Religion Protected Mental Health but Constrained Crisis Response During Crucial Early Days of the COVID-19 Pandemic

This study demonstrates that religion protected mental health but constrained support for crisis response during the crucial early days of the COVID-19 pandemic. Data from a national probability-based sample of the U.S. population show that highly religious individuals and evangelicals suffered less distress in March 2020. They were also less likely to see the coronavirus outbreak as a crisis and less likely to support public health restrictions to limit the spread of the virus. The conservative politicization of religion in the United States can help explain why religious Americans (and evangelicals in particular) experienced less distress and were less likely to back public health efforts to contain the virus. We conclude that religion can be a source of comfort and strength in times of crisis, but—at least in the case of the COVID-19 pandemic—it can also undercut efforts to end the root causes of suffering.

Keywords: COVID-19, coronavirus, pandemic, religion, psychological distress, crisis response, politics.

Introduction

In his infamous “opiate of the masses” argument, Marx (1970 [1843]) suggested religion helps people through hardship but distracts them from addressing its material root causes. He pointed out that individuals often turn to religion in the face of adversity, but criticized it as masking the true nature of their suffering. A more generous vision of religion would acknowledge the full range of ways religion influences how individuals see the world. Rather than just distracting them, religion appears to actively shape people’s outlook according to religious schemas—the teachings, norms, and ways of making sense of the world that inform social life (Ammerman 2020; Ogland and Bartkowski 2014). This study explores the ways religion operated as both a resource and a schema during the early days of the COVID-19 pandemic in the United States, providing both a source of comfort and strength that people drew upon in the face of hardship as well as a frame of reference that structured how they viewed the world—a frame that could be seen as failing to address and even exacerbating the root causes of the suffering they experienced (Davis 1971; Schnabel 2021). In short, it appears religion protected mental health but endangered physical health during the COVID-19 pandemic.

The early days of the pandemic were fraught with uncertainty yet crucial in terms of the spread of the virus. Fear of the virus itself joined with financial uncertainty, disrupted routines, and general societal upheaval to create a unique array of stressors (Van Bavel et al. 2020). Compounding matters was the fact that the public health measures necessary to prevent the spread of the virus robbed individuals of the social connection central to their well-being (Bierman and
Although social distancing and other measures posed a danger to mental health, failing to follow these measures jeopardized physical health and successfully containing the virus. As in past crises, many Americans turned to religion for guidance and inspiration during the pandemic. Despite reports of growing secularism, the United States remains exceptionally religious (Schnabel and Bock 2017). For many Americans, their faith provides the lens through which they approach most matters of importance, and a health crisis on the scale of a pandemic certainly seems tailor-made for turning to religion. Yet the religiosity of Americans poses a unique challenge during a pandemic, as the comfort religion offers is often premised on congregating in violation of social distancing protocols. This study therefore considers the role religion played in addressing the distress Americans experienced at the beginning of the pandemic, their emerging views about COVID-19, and how religion shaped their thinking about public health restrictions.

Although high levels of distress among the U.S. population were noted early in the pandemic (Holingue et al. 2020), research suggests that the correspondingly high levels of religiosity could prove helpful for protecting against its negative mental health consequences (e.g., Schieman, Bierman, and Ellison 2013; Schieman, Bierman, and Upenieks 2018; Schnittker 2001). Religion can operate as a source of psychological compensation in the face of challenges such as the loss of a job (e.g., Hastings and Roeser 2020), providing an important resource that people can draw upon for comfort, strength, community, and a sense of control in the face of uncertainty and hardship (Kay et al. 2010; Laurin, Kay, and Moscovitch 2008; Schnabel 2021).

But in addition to being a resource people can draw upon, religion is also a powerful social institution and socializing force, with particular teachings and norms that provide a way of thinking about the world (Ogland and Bartkowski 2014; Schieman 2011; Schnabel 2021). Besides the connection and community it provides, religion’s ideological structures—such as a sense of order to the world, an all-loving and all-powerful being overseeing one’s fate, rules that provide clear guidance, and the hope of a future utopia—make it a potent source of comfort, strength, and meaning during hard times. Religion can be especially helpful in hard times (Hastings and Roeser 2020), and emerging research on religion and mental health outside the United States (Counted et al. 2021) and among subgroups in the United States (Pirutinsky, Cherniak, and Rosmarin 2020) suggest it may be particularly useful for coping with these unprecedented times. Yet as people draw upon religion as a resource, they further commit themselves to the ideological aspects of religion as a schema—and those ideological aspects (i.e., the content, teachings, and norms of a religion) can provide further comfort, strength, and certainty in a self-reinforcing loop.

In theory, the ideological content of a religion could be largely irrelevant to social and political life. But religions develop and operate in the world and tend to promote particular ways of approaching, interpreting, and making decisions about these realms. At the theoretical level, the ideological commitments of religion could similarly span the political spectrum. But in the contemporary United States, religion has become politicized and is now viewed as entangled with conservative politics (Hout and Fischer 2014; Putnam and Campbell 2010). As a case in point, about 8 in 10 white evangelicals voted for Trump in both the 2016 and 2020 presidential elections, in line with expected voting patterns following the increased politicization of American religion (Margolis 2020). Intensely religious white people tend to embrace conservative partisan values and Republican politics (Schnabel 2021; Whitehead, Perry, and Baker 2018).

1 Although this pattern is particularly pronounced among whites, and black Americans are both quite liberal and quite religious, religion is still conservatizing even among black Americans where it suppresses what would otherwise be even more liberal politics (Schnabel 2021).
In the United States, the early response to the pandemic quickly became politicized, with some Republican politicians downplaying the impact of the virus, discouraging restrictions, and characterizing public health officials as overreacting (Newport 2020b; Perry, Whitehead, and Grubbs 2020). It is possible then that highly religious Americans were more likely to adopt a “conservative” response and downplay concerns about the pandemic (Fowler 2020; Hill, Gonzalez, and Burdette 2020). Because highly religious white Americans tend to align with the GOP, they may take cues regarding COVID-19 from conservative politicians, media outlets, and religious leaders. Many of the latter claimed the coronavirus pandemic was not a real concern (Merritt 2020), and televangelists such as Jim Bakker and Kenneth Copeland told viewers they could be healed by touching their television screens or use prayer to halt the outbreak (Lemon 2020).

If the teachings, norms, and partisan values entangled with religion are not well-suited to address a public health crisis such as COVID-19, religion could then simultaneously alleviate distress about the pandemic and lead adherents to reject public health recommendations designed to curb it (Counted et al. 2021; Perry, Whitehead, and Grubbs 2021; Pirutinsky, Cherniak, and Rosmarin 2020). In sum, religion therefore could paradoxically buffer the hardship caused by the pandemic yet structure attitudes and orientations about public health and science in ways that ultimately increase it (Newport 2020a; Perry, Whitehead, and Grubbs 2020; Smith 2020).

**Methods**

**Data**

This study uses data from Pew Research Center’s American Trends Panel (ATP), an online panel recruited through random sampling of residential addresses throughout the United States. Those without internet access were provided a tablet and Internet connection to complete self-administered web surveys. This study uses data from the wave fielded March 19–24, 2020, shortly after the WHO declared COVID-19 a global health pandemic. Of the 15,433 sampled, 11,537 respondents completed the survey. More information about the panel can be found here: https://www.pewresearch.org/methods/u-s-survey-research/american-trends-panel/.

**Measures**

**Dependent Variables**

**Mental Distress**

This study first considers mental distress, measured by a score derived from five items from the Pew ATP survey. These items ask respondents how often in the past 7 days they: (1) felt nervous, anxious, or on edge; (2) felt depressed; (3) felt lonely; (4) had trouble sleeping; and (5) felt hopeful about the future (reverse coded). Response options were “rarely or none of the time (less than 1 day)”; “some or a little of the time (1–2 days)”; “occasionally or a moderate amount of time (3–4 days)”; or “most or all of the time (5–7 days).” Following research using these items to estimate mental distress during the COVID-19 pandemic (e.g., Cobb, Erving, and Byrd 2021; Holingue et al. 2020), these four response options were given weights of 1, 2, 3, and 4 to reflect increasing frequency of symptoms. A summary score for each person was derived by taking the sum of the five items (possible range 5–20, Cronbach’s $\alpha = .73$). A comparable scale of the same items coded and scaled in the same way is available as a profile measure for the panel, such that once prior mental distress is controlled for, results measure people’s experience of mental distress
specific to the early days of the COVID-19 pandemic. Descriptive statistics for the current and prior mental distress scales are presented in Table 1, which shows substantially higher mental distress during late March (10.07) than the same respondents previously reported (8.97).

Views on Pandemic and Public Health Response

This study also considers views on the pandemic and public health response. Descriptive statistics for each of these items are also presented in Table 1. First is a summative scale of four items about the extent to which respondents see the pandemic as a threat. For these items, respondents were asked how much of a threat, if any, the coronavirus outbreak is for: (1) the health of the U.S. population as a whole; (2) your personal health; (3) the U.S. economy; and (4) your personal financial situation. Response options were “not a threat”; “a minor threat”; or “a major threat.” The second measure is a summative scale of six items about whether the following groups are “overreacting to the outbreak”; “reacting about right”; or “not taking the outbreak seriously enough”: (1) your state government; (2) your local government; (3) your local school system; (4) ordinary people in your community; (5) ordinary people across the country; and (6) the people in your household.

This study next considers support for a number of public health restrictions. For these items, the survey asked, “Thinking about some steps that have been announced in some areas to address the coronavirus outbreak, in general do you think each of the following have been necessary [1] or unnecessary [0]?” Respondents were then presented with the following topics:

1. Restricting international travel to the United States.
2. Requiring most businesses other than grocery stores and pharmacies to close.
3. Asking people to avoid gathering in groups of more than 10.
4. Canceling major sports and entertainment events.
5. Closing K-12 schools.
6. Limiting restaurants to carry-out only.
7. Postponing upcoming state primary elections.

Responses were combined for a total number of restrictions supported ranging from 0 to 7 ($\alpha = .79$).

Finally, this study examines responses about social distancing behaviors. For these items, respondents were asked, “Given the current situation with the coronavirus outbreak, would you feel comfortable [0] or uncomfortable [1] doing each of the following?” Respondents were then presented with the following scenarios:

1. Visiting with a close friend or family member at their home.
2. Eating out in a restaurant.
3. Attending a crowded party.
4. Going out to the grocery store.
5. Going to a polling place to vote.

Responses were combined for a total number they would be uncomfortable with ranging from 0 to 5 ($\alpha = .72$).

2 Respondents provided their “profile” information when they joined the panel. Most respondents in the ATP at the time of fielding were recruited in 2018 or 2019, though some remained from earlier recruitment efforts in 2014, 2015, and 2017. For more information, see https://www.pewresearch.org/methods/u-s-survey-research/american-trends-panel/.

3 Because the reference groups vary from person to person, our analyses just considered the item about “ordinary people across the country,” which theoretically should encompass the same people for all respondents and yield similar results.
Table 1: Descriptive statistics for key measures

| Measures                                      | Descriptions                                                                 | N     | Mean   | SD    | Range |
|-----------------------------------------------|------------------------------------------------------------------------------|-------|--------|-------|-------|
| **Mental distress**                           |                                                                              |       |        |       |       |
| Late march mental distress scale             | Summative scale of five items, $\alpha = .73$                                | 11,369| 10.07  | 3.40  | 5–20  |
| Prior mental distress scale                  | Summative scale of five items' $\alpha = .73$                               | 11,494| 8.97   | 3.26  | 5–20  |
| **Views on pandemic and public health response** |                                                                              |       |        |       |       |
| COVID-19 threat scale                        | Summative scale of four items, $\alpha = .58$                                | 11,407| 10.26  | 1.45  | 4–12  |
| People not taking seriously enough scale     | Summative scale of six items, $\alpha = .71$                                 | 11,189| 12.37  | 2.13  | 6–18  |
| Support for public health restrictions scale | Number of public health restrictions supported, $\alpha = .79$               | 11,244| 6.08   | 1.51  | 0–7   |
| Social distancing scale                      | Number of social distancing behaviors, $\alpha = .72$                       | 11,371| 3.30   | 1.47  | 0–5   |
| **Key independent variables**                |                                                                              |       |        |       |       |
| Attendance frequency                         | Never = 1 to more than once a week = 6                                       | 11,494| 2.95   | 1.67  | 1–6   |
| Affiliation: Evangelical                     | Religious affiliation = Evangelical                                          | 11,494| .22    |       |       |
| Affiliation: Non-evangelical Protestant      | Religious affiliation = Non-evangelical Protestant                           | 11,494| .17    |       |       |
| Affiliation: Catholic                        | Religious affiliation = Catholic                                             | 11,494| .22    |       |       |
| Affiliation: Jewish                          | Religious affiliation = Jewish                                               | 11,494| .03    |       |       |
| Affiliation: Nothing in particular           | Religious affiliation = Nothing in Particular                                | 11,494| .18    |       |       |
| Affiliation: Agnostic                        | Religious affiliation = Agnostic                                             | 11,494| .07    |       |       |
| Affiliation: Atheist                         | Religious affiliation = Atheist                                             | 11,494| .07    |       |       |
| Affiliation: Other/missing                   | Religious affiliation = Other/missing                                       | 11,494| .06    |       |       |
| **Key covariates**                           |                                                                              |       |        |       |       |
| Party: Republican                            | Self-identifies as a Republican                                             | 11,494| .25    |       |       |
| Party: Leans Republican                      | Does not identify as GOP or Dem, but leans Republican                       | 11,494| .16    |       |       |
| Party: Independent/other party               | Identifies as independent, other, or refused and does not lean               | 11,494| .03    |       |       |
| Party: Leans Democrat                        | Does not identify as GOP or Dem, but leans Democrat                          | 11,494| .21    |       |       |
| Party: Democrat                              | Self-identifies as a Democrat                                                | 11,494| .36    |       |       |
| Liberal political ideology                   | Very conservative = 1 to very liberal = 5                                    | 11,494| 3.02   | 1.06  | 1–5   |
| Have prayed to end COVID-19                  | Have prayed for an end to the spread of the coronavirus = 1                 | 11,494| .57    |       |       |
| Have watched online or TV services           | Have watched online or TV services instead of in person = 1                 | 11,494| .28    |       |       |
| Have attended less in person                 | Have attended religious services in person less often = 1                   | 11,494| .32    |       |       |

*aNo alpha available as the items were not provided individually, just the scale in this form.

*Source: American Trends Panel, March 19—24, 2020 Survey.*
**Key Independent Variables**

The key independent variables are religious service attendance and religious affiliation. Attendance measures intensity of religious behavior and embeddedness in a religious community as a proxy for general religiosity. For this item, which was a part of the core profile measures and asked prior to the pandemic, respondents were asked, “Aside from weddings and funerals, how often do you attend religious services?” Response options included “never”; “seldom”; “a few times a year”; “once or twice a month”; “once a week”; or “more than once a week.”\(^4\)

Religious affiliation addresses religious belonging and differences across religious subcultures. For this item, respondents indicated their general religious category. Then, for those who it might be relevant, a follow up question asked whether they identify as a born again or evangelical Christian. Affiliation is measured in eight categories: evangelical Protestant, non-evangelical Protestant, Catholic, Jewish, nothing in particular, agnostic, atheist, and other/missing.

**Covariates**

Demographic variables include gender, race/ethnicity (non-Latinx white, non-Latinx black, Latinx, and other), age categories (18–29, 30–49, 50–64, 65+), education (less than high graduate, high school graduate, some college or associate degree, college graduate, postgraduate), income ranges (<30k, 30–74.9k, 75k+), metropolitan status, and region (Northeast, Midwest, South, West). We also control for income or job loss due to the pandemic in three categories: (1) no income or job loss due to the pandemic, (2) they or someone in the household had to take a cut in pay or reduced hours due to the pandemic, or (3) they or someone in the household had been laid off or lost a job due to the pandemic.

Political party affiliation and ideology may mediate or otherwise explain the relationships between (1) religion and distress; (2) religion and views about the pandemic being a crisis; and (3) religion and support for actions to address it. Politics were measured with party identification (Republican, leans Republican, true independent/other party/refused, leans Democrat, Democrat) and political ideology (very conservative = 1 to very liberal = 5).

Analyses of distress consider prayer to end the coronavirus—a coping mechanism promoted by religious leaders as the virus emerged—as a potential mediator (Lemon 2020). For this item, respondents were asked if they had “prayed for an end to the spread of the coronavirus” with yes or no as response options. To address the fact that religious service attendance could have been disrupted by the pandemic and new virtual ways of drawing upon religion as a resource arose, we also consider measures of whether respondents have “attended religious services in person less often” or “watched religious services online or on TV instead of attending in person” (both measured as yes or no) due to the coronavirus outbreak.

**Analytic Strategy**

The sample was limited to the 11,494 respondents with data on frequency of religious service attendance. Missing data on covariates are imputed using chained equations. All analytic variables were used for imputation where the number of imputed data sets equals 20. Individual analyses vary slightly in sample size due to the number of cases with complete information on the outcome variables. OLS regression is used to first examine the relationship between religion and distress during the coronavirus. Then it is used to examine the relationship between religiosity

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\(^4\) It is relevant that this measure of general religiosity was asked before the pandemic, as many religious services were canceled or moved online by the time of the survey, while the most politically partisan churches were less likely to cancel services and the choice to continue holding services and attending in person became highly politicized (Gjelten 2020).

\(^5\) As we discuss below, we also include covariates accounting for attendance shifts due to the pandemic—namely, virtual attendance and reduction of in-person attendance.
and views of the pandemic and support for public health response to it. We present unweighted results because the measures used to construct the weights are a function of controls included in the models (Winship and Radbill 1994). Additional analyses with survey weights yielded substantively equivalent results.

**Results**

**Religion as Resource During the COVID-19 Pandemic**

We first consider the relationship between religion and mental distress in March 2020. Model 1 of Table 2 presents the relationship before accounting for prior distress, establishing the baseline and confirming what we might have expected based on past research: people who attend religious services more frequently report substantially less mental distress. We also see that the least distressed religious group are evangelicals (the reference category), with the highest levels of distress reported by Jewish and secular Americans.

To isolate the distress specific to the pandemic from general distress, Model 2 introduces a control for prior mental distress. Other coefficient estimates in Model 2 can now be interpreted as predicting comparatively greater or lesser movement toward distress during the pandemic “over-and-above” pre-existing distress. By accounting for prior distress, we are essentially interacting the effect of the pandemic by the factors in the model—which could then be seen as moderators of the effect of the pandemic on distress. Negative estimates indicate factors that buffer the shift toward distress, whereas positive estimates indicate factors that exacerbate the shift. This approach accounts for the typical mental health benefit we see for religious service attendance and evangelical affiliation during normal times. In short, beyond the typical mental health benefits of religious service attendance and evangelical affiliation, regularly attending and evangelical Americans did not experience as much increased distress during the early stages of COVID-19 as Americans who attended less regularly or who were not evangelical. This suggests that religion, typically implicated in rates of distress, mitigated the increased anxiety most Americans were feeling in the early days of the pandemic.

Model 3 introduces politics in our analysis. We see political party affiliation and general political ideology are both important factors in the distress reported during the COVID-19 pandemic: Republicans and conservatives reported less distress than Democrats and liberals. The most obvious explanation for this pattern is the politicization of the pandemic and the fact that (as we will see below) Republicans and conservatives simply were not as concerned about the pandemic and less likely to think they needed to worry about social distancing, and so on. Evangelicals are much more likely to be Republican and conservative, and politics almost completely explains why evangelicals experienced less distress during the early stages of the pandemic: before accounting for politics, evangelicals experienced significantly less distress than all other groups, but after accounting for politics, only atheists differ significantly from evangelicals.

Finally, Model 4 of Table 2 introduces additional factors expected to help explain why more religious Americans experienced less distress during the COVID-19 pandemic. Although politics explained why evangelicals experienced less distress, other factors relevant to psychological

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6Research suggests a U-shaped relationship between attendance and mental health where, under normal circumstances, actively religious and secular people have comparatively better mental health than somewhat religious but largely uninvolved and disengaged people (Schnittker 2001). However, there is no such U-shaped relationship here. Analyses treating attendance as a series of dummy variables demonstrate that those who never attend services reported the greatest increase in distress during the COVID-19 pandemic.

7We want to highlight again that this attendance measure was a panel “profile” measure fielded prior to the pandemic. A measure of attendance could, if measured during the pandemic itself, otherwise be disrupted as an indicator of general religiosity and instead measure willingness to attend public gatherings during a pandemic.
Table 2: Religion predicting mental distress during the COVID-19 pandemic

|                                | Model 1 | Model 2 | Model 3 | Model 4 |
|--------------------------------|---------|---------|---------|---------|
| Attendance frequency           | -.24*** | -.06*** | -.05*** | -.02*  |
|                                | (.02)   | (.01)   | (.01)   | (.01)   |
| Non-evangelical Protestant     | .62***  | .11**   | .03     | .01     |
| (evangelical reference)        | (.10)   | (.04)   | (.04)   | (.04)   |
| Catholic                       | .60***  | .07*    | .00     | -.01    |
|                                | (.10)   | (.03)   | (.03)   | (.03)   |
| Jewish                         | 1.38*** | .23**   | .07     | .01     |
|                                | (.21)   | (.07)   | (.07)   | (.07)   |
| Nothing in particular          | .67***  | .14***  | .02     | -.03    |
|                                | (.12)   | (.04)   | (.04)   | (.04)   |
| Agnostic                       | 1.40*** | .22***  | .05     | -.02    |
|                                | (.15)   | (.05)   | (.05)   | (.05)   |
| Atheist                        | .82***  | .34***  | .13*    | .05     |
|                                | (.16)   | (.05)   | (.06)   | (.06)   |
| Controls                       | Yes     | Yes     | Yes     | Yes     |
| Prior mental distress          | .97***  | .97***  | .97**** |
|                                | (.00)   | (.00)   | (.00)   |
| Leans Republican (Republican   |         |         |         |         |
| reference)                     |         |         |         |         |
|                                | (.03)   | (.03)   |         |         |
| Independent/other party        | .17*    | .16*    |         |         |
|                                | (.07)   | (.07)   |         |         |
| Leans Democrat                 | .33***  | .32***  |         |         |
|                                | (.04)   | (.04)   |         |         |
| Democrat                       | .28***  | .27***  |         |         |
|                                | (.04)   | (.04)   |         |         |
| Liberal political ideology     | .07***  | .06***  |         |         |
|                                | (.01)   | (.01)   |         |         |
| Have prayed to end coronavirus |         |         | -.18*** |
|                                |         |         | (.03)   |         |
| Have watched online or TV      | -.04    |         |         |         |
| services                       |         |         | (.03)   |         |
| Have attended less in person   | -.03    |         |         |         |
|                                |         |         | (.03)   |         |
| Constant                       | 11.45   | 1.55    | 1.33    | 1.41    |
| N                              | 11,369  | 11,369  | 11,369  | 11,369  |

Notes: Controls include gender, race, age, education, income, metropolitan status, region, and job loss due to the pandemic. Models also include an “other/missing” affiliation category (not shown). Full model with coefficients and standard errors for control variables is presented in the Supporting Information. Standard errors in parentheses.

*p < .05

**p < .01

***p < .001.

Source: American Trends Panel, March 19–24, 2020 Survey.

Compensation help to better account for attendance patterns. Those who have a materialistic worldview have to rely on science and human action in a pandemic, whereas people who believe in a higher power have a religious schema they can call upon. And beyond the impact of religiosity more generally, attendance at religious services has important social aspects that could
protect mental health; disruption to the social experience could reduce those benefits while virtual interaction may help retain them.

As Table 1 showed, over half of Americans (57 percent) have prayed for an end to the coronavirus, and those who did report significantly less distress. Moreover, prayer to end the coronavirus is a substantial and significant mediator ($p < .001$ mediation test8) of the association between religious service attendance and less distress during the pandemic. It also helped explain the remaining difference between atheists with materialist outlooks that necessitate relying on science and real-world approaches and evangelicals who believe in an interventionist higher power they can call upon for help and support. Although prayer to end the coronavirus was a powerful buffer of distress during the pandemic, virtual services and missed in person services were not important factors.

After accounting for politics and prayer to end the coronavirus, all affiliation differences are explained and the size of the association between attendance and lower distress is about a third of what it was before accounting for these key explanatory factors.

Religion as Schema During the COVID-19 Pandemic

Religion has what appears to be a positive impact by limiting distress resulting from the COVID-19 pandemic. However, religion as resource and religion as schema operate in tandem, and people cannot draw comfort from religion without having it shape how they perceive and interact with the world around them—ultimately impacting their social and political views and actions. And as we have already seen, politics is part of why religious individuals (and evangelicals in particular) experienced less distress during the first days of the pandemic.

We now turn to the relationship between religion and both views of the pandemic and support for the public health response to it. In Table 3, we first see that evangelicals and people who attend religious services more frequently are less likely to see COVID-19 as a threat to themselves and the nation. Politics entangled with religion explain why: people who are more religious (and especially evangelicals) are more likely to be Republican and conservative and less likely to see COVID-19 as a threat. Politics even reverses the gap between evangelicals and atheists, with evangelicals less likely to see it as a threat before accounting for ideology and party affiliation and atheists less likely to see it as a threat after. Religious individuals and evangelicals are also more likely to think that people are overreacting (i.e., less likely to say people are not taking it seriously enough), and politics explain why.

Finally, Table 3 also shows that evangelicals are less likely to support public health restrictions to curb the spread of COVID-19. However, once we account for politics there are no longer any significant differences between them and other religious groups. Both evangelical identification and religious service attendance are associated with being more comfortable engaging in several public activities (e.g., eating in restaurants, attending parties, visiting friends and family in their homes) that would violate social distancing guidelines, and again party affiliation and political ideology largely explain why. In sum, religion and religious schemas matter, but their impact is deeply entangled with particular political schemas that appear to be the driving force in perceptions of the outbreak, support for public health restrictions, and comfort with actions that could expose oneself and others to the virus.

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8 We conducted formal mediation tests for this and other mediations using the KHB method in Stata. This method is not compatible with multiple imputation. Therefore, calculations for it are based on a slightly reduced sample using the listwise approach to missing data, cross-checked with a single imputation approach that yielded substantively equivalent results.
Table 3: Religion predicting views on COVID-19 pandemic and public health response

|                       | COVID Threat Scale | People not Taking Outbreak Seriously Enough Scale | Support for Public Health Restrictions Scale | Social Distancing Scale |
|-----------------------|-------------------|-----------------------------------------------|---------------------------------------------|-------------------------|
|                       | Model 1           | Model 2                                       | Model 1                                     | Model 2                 | Model 1           | Model 2                                       |
| Attendance frequency  | −.05***           | −.03**                                        | −.05**                                      | .00                     | −.00             | .02                                           |
|                       | (.01)             | (.01)                                        | (.02)                                       | (.02)                   | (.01)            | (.01)                                        |
| Non-evangelical       |                   |                                               |                                             |                         |                  |                                               |
| Protestant            | .16***            | .02                                           | .31***                                      | .07                     | .12†             | −.01                                          |
|                       | (.04)             | (.02)                                        | (.07)                                       | (.07)                   | (.05)            | (.05)                                        |
| Catholic              | .30***            | .18***                                        | .36***                                      | .15*                    | .17***           | .06                                           |
|                       | (.04)             | (.04)                                        | (.07)                                       | (.06)                   | (.05)            | (.05)                                        |
| Jewish                | .42***            | .12                                           | .60***                                      | .07                     | .32**            | .03                                           |
|                       | (.09)             | (.09)                                        | (.14)                                       | (.14)                   | (.10)            | (.10)                                        |
| Nothing in particular | .22***            | .02                                           | .41***                                      | .06                     | .19***           | .00                                           |
|                       | (.05)             | (.05)                                        | (.08)                                       | (.08)                   | (.05)            | (.06)                                        |
| Agnostic              | .25***            | −.05                                          | .72***                                      | .21†                    | .40***           | .12                                           |
|                       | (.07)             | (.07)                                        | (.10)                                       | (.10)                   | (.07)            | (.07)                                        |
| Atheist               | .15†              | −.21**                                        | .72***                                      | .08                     | .34***           | −.01                                          |
|                       | (.07)             | (.07)                                        | (.10)                                       | (.10)                   | (.07)            | (.07)                                        |
| Controls              | Yes               | Yes                                           | Yes                                         | Yes                     | Yes              | Yes                                           |
| Leans Republican      | .02               | −.09                                          | −.19***                                     | −.08                    |                  |                                               |
| (Republican reference)| (.04)             | (.06)                                        | (.04)                                       | (.04)                   |                  |                                               |

(Continued)
Table 3: (Continued)

|                                     | COVID Threat Scale | People not Taking Outbreak Seriously Enough Scale | Support for Public Health Restrictions Scale | Social Distancing Scale |
|-------------------------------------|--------------------|--------------------------------------------------|---------------------------------------------|-------------------------|
|                                     | Model 1            | Model 2                                          | Model 1                                    | Model 2                 |
| Independent/other party             | .38***             | .32*                                             | .28**                                      | .17                     |
|                                     | (.08)              | (.13)                                            | (.09)                                      | (.09)                   |
| Leans Democrat                      | .48***             | .71***                                           | .31***                                     | .26***                  |
|                                     | (.04)              | (.07)                                            | (.05)                                      | (.05)                   |
| Democrat                            | .51***             | .68***                                           | .32***                                     | .27***                  |
|                                     | (.04)              | (.07)                                            | (.05)                                      | (.05)                   |
| Liberal political ideology          | .09***             | .22***                                           | .13***                                     | .11***                  |
|                                     | (.02)              | (.03)                                            | (.02)                                      | (.02)                   |
| Constant                            | 9.22               | 8.82                                             | 11.21                                      | 11.407                   |
|                                     | 11,407             | 11,407                                           | 11,189                                     | 11,189                  |
| N                                   |                    |                                                  |                                            |                         |

Notes: Controls include gender, race, age, education, income, metropolitan status, region, and job loss due to the pandemic. Models also include an “other/missing” affiliation category (not shown). Full model with coefficients and standard errors for control variables is presented in the Supporting Information. Standard errors in parentheses.

*p < .05
**p < .01
***p < .001.

Source: American Trends Panel, March 19–24, 2020 Survey.
DISCUSSION

Religion limited the negative mental health impacts of the COVID-19 pandemic in March 2020, with highly religious Americans and especially evangelicals experiencing less distress than more secular Americans. However, that mental health benefit came at the cost of less concern about and support for addressing an important real-world problem: saving lives during a pandemic. Highly religious people and especially evangelicals tended to hold attitudes that ran counter to the policy recommendations of public health officials aimed at curbing the spread of COVID-19. Secular Americans were more likely to support the public health response to the pandemic, whereas intensely religious Americans were less concerned about the pandemic, less likely to support public health guidelines, and more comfortable breaking social distancing protocols. While they were less likely to support public health solutions, they were more likely to engage in spiritual alternatives including seeking to “pray away” the virus. Although this was beneficial for their mental health, it would be hard to argue that this was an effective pandemic response strategy given the subsequent rates of spread and death in the United States.

This study complements the literature on religion and coping, and especially work highlighting religion’s role in buffering stressors and protecting mental health in the face of hardship (Bradshaw and Ellison 2010; Hastings and Roeser 2020; Stratta et al. 2013). As we showed, religion proved especially helpful during the early days of exposure to new stressors created by the virus and the accompanying societal challenges, offering mental health protections over-and-above the typical psychological benefits of religion. But it would seem that the mental health benefits were also accompanied by harmful views, reducing concern about the pandemic and lowering support for public health measures that were needed to curb its spread (Van Bavel et al. 2020; Perry, Whitehead, and Grubbs 2020). In fact, it appears the buffering mechanism was not simply that religion provided a source of comfort in hardship as past research typically suggests; instead, religion—in large part due to its entanglement with politics—kept people from seeing the virus as a threat.

Protecting mental health is not automatically a wholly good thing if accompanied by attitudes and actions ineffective for containing a pandemic. Hill, Gonzalez, and Burdette (2020) showed that stay at home orders were less effective in more religious states. Stay at home orders, when actually followed, endanger mental health by disturbing routines, exacerbating financial uncertainty, and disrupting social connectedness. But they are also a key strategy for containing spread and protecting physical health. Paradoxically, therefore, it seems religion protected mental health but endangered physical health. While intensely religious Americans experienced comparatively less distress, more secular Americans faced elevated distress while embracing public health measures, thereby endangering their own mental health to protect the physical health of those around them.

The data for this study came from early in the pandemic and the exact extent to which religion will continue to protect mental health as the outbreak reaches its 1-year anniversary remains to be seen. We hope future research will extend and improve on what we have presented here as new data become available, preferably with fine-grained geographic measures making it possible to better control for factors like spread and death rates in particular locations as the pandemic progressed over time. It is likely that some religious partisans experienced increased distress when faced with tangible evidence that the virus is a threat such as getting sick themselves or losing loved ones. Yet as long as religion continues to provide a sense of comfort, support, and hope—and remains entangled with politics that reduce concern about and isolating action to address the pandemic, one could make the case that it was not the public but instead politicians who proved most difficult for public health officials seeking to enact public health policies to limit the spread of the virus. But even in that case the public’s religion still matters, as religion is a key predictor of the politicians Americans vote for, with more religious Americans and especially evangelicals being much more likely to vote for Republican politicians, who subsequently resisted public health restrictions (Whitehead et al. 2018).
pandemic—religious people will likely retain at least some of the mental health benefits documented here.

Religion can be a source of comfort and strength in times of crisis, but—at least in the case of the COVID-19 pandemic—it can also undercut efforts to end the root causes of suffering. It appears religion then is a double-edged sword—helping people cope with hardship yet perpetuating the hardship it is helping them through. In the case of this particular hardship, some of this “coping” involved avoiding the fact that the hardship even exists. Although effective for mitigating distress and protecting mental health, failing to acknowledge real danger is ineffective for protecting physical health.

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**Supporting Information**

Additional supporting information may be found online in the Supporting Information section at the end of the article.

Table S1: Descriptive statistics, full table
Table S2: Religion predicting mental distress during the COVID-19 pandemic, full table
Table S3: Religion predicting views on COVID-19 pandemic and public health response