

Does God Protect the Naïve?



Spiritual Health Locus of Control and Mental Health During COVID-19

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Introduction

People experience major events based on core beliefs that influence sensed risk and coping, both positively and negatively. We assessed religious beliefs about health and coping among American Jews in early stages of COVID-19 (29/3-22/4), an interconnected community that experienced disproportionately high rates of infection.

Pirutinsky, Cherniak, & Rosmarin, 2020

Method

Data collection: during initial peak of the epidemic in the USA 1,374 Jewish adults across spectrum of affiliations. Participants were aged 18-92 ($M = 42.02$, $SD = 17.17$), mostly female ($n = 889$, 64.7%), and mostly Orthodox ($n = 982$, 71.5%; OJ vs. non-OJ).

We found a three-factor structure of spiritual health locus of control beliefs:

1) Faith, 2) Reason, and 3) Submission beliefs

Holt, Clark, & Klem, 2007; Holt, Clark, Kreuter, & Rubio, 2003

Results

Group Differences

OJ reported more S-HLC than non-OJ

Faith: $F(1,1,223) = 115.601, p < .001$

Reason: $F(1,1,197) = 379.231, p < .001$

Submission: $F(1,1,216) = 4.072, p < .05$

Seniors reported lower levels of reason-based beliefs – $F(1,956) = 23.057, p < .001$.

Those with at least one risk factor for severe symptoms (21.4%) reported:

- Less faith belief – $F(1,1,223) = 4.447, p < .05$

- Less reason belief – $F(1,1,197) = 27.137, p < .001$

		Symptoms					
		IES-Intrusion					
		PHQ9	GAD7	Intrusion	Avoidance	H-arousal	PSS
HLC	Faith	-	-	-	-	-	-
	Reason	-	-	-		-	-
	Submission						
*All associations $p < .001$ or $p < .01$							

		Coping Methods			
		Denial	Self-Distraction	Disengagement	Positivity
HLC	Faith		-	+	+
	Reason	-			+
	Submission	+		+	
*All associations $p < .001$ or $p < .01$					

Discussion

Spiritual HLC beliefs overlap with other religious factors related to mental health – e.g., religious coping, trust in God. Generally, faith and reason seem adaptive, and submission maladaptive. However, differences between faith and reason S-HLC beliefs (e.g., denial, disengagement) suggest that faith may have a soothing effect that helps in short term, while reason-based beliefs relate to more effective coping. Longitudinal studies are needed to explore this hypothesis.

References

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