

The Relationship Between Religiosity and Mental Health During the COVID-19 Quarantine

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INTRODUCTION

The World Health Organization (WHO) suggests that one in 13 people suffers from an anxiety disorder, and nearly one-half of those diagnosed with **anxiety** are also diagnosed with **depression**. With the onset of COVID-19, research has shown an increase in these mental health concerns. More specifically, Mental Health America (MHA) has discovered a **19% increase** in clinical anxiety in February and a **12% increase** in the first two weeks of March.

Religiosity is associated with positive traits such as elevated mental health, and happiness (Abdel-Khalek & Lester, 2017). However, a gap exists in the extant literature regarding the relationship between mental health and religiosity during global pandemics. In order to address this gap, this study sought to answer the following question: **Does religiosity significantly affect mental health in those that have been impacted by COVID-19?**

METHODS/PROCEDURE

Participants in the study consisted of a convenience sample drawn from social media and from classes at Harding University during the 2020 summer semester (96 total).

All participants completed the following questionnaires:

- PROMIS Emotional Distress-Anxiety-Short Form (Pilkonis et al., 2011)
- PROMIS Emotional Distress-Depression Short Form (Pilkonis et al., 2011)
- Duke University Religion Index (DUREL) (Koenig & Büssing, 2010)
- Quarantine Questionnaire (Gomez, 2020)



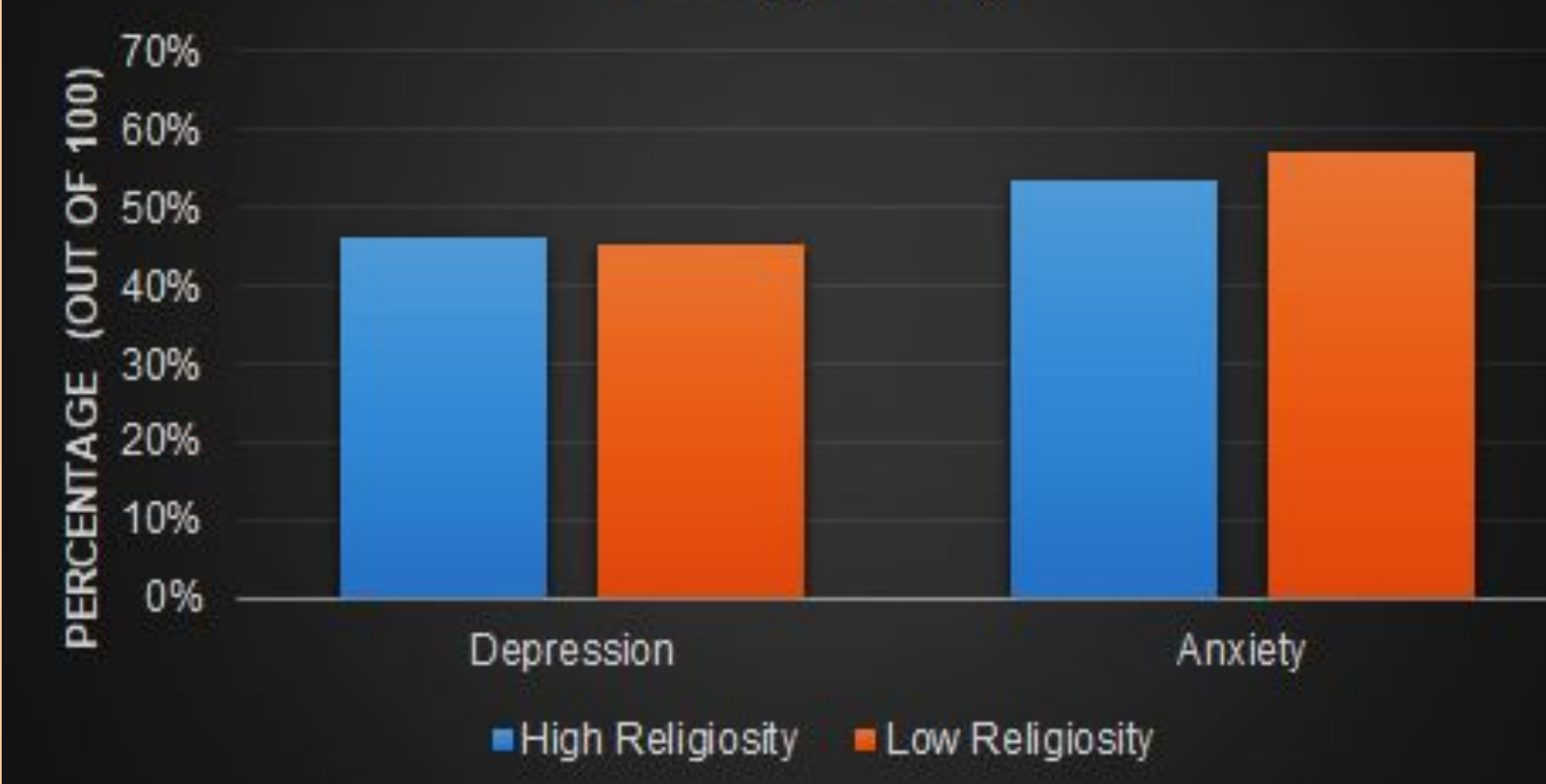
Religiosity appears to have no impact on depression or anxiety in people who have been affected by the global pandemic.

RESULTS

Results revealed **no significant difference in levels of anxiety** as a function of religiosity, $t(94) = -1.067$, $p > .05$, $d = .22$

Additionally, **no significant differences were found in levels of depression** as a function of religiosity, $t(94) = .208$, $p > .05$, $d = .04$

Mental Health as a Function of Religiosity

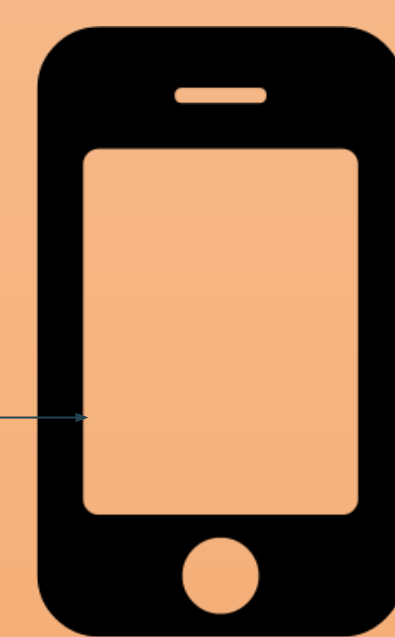
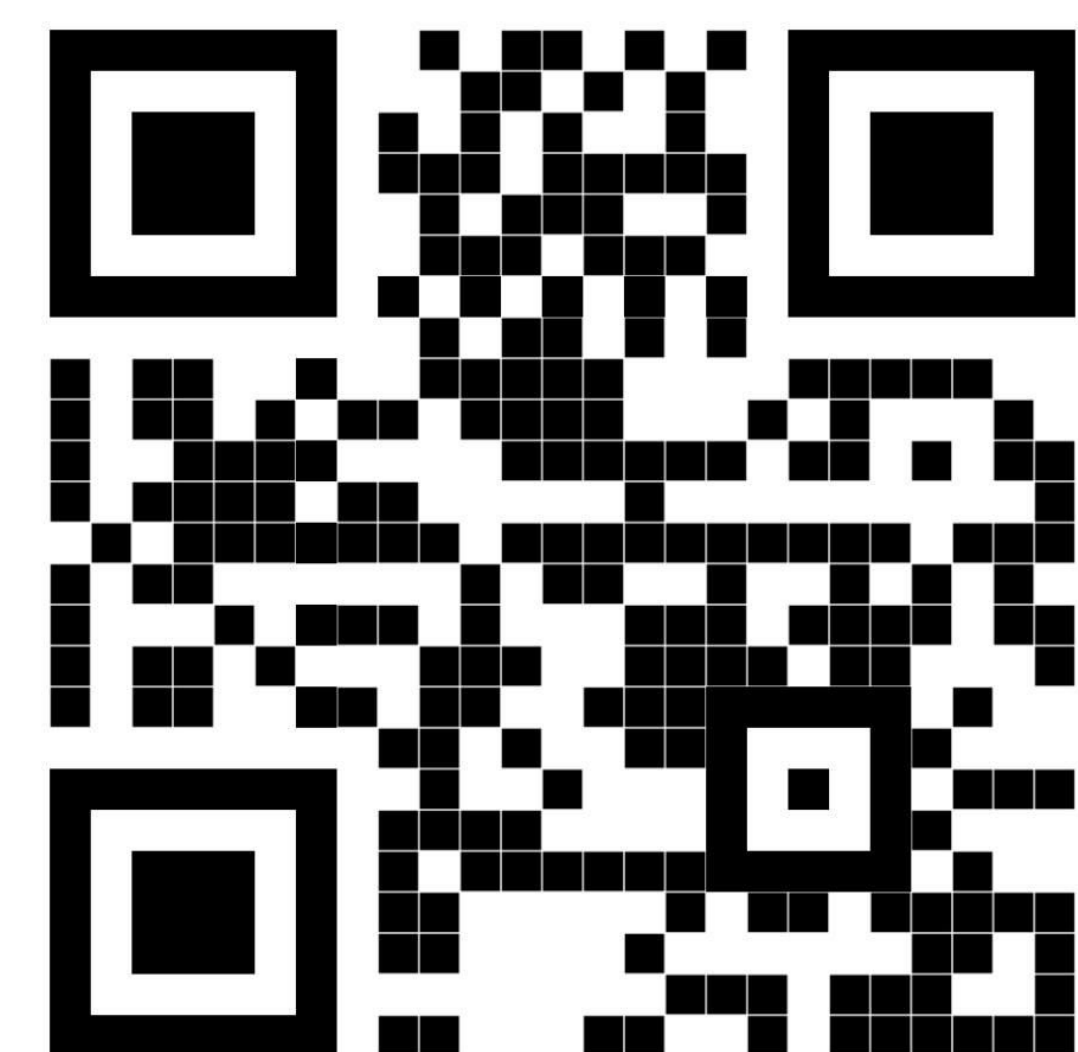


DISCUSSION

Existing literature has shown that religiosity is positively correlated with mental health issues. However, this study revealed no statistically significant relationship between religiosity and levels of anxiety or depression. Neither the frequency of participation in non-organizational or organizational religious activity nor scores of intrinsic religiosity were predictive of levels of anxiety or depression during the COVID-19 pandemic.

References

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