant (Baptist, Methodist, non-denominational, etc.), 38% Liturgical Christian (Roman Catholic, Lutheran, etc.), 2% other (agnostic, none)

Results

The results indicate that while participation in personal religious behavior such as private prayer and scripture reading did not change during the pandemic, participation in scripted religious rituals did decrease slightly *(t*(93) = 2.03, *p* = .05). Both before and during the pandemic individuals rated personal devotional practices such as prayer and scripture reading as more important than participation in personal or corporate religious rituals. Inconsistent with previous research, there was not a relationship between religious belief and behavior with mental health outcomes such as anxiety and depression. Most people who reported an increase in anxiety and depression during the pandemic indicated that at least part of the reason for the increase was their inability to worship in person with others. However, overall depression and anxiety scores were not related to reported increases or decreases in religious ritual participation during the pandemic. Conversely, for those reporting that their anxiety and depression increased at least partly due to the inability to worship publicly with others, changes in depression and anxiety scores were inversely related to continued ritual practices during the pandemic, supporting the hypotheses of this study *(r*(100) = .24, *p* = .016). Of interest are the differences in attributions regarding increased depression and anxiety during the pandemic among those from more and less liturgical religious traditions. Those from more liturgical religious traditions (e.g., Roman Catholic, Lutheran) were much more likely to attribute increases in depression and anxiety to the inability to worship corporately. This relationship was not salient for those from non-liturgical worship traditions (see regressions).

Discussion

The hypotheses of this study were only partially supported. Participation in religious ritual in the home did not lead to decreased levels of reported anxiety or depression nor did it appear participants sought out more ritual participation in order to mitigate increases in anxiety or depression. However, increases in anxiety and depression were more likely to be attributed to the cessation of corporate worship opportunities for those from more liturgical religious traditions than for those from non-liturgical Christian traditions. It may be that the nature of ritual worship forms requires a corporate experience. Those who practice more individualistic contemporary worship or other non-liturgical worship may rely less on a church congregation and be more likely to be satisfied with private devotional practices. These differences in worship form and experience may have significant implications for the relationship of ritual and mental health as well as ritual form theory.

Table 1

Multiple Regression Analysis for Variables Predicting Attribution of Increased Anxiety due to Changes in Religious Services for Liturgical Individuals (N = 33)
*Note: *p < .05. **p < .01. ***p < .001*

Variable	B	SE B	β
DPOnlineWorship	-0.025	0.040	**-.101**
BPRitualFreqHome	0.190	0.068	**.830****
DPRitualFreqHome	-0.84	0.064	**-.393**
R^2	**.32****		

Table 2

Multiple Regression Analysis for Variables Predicting Attribution of Increased Anxiety due to Changes in Religious Services for Non-Liturgical Individuals (N = 54)
*Note: *p < .05. **p < .01. ***p < .001*

Variable	B	SE B	β
DPOnlineWorship	0.010	0.035	**.047**
BPRitualFreqHome	-0.023	-0.046	**-.096**
DPRitualFreqHome	0.017	0.087	**.087**
R^2	**.007**		