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Psychological wellbeing and belief in divine control during the third COVID-19 lockdown among The Episcopal Church

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ABSTRACT

Designed to replicate an earlier study conducted among members of the Church of England, this study explored the connection between self-perceived change in psychological wellbeing during the pandemic (measured by The Index of Balanced Affect Change) and belief in divine control (measured by the God in Control of the Pandemic Scale) among 3430 lay or ordained members of The Episcopal Church in the USA. Belief in divine control was lower among women, older people, laity, and ethnically White participants; and higher among Evangelicals, Charismatics, and those holding conservative preferences for worship, doctrine, and morality. After taking control variables into account, belief in divine control was associated with greater self-perceived increase in positive affect and lower self-perceived increase in negative affect.

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Anglican; divine control; negative affect; pandemic; positive affect; psychology of religion

Introduction

The Anglican Church is a broad church with firm roots in both the Catholic (Penhale, 1986) and Reformed (Saward, 1987) traditions. While the Anglican Church remains committed to the historic creeds and formularies of faith, there is room for divergence in how contemporary beliefs are held and expressed, as evidenced in recent surveys (see Francis et al., 2005; Village, 2018a). Such divergence in beliefs may emerge as particularly important in times of pestilence, plagues, and pandemic. Inevitably at times like these questions get asked about God's agency, responsibility, and engagement with the created order. Broader research framed within the general field of the psychology of religion has for some years crystalised this problem through the notion of "belief in divine control" and generally shown a positive association between higher levels of belief in divine control and better health-related outcomes (see for example, DeAngelis, 2018; DeAngelis & Ellison, 2017; Jackson & Coursey, 1988; Schieman et al., 2005, 2006, 2010, 2018; Schieman & Bierman, 2007; Upenieks et al., 2022; Upenieks & Schieman, 2021).

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In a paper entitled "God is in his heaven, all's right with the world: Psychological wellbeing and belief in divine control during the third Covid-19 lockdown in England", Village and Francis (2023a) reported on a study conducted among 1841 lay and ordained members of the Anglican Church residing in England during the first half of 2021. In their study, Village and Francis (2023a) found that just over one-third (36%) believed that "God could stop the pandemic at any point whatever we do", while 43% disagreed with this belief, and the remaining 21% preferred to keep an open mind on the matter. From a psychological perspective, this divergence in belief is not a matter merely of academic or theological interest. It may also be a matter of practical and therapeutic interest. What Christians believe about the nature and agency of God may carry direct implications for how they cope with pestilence, plagues, and pandemics. In their study, Village and Francis (2023a) tested the thesis that belief in divine control during the pandemic would be associated with a better psychological outcome. Their data suggested that there was some evidence to support the thesis among Anglicans in England. In the spirit of scientific replication the aim of the present study is to test the same thesis among a different group of Anglicans, this time within The Episcopal Church in the USA. First, however, the context for this replication study needs to be set by discussing the *Covid-19 & Church-21* survey from which the data were derived, in order to establish: what is meant by the operationalisation of psychological wellbeing employed in the study; how belief in divine control during the pandemic is operationalised in the study; and why specific control variables are incorporated in the study. The approach adopted in this introduction recognises the close alignment between conceptualisation and operationalisation.

Psychological wellbeing

The approach to the conceptualisation and operationalisation of psychological wellbeing employed by the *Covid-19 & Church-21* survey drew on the classic model of balanced affect as proposed by Bradburn (1969). This model maintains that good psychological wellbeing is a function of the balance between positive affect (PA) and negative affect (NA). The model recognises that PA and NA are not opposite ends of a single continuum but operate as two partially independent continua. According to this model, it is possible for an individual to record high scores of PA and at the same time record high scores of NA. According to this model, PA can ameliorate the deleterious consequences of NA. The preventative and therapeutic consequence of the model is that intervention strategies can be targeted to enhance PA more readily than the removal of the causes of NA.

Within the broader field of the psychology of individual differences, Bradburn (1969) was by no means alone in identifying the independence of the two psychological systems of PA and NA. For example, the PANAS scales, developed by Watson et al. (1988) have gained good recognition in the field, with the two ten-item scales of PA and NA recording levels of internal consistency reliability ranging between .84 and .90. Repeated studies have generally confirmed the factor structure of these two measures, including data recently reported by Díaz-García et al. (2020). The balanced affect model has also been employed to underpin the Francis Burnout Inventory (Francis et al., 2005), where for clergy NA is operationalised as emotional exhaustion in ministry and

PA is operationalised as satisfaction in ministry. The factor structure, internal consistency reliability, and construct validity of the FBI has been rigorously tested in a series of studies among clergy serving in various denominations (see Francis et al., 2023).

While the Francis Burnout Inventory was designed to access current perceptions of PA and NA, what was needed for the family of Covid-19 surveys was not a measure of psychological wellbeing *per se*, but a measure of perceived change in psychological wellbeing. To meet this need, a new measure was developed styled The Index of Balanced Affect Change (TIBACh). In the foundation paper for this measure, Francis and Village (2021) tested a pool of items following the prompt, "How would you rate the effect of the lockdown on you so far?" Each item was rated on a three-point bipolar scale to indicate whether that aspect of wellbeing had declined, increased or remained unchanged during the lockdown. Exploratory factor analysis (principal components extraction and varimax rotation) indicated two factors of five items each that represented positive effect (excitement, thankfulness, hopefulness, trust, and happiness) and NA (exhaustion, anxiety, stress, fatigue, and frustration). Positive affect items were coded so that a high score indicated an increase in positive aspects of wellbeing during the lockdown ($\alpha = .70$); NA items we coded so that a high score indicated an increase in negative aspects of wellbeing during the lockdown ($\alpha = .83$). Construct validity was tested against an independent measure of coping during lockdown. Coping was positively correlated with PA and negatively correlated with NA. Crucially, for the balanced affect model, there was a significant interaction effect of PA and NA on coping, showing that the ameliorating effect of PA on coping increased with increasing levels of NA.

Belief in divine control

The *Covid-19 & Church-21* surveys run for the Church of England by, Village and Francis (2023a) included a section headed by the following rubric: "Some people wonder about the role of God in the pandemic. What do you think?" This section then presented a set of nine statements, largely culled from the church press since the pandemic began:

- God has always been in control during the pandemic;
- God sent the pandemic to test our faith;
- God will save us from the pandemic through science;
- The pandemic is a solely "natural" event without any relation to God;
- God could stop the pandemic at any point whatever we do;
- The pandemic is punishment from God;
- God's power to save us from the pandemic depends on human co-operation;
- Science will save us from the pandemic without God's help;
- The pandemic is the result of human sin.

Factor analysis of these nine statements, using principal components extraction and varimax rotation, identified the following four items loading on the strongest factor:

- God has always been in control during the pandemic;

- The pandemic is a solely "natural" event without any relation to God;
- God could stop the pandemic at any point whatever we do;
- Science will save us from the pandemic without God's help.

These items were used to create the four-item index God in Control of the Pandemic Scale (GiCoPS), which had an acceptable internal consistency reliability as measured by Cronbach's alpha (Cronbach, 1951). Scores were normally distributed (mean = 13.6, SD = 3.4) and ranged from 4 to 20, with a high score indicating belief that God had a high level of control over the pandemic. A high score on this scale implied a stronger general belief in divine omnipotency, which was expressed in this context as the notion that God is able to control events such as a pandemic. This notion tended to be associated with a lower sense that science or humans could control events, suggesting that divine omnipotency was conceived as God acting independently of human agents. These items also demonstrate that over two-thirds of the participants (69%) believed that God has always been in control during the pandemic, and that over one-third of the participants (36%) believed that God could stop the pandemic at any point whatever we do. Alongside these beliefs in divine control, 44% of the participants took the view that the pandemic is a solely "natural" event without any relation to God, and 12% of the participants took the view that science will save us from the pandemic without God's help.

Control variables

The *Covid-19 & Church-21* survey included a range of variables that were found to be significant predictors of individual differences in perceived changes in PA or NA. For this reason the present analyses have taken into account specific personal factors, psychological factors, ecclesial factors, theological factors, and contextual factors.

In terms of personal factors, sex differences are important both in their own right and in light of the connection between sex differences and personality differences. In Christian and post-Christian contexts, women routinely emerge as more religious than men (Argyle & Beit-Hallahmi, 1975; Beit-Hallahmi & Argyle, 1997; Schnabel, 2015) and also as recording greater emotional volatility (Eysenck & Eysenck, 1975). Age differences are also important, especially in relation to measures of wellbeing with higher levels of NA and burnout reported by younger participants (Randall, 2007).

In terms of psychological factors, the key personality variables associated with individual differences in wellbeing consistently emerge as extraversion and neuroticism or emotional lability, resulting in Eysenck (1983) aligning happiness with stable extraversion. Both extraversion and emotionality are accessed by a range of personality instruments, including measures of the three major dimensions (Eysenck & Eysenck, 1991), the big five factors (Costa & McCrae, 1992), and the Francis Psychological Type and Emotional Temperament Scales (Village & Francis, 2023b, 2023c). With the development of the Francis Psychological Type Scales, psychological type theory has emerged more prominently within the fields of the empirical psychology of religion and empirical theology (Lewis, 2012, 2015, 2021a, 2021b, 2022) and was included in this survey.

In terms of ecclesial factors, church orientation emerged from the English surveys as relevant for predicting individual differences in wellbeing among clergy. In these

surveys, church orientation was conceptualised and operationalised in the tradition pioneered by Randall (2005) who developed and tested two semantic differential grids: one to map the differences between Anglo-Catholic, Broad Church, and Evangelical positions within the Church of England, and the second to assess the influence of the Charismatic movement. In the Church of England, Anglo-Catholics tend to be liberal on moral issues and tend to prefer traditional worship, while the reverse is true for Evangelicals (Village, 2018b).

In terms of theological factors, drawing on a detailed investigation among 9339 ordained and lay members of the Church of England, Village (2018b) demonstrated that it was misleading to construe the distinction between theological conservatism and theological liberalism as a single continuum. Rather the data suggested three continua, operating in somewhat different ways, distinguishing among preference for modern versus traditional worship, preference for liberal versus conservative doctrinal belief, and preference for liberal versus conservative views on morality.

In terms of contextual factors, the Covid-19 surveys conducted within the Church of England drew attention to some key differences emerging between laity and clergy, especially in connection with the effective support that assisted wellbeing (Village & Francis, 2022a)

Method

Procedure

The *Covid-19 & Church-21* online survey was launched on 22 January 2021 in order to assess how people in churches in Great Britain and Ireland were faring during the Covid-19 pandemic. It coincided with another national lockdown introduced earlier in the month to cope with a third upturn in infections in the UK. A slightly shorter version of the same survey was designed for The Episcopal Church in the United States (TEC) containing some modifications to items to suit the TEC context. The survey was publicised and distributed through Virginia Theological Seminary, ran from 1 June to 23 August 2021, and collected over 5000 responses from across the USA, including 4699 from members of TEC.

Participants

Of the 4699 Episcopalians who completed the survey and lived in the USA, 3430 completed sufficient items to be included in this study (Table 1). The sample comprised 64% women and 36% men, with 78% being in their 60s or older. They were overwhelmingly White and 25% were ordained clergy.

Instruments

The role of God in the pandemic

The GiCoPS (Village & Francis, 2023a) is a four-item scale introduced by the rubric: "Some people wonder about the role of God in the pandemic. What do you think?" The four items refer to aspects of divine or human control of the course of the pandemic

Table 1. Sample profile.

		%
Sex	Male	35.7
	Female	64.3
Age	20s	0.9
	30s	3.1
	40s	5.7
	50s	12.2
	60s	30.6
	70s	36.0
	80s+	11.5
Ethnicity	White	92.8
	Black/African American	3.5
	Latino/Hispanic	1.5
	Other	2.2
Ministry status	Lay	74.9
	Ordained	25.1
Orientation	Extraversion	32.9
	Introversion	67.1

Note: $N = 3430$.

Table 2. Properties of the GiCoPs.

	CITC	Agree (%)	Not certain (%)	Disagree (%)
Cronbach's alpha = .60				
God has always been in control during the pandemic	.39	68	18	14
The pandemic is a solely "natural" event without any relation to God[a]	.36	50	25	24
God could stop the pandemic at any point whatever we do	.36	28	25	47
Science will save us from the pandemic without God's help[a]	.40	18	24	58

Note: CITC: Corrected Item-Total Correlation.
$N = 3430$.
[a]These items were reverse coded to form the GiCoPs.

(Table 2), and the scale is scored such that a high score indicates a belief that God was in control during the pandemic. In a previous study, this scale had an acceptable internal consistency reliability (Cronbach, 1951) of .67. In this sample, the alpha reliability at .60 is slightly below the .65 normally considered acceptable for such scales (DeVellis, 2003). Analysis was conducted using the individual items, but the results were similar to using the scale, so we have used the four-item scale while recognizing that the underlying construct may not have been quite as tightly defined in the present study as it was in the previous study.

The Index of Balanced Affect Change

The survey contained the two five-item scales of TIBACh that measured changes in PA and NA during the pandemic (Francis & Village, 2021; Village & Francis, 2022a). They were introduced with the statement "How would you rate how you are now compared with before the pandemic started?" Participants were asked to indicate on a five-point scale if PA (such as happiness), or NA (such as anxiety) had increased, stayed the same, or decreased. In this sample, the scales had good internal reliability as measured by Cronbach's alpha (PA = .80, NA = .85).

Personal variables

Personal variables were sex (0 = male, 1 = female), age (by decade, 2 = 18–29 to 8 = 80+), ethnicity (1 = White, 0 = other ethnicity), and ordination status (lay = 0, ordained = 1).

Psychological variables

Psychological type and emotional volatility were assessed using the revised version of the Francis Psychological Type and Emotional Temperament Scales (Village & Francis, 2023b, 2023c). This 50-item instrument comprises four sets of ten forced-choice items related to each of the four components of psychological type theory (Extraversion-Introversion, Sensing-Intuition, Thinking-Feeling, and Judging-Perceiving), alongside ten items related to emotional temperament (Calm-Volatile). The extraversion and volatility scales have been shown by Village and Francis (2022b) to correlate strongly with extraversion and neuroticism as measured by the Eysenck Personality Questionnaire Revised Shortened version (Eysenck et al., 1985). For this study, scores for Extraversion (E) and Emotional volatility (V) were used as predictor variables. Alpha reliabilities in this sample were: extraversion = .84, volatility = .83.

Ecclesial variables

Church tradition was assessed using a seven-point bipolar scale labelled "Anglo-Catholic" at one end and "Evangelical" at the other. It has been widely used in the Church of England, where it is a good indication of differences in belief and practice (Randall, 2005). Although its validity has not been tested in other Anglican provinces, it was used here to indicate the level of "Evangelicalism" of individuals. A similar scale was also used to assess identification with Charismaticism (seven-point semantic scale with 1 = not Charismatic and 7 = Charismatic). Three seven-point semantic scales were used to assess levels of preference for modern versus traditional worship, liberal versus conservative doctrinal beliefs, and liberal versus conservative moral attitudes, with a high score indicating traditional or conservative preferences (Village, 2018b).

Analysis

All analyses employed procedures in SPSS 29 (IBM_SPSS, 2023). Bivariate correlations were used to identify significant correlations between the measures of negative and positive psychological affect change and the 14 predictor variables, and between the predictor variables themselves. Multiple linear regressions were used to identify independent effects on NA and PA, and to see if the effects of GiCoPS were stable after controlling for other independent predictors.

Results

The bivariate correlations (Table 3) indicated that GiCoPS was positively correlated with increases in self-perceived PA and negatively correlated with increases in self-perceived NA, suggesting that this particular belief was associated with better self-perceived psychological wellbeing. It was lower among women than among men, among older people, among lay people compared with clergy, and among Whites compared with other ethnicity. It was higher among those who scored higher on Evangelicalism,

Table 3. Correlation matrix of dependent and predictor variables.

		14	13	12	11	10	9	8	7	6	5	4	3	2
1	Female	−.08***	.02	.05**	−.09***	−.12***	−.07***	.04**	.03*	.06***	−.03*	−.14***	.01	.03
2	Age	−.11***	.08***	−.25***	.06***	−.09***	−.05	−.03	−.07***	−.24***	.05**	−.11***	.05**	
3	White	−.11***	−.08***	.02	−.06***	−.03	.03	−.04	−.09***	.03	.01	−.01		
4	Ordained	.07***	.06**	.10***	−.09***	.01	−.20***	.04	.12***	−.05**	.04*			
5	Extraversion	.06***	.14***	−.08***	.05**	.06***	−.03	.09***	.08***	−.17***				
6	Emotional volatility	−.01	−.30***	.36***	−.02	.00	.07***	−.06**	−.07***					
7	Charismatic	.19***	.09***	.01	.15***	.16***	−.18***	.30***						
8	Evangelical	.08***	.06***	−.02	.15***	.10***	−.11***							
9	Traditional worship	.07***	−.07***	.00	.19***	.27***								
10	Conservative doctrine	.33***	.00	−.01	.68***									
11	Conservative morality	.31***	.02	−.07***										
12	Negative affect	−.05**	−.55***											
13	Positive affect	.13***												
14	God in control scale													

Note: $N = 3430$. *$p < .05$; **$p < .01$; ***$p < .001$.

Table 4. Multiple regression of NA and PA.

	Negative affect	Positive affect
Female	.04	.05*
Age	−.16***	.02
White	.01	−.06***
Ordained	.10***	.03
Extraversion	−.02	.08***
High Emotionality	.32***	−.27***
Charismatic	.02	.03*
Evangelical	−.01	.01
Traditional worship	.00	−.02
Conservative doctrine	.03	−.04
Conservative morality	−.04*	−.01
God in control scale	−.06***	.13***

Note: $N = 3430$. *$p < .05$; **$p < .01$; ***$p < .001$.

Charismaticism, and the three aspects of conservatism (worship, doctrine, and morality). The predictor variables were also correlated with one another in some cases, so it was necessary to use multiple regression to test if it was specifically belief about divine control in the pandemic that was associated with changes in self-perceived psychological wellbeing, rather than other factors such as church traditions or general levels of liberalism or conservatism.

Multiple regression (Table 4) showed that self-perceived changes in NA and PA were associated with slightly different subsets of predictor variables. Increases in self-perceived NA were lower in older people, higher among those who were more emotionally volatile, lower among those with conservative morality, and lower among those with higher GiCoPs scores. Increases in self-perceived PA was higher among women, lower among Whites, higher among extraverts and Charismatics, lower among those who were more emotionally volatile, and higher among those with higher GiCoPs scores. These data confirm that specific beliefs concerning divine control during the pandemic were associated with individual differences in self-perceive changes in psychological wellbeing. Individuals who believed that God was in control during the pandemic experienced greater self-perceived increase in PA and lower self-perceived increase in NA, compared with individuals who did not share that belief.

Discussion and conclusion

Designed to replicate an earlier study conducted among members of the Church of England and reported by Village and Francis (2023a), the present study tested the thesis that belief in divine control would be associated with a better self-perceived psychological outcome among lay and ordained members of The Episcopal Church in the USA. The thesis was tested among 3430 participants in the online survey *Covid-19 & Church-21* who self-identified as members of The Episcopal Church and who completed all the required measures. In this survey self-perceived change in psychological wellbeing was assessed by TIBACh (Francis & Village, 2021) and belief in divine control was assessed by the GiCoPS (Village & Francis, 2023a). Three main conclusions can be drawn from these data.

The first conclusion concerns the way in which members of The Episcopal Church conceptualised God's involvement in the pandemic. Two-thirds of the participants in the

survey took the view that God has always been in control during the pandemic (68%), although fewer than one-third conceptualised God's agency as being able to stop the pandemic at any point whatever we do (28%). Half of the participants nonetheless took the view that the pandemic is a solely "natural" event without any relation to God (50%), and a fifth of them agreed that science will save us from the pandemic without God's help (18%). This pattern of answers, together with the lower alpha coefficient, suggest that this group of Anglican clergy and lay people had not thought through the issue of divine control during the pandemic as clearly as was the case among the sample of Anglican clergy and lay people in the UK study reported by Village and Francis (2023a).

The second conclusion concerns the covariants of scores recorded on the GiCoPS. Bivariate correlations demonstrate that belief in divine control during the pandemic was associated with: personal factors, being higher among males, young people, clergy, and those not ethnically White; psychological factors, being higher among extraverts; ecclesial factors, being higher among Charismatics and Evangelicals; and theological factors being higher among those preferring traditional worship, conservative doctrine, and conservative morality.

The third conclusion concerns the primary research question posed by this study, namely the connection between self-perceived change in psychological wellbeing during the pandemic and belief in divine control over the pandemic. Employing the balanced affect model of change in psychological wellbeing has demonstrated that belief in divine control has a unique additional influence in individual differences in self-perceived change in psychological wellbeing, after personal factors (sex, age, ethnicity, and ordination status), psychological factors (extraversion and emotionality), ecclesial factors (Charismatic and Evangelical), and theological factors (traditional worship, conservative doctrine, and conservative morality) have been taken into account. Belief in divine control during the pandemic was associated with greater self-perceived increase in PA and lower self-perceived increase in NA. In other words, belief in God's agency during times of pestilence, plagues, and pandemics is associated with a better self-perceived psychological outcome.

Limitations of the study

This study set out to test the thesis that belief in divine control during the pandemic would be associated with a better self-perceived psychological outcome and it did so by employing two self-report measures. The measure of belief in divine control was a four-item measure that achieved an alpha coefficient of .60. Future research in this field would benefit from developing a longer and stronger measure that could explore more fully the components and coherence of the construct. The measure of psychological wellbeing was a measure of self-perceived change in PA and in NA, as necessitated by a cross-sectional study. This design is not as robust as would have been the case were we to have been able to measure psychological wellbeing in a longitudinal study among the same participants before and after the onset of the pandemic. Future studies concerned with mapping changes in psychological wellbeing among clergy and church members during times of pestilence, plagues, and pandemics would be helped by having ongoing long-term panel studies already established.

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Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethical approval

Ethical approval was granted by the Research Ethics Committee for the School of Humanities, Religion and Philosophy at York St John University (approval code: HRP-RS-AV-0240-01). All participants had to affirm they were 18 or over and given their informed consent by ticking a box that gave access to the rest of the survey.

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