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Exploring Relationships Between Social Beliefs, Emotional Intelligence and Health-specific Decision Style in the Health Crisis Context

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ABSTRACT

A health crisis context is an extraordinary situation that requires the individual to make appropriate decisions in order to be able to overcome and protect others. This study explored the relationships between social beliefs, emotional intelligence, and health-specific decision style in the health crisis context. With a sample of 291 students (120 males) averaging 25.5 years old, we administered the Conspiracy Theory Belief Scales, Social Beliefs, and Health-Specific Decision Style Scales during the semi-lockdown period due to covid-19 in Cameroon. The results showed that (1) irrational beliefs are positively associated with intuitive style; (2) emotional intelligence is positively associated with the deliberative style and (3) conspiracy belief is positively associated with both modes of thinking. The health-specific decision style in the context of health crisis is linked to the cognitive and emotional processes involved in the situation. These results have been discussed and future avenues raised.

Keywords: decision style, health crisis context, emotional intelligence, conspiracy belief, irrational beliefs

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Introduction

March 11, 2020, taking into account the fact that there were already in 114 countries, 118,000 cases of covid-19 with 4,291 deaths and more than 1,000 hospitalized cases in severe form; World Health Organization (WHO) has declared covid-19 as a pandemic (Adhanom Ghebreyesus, 2020). There followed a battery of measures imposing a radical change in the lifestyle of populations around the world to ensure the survival of humanity. In Cameroon (country where research was carried out), the government introduced a semi-lockdown during this period which was accompanied by significant restrictions in order to prevent this disease. This research was undertaken in this context between May and June 2020. We can therefore conclude that it was carried out in the context of a health crisis insofar as the fight against the pandemic had led to a radical change in the lifestyle of individuals. To date, despite scientific advances in vaccines, the situation remains worrying, with 3,830,304 deaths worldwide (www.who.int/). The resistance of populations to be vaccinated (Edwards et al., 2021) further confirms the fact that population behaviors is the best way for overcoming in a context of health crisis (Ferguson et al., 2020). It is therefore urgent to identify in order to optimize emotional and cognitive processes, conscious or unconscious at work in the individual and which are at the origin of the behavior of individuals in the health crisis context. Among these processes, the decision style is fundamental and essential (Ballová Mikušková, 2021; Pachur & Spaar, 2015).

The style of decision also called thinking style, decision mode, cognitive style, indicates a processual system that defines the way an individual makes his decisions which in turn lead their behaviors. That operation is essential insofar as it must be adapted to the ambient situation, in order to lead to functional behaviors and to guarantee the well-being of individual. In the health field, when the decision style is dysfunctional, it leads to resistance to compliance and to ill-bieng (Tomljenovic et al., 2019). There are two main styles of decision-making in the literature: intuitive and deliberative modes (Pachur & Spaar, 2015). The intuitive style refers to the tendency to rely on affective and implicit influences in making decisions (Pachur & Spaar, 2015). This process is characterized by speed, implicit mechanisms, effortless, the fact that it is emotionally charged and automatic (type 1 in dual-process theory). The deliberative style refers to the tendency to rely on explicit cognitions, defined rules and analysis to make decisions (Pachur & Spaar, 2015). It is an analytical, reflective style (type 2 in dual-process theory) which is characterized by effort, planning, slowness, attentional demand and conscious control. The literature on human thought supports the existence of a dual-process cognitive structure where the implicit mode, intuition operates alongside explicit, a delibarative one (the fact that it is emotionally charged and automatic (type 1 in dual-process theory). The deliberative style refers to the tendency to rely on explicit cognitions, defined rules and analysis to make decisions (Pachur & Spaar, 2015). It is an analytical, reflective style (type 2 in dual-process theory) which is characterized by effort, planning, slowness, attentional demand and conscious control. The literature on human thought supports the existence of a dual-process cognitive structure where the implicit mode, intuition operates alongside explicit, a delibarative one (Evans & St, 2008; Risen, 2016). So, although being qualitatively distinct, the two thinking patterns simultaneously influence behavior. However, a person's decision style in a context does not represent neither their preference for that mode to the detriment of the other, nor their most consistent mode of decision-making, but expresses the strength of a situation to lead person's tendency to rely on a precise decision mode (de Vries et al., 2012).The decision mode can therefore vary from one area to another.

This study focuses on health-specific decision style.

Chaffey et al. (2012) have shown that the intuitive style is best suited for mental health therapists and associated with efficiency in patient care. In the latter on the other hand, the deliberative style is the most suitable (Konig et al., 2020;Pachur & Spaar, 2015). However, de Vries et al. (2012) argue that the combination of the two styles of thinking offers more chances of making the right health decision. Indeed, they point out, when the intuitive style relies on lower-order processes, the deliberative style relies on higher-order processes which leads to an optimal health decision. Points of view are therefore divided as to which decision-making methods are best suited to health. However, Tomljenovic et al. (2019) have shown that when decisions concern an intimate subject, individuals decide by intuition, not out of ignorance of the mechanisms of deliberative reasoning, but because the subject is sensitive. We can therefore deduce that those who perceive health as an intimate subject, resorting to intuitive mode (Gärtner et al., 2019). As for the precise context of a health crisis, the studies which describe the appropriate decision-making style are scarces or even non-existent. Which constitutes a gap that this study tries to fill. Nevertheless, Laborde et al. (2010) have shown that in a stressful context, the deliberative style is linked to the positive affects that lead to a good performance.

Crises are accompanied by significant changes in the lives of individuals. They can be particularly anxiety-provoking, a source of uncertainties arousing a search for meaning and the feeling of a loss of control over the course of life. Health crises therefore induce cognitive and emotional changes that give way to irrational beliefs and raise the individual's ability to process emotional information (Ballová Mikušková, 2021). It is these mechanisms at work in an extraordinary context that can justify why – according to de Vries et al. (2012) - the decision style that the individual mobilizes in this context is not the one he prefers or usually applies. This study explores the links between these mechanisms (social beliefs and emotional intelligence) and decision style. Indeed, when an event causing uncertainty, anxiety and even fear, is spread on various information channels (internet, media, magazine, etc.) - as was the case for the covid-19 health crisis - it is source of multiple irrational beliefs linked to various emotional information (Lantian et al., 2016; Ramondt & Ramírez, 2017). It therefore seems relevant to study the relationship between the decision style used in this context and, on the one hand social beliefs, and emotional intelligence on the other.

Social beliefs represent a heterogeneous system of beliefs which have as a common denominator the coherence that common sense attributes to them and which includes adherence to thoughts that are generally qualified strange, irrational, bizarre, paranormal and a scientific. They are fruitful in extraordinary situations (Ballová Mikušková, 2021; Pytlik et al., 2020) and lead to reactance to the adoption of preventive behaviors and therapeutic adherence (Tachom Waffo et al., In press). We can cite among them: fatalism, superstition, religiosity, witchcraft, imaginary beings, paranormal, conspiracy theory, etc. The latter tends to be seen as a belief system in its own right, probably due to its strong spread to all strata of society. We will therefore approach it as a belief distinct from other irrational beliefs. Regarding these, Irwin (2015) has shown that paranomal beliefs are associated with the intuitive style and that those, who when faced with a strange situation form paranormal disbelief, are those who use an analytical style. Likewise, widespread irrational beliefs have a strong intuitive appeal and trigger a strong affective response, which involves intuitive decision-making (Pennycook & Rand, 2019; Pytlik et al., 2020). Moreover, the intuitive style is positively, and the deliberative one negatively associated with paranormal beliefs ([Superstition, Precognition, Spiritualism, Traditional religious beliefs, Witchcraft, Amulets]

Alper et al., 2020; Pennycook et al., 2012; Svedholm & Lindeman, 2012). However, it may happen that there is no relationship between decision mode and irrational beliefs (Salder-smith, 2011) or that the two are positively correlated (Woltradt et al., 1999). Risen (2016) specifies in this regard that by acquiescence, those who use deliberation can adhere to irrational beliefs.

Belief in conspiracy theories is not an isolated belief about an event but a higher order belief system (Lantian, 2015) which is even often paradoxical. Indeed, those who believe in a conspiracy on a specific event tend to believe in a conspiracy on several events (Alper et al., 2020). They can even go so far as to believe in two contradictory plots about the same event (Wood et al., 2012). Conspiracy beliefs reduce prevention behaviors (accepting a vaccine), compliance (following a treatment) and preservation of others ([increasing unprotected sexual intercourse with several partners] Olivier & Wood, 2014). The work of Pytlik et al. (2020) and Stojanov and Halberstadt (2020) have shown that intuitive style is associated with those beliefs. That relationship is accentuated when conspiracy beliefs involving the vaccine are associated with negative emotions, which otherwise leads to resistance to the vaccine (Tomljenovic et al., 2019). Besides emotion, the relationship intuitive style and conspiracy belief can be mediated by jumbing-to-conclusions bias (Pytlik et al., 2020). Taking covid-19 as the object of conspiracy belief, Stanley et al. (2020) observe that it is positively linked to intuition and negatively to deliberation. This association between deliberative style and conspiracy belief is also observed when assessing general tendencies of individuals (Ballová Mikušková, 2021). However, Swami et al. (2014) shows that this belief is positively associated with the two decision styles. This reinforces the hypothesis of a multidirectional relationship between those two processes. Moreover, conspiracy theorists see themselves as investigators and researchers (Byford, 2011), which proceeds in a systematic manner to reach the conclusion of the existence of a conspiracy which represents a preference for analytical thinking (Tomljenovic et al., 2019). Overall, work on irrational beliefs, conspiracy belief, and health-specific decision style is scarce. The objective of this study is to provide elements to begin to fill this gap by exploring the relationship between these beliefs and the style of decision-making in the context of a health crisis.

Emotional Intelligence (EI) is another process called upon in extraordinary situations and which can justify the preference for a mode of decision. It is ability to perceive, evaluate, understand, express and manage one's and others emotions, and to use feelings that facilitate thought to adopt functional responses (Laborde et al., 2016; Mayer et al., 2000). It stimulates adherence to preventive measures (Tachom Waffo et al., In pressb) and promotes well-being in a pandemic situation (Tagne Nossi et al., 2020). EI is therefore a set of skills relating to an individual's abilities to effectively process emotional information and fit emotions and thoughts to new situations. It promotes an intuitive style among female senior managers (Downey et al., 2006) and among mental health nurses (Chaffey et al., 2012). On the other hand, in extraordinary and stressful situations, EI is a stress buffer (Léa et al., 2019), makes it possible to neutralize the cognitive biases that alter safety decision-making (Hersing, 2017), stimulates positive affects and is positively correlated with a deliberative style (Laborde et al., 2010). EI is therefore not associated only with a specific cognitive style. It is a regulator which ajusts the functioning of the individual so that he adopts the style of decision which corresponds to the situation. In a context of health crisis, its relationship with the mode of decision still remains unexplored.

The objective of this study is to explore the relationships between social beliefs (irrational beliefs and conspiracy belief), EI, and health-specific decision style in the context of health crisis. It is based on the fact that in such context,

behaviors of individuals which constitutes the best way out depends on their preference for a decision style. The latter being linked to the cognitive and emotional processes generated by the context in question. In view of the above work, we hypothesize in a context of health crisis, irrational beliefs are associated with an intuitive style (H1) and conspiracy beliefs are associated with both decision styles (H2). EI is associated with the deliberative style (H3).

Method

Participants and study design

The sample for this study consisted of 291 people (171women), selected by the convenience sampling technique. They were all undergraduate students and residents of Cameroon aged 16 to 58 (M = 25.5 years; SD = 7.21 years). They had previously been either infected with covid-19 (n = 7) or not infected (n = 284). Design of this study was cross-sectional.

Measuring tool

A pre-survey was first conducted with 20 participants with the same characteristics as our participants to assess the understanding of the different measurement instruments. This step led to the modification of the scale of social beliefs from Rousiau et al. (2016), particularly on the dimension relating to belief in fantastic beings. Indeed, we have replaced the fantastic beings linked to Western culture (The ogres, The ugly and deformed gnomes or little geniuses, The elves, The abominable snowman of Tibet, The Loch Ness monster) by those close to the African culture (*mamiwata, Les Adzes, The calabash monster, La Mokèlé-mbèmbé, L'Impundulu*).

A domain-specific version of the Unified Scale to Assess Individual Differences in Intuition and Deliberation ([USID], Pachur & Spaar, 2015)

USID adapted to health domain was used to capture decision-style preference in a context of health crisis. It has 21 items organized in two dimensions. The 15-item preference for intuition (eg,When I make a decision about health, I trust my inner feeling and reactions) with internal consistency α= .72 and ω = .72. The 6-item preference for deliberation (eg,When I make decisions among vacation destinations, I proceed step-by-step) with internal consistency α= .45 and ω = .52. For all items, participants indicated their agreement with each item on a 5-point scale ranging from 1 (*I don't agree*) to 5 (*I agree completely*). The overall internal consistency of the USID was α = .67 and ω = .70.

Emotional Intelligence Trait Questionnaire ([TEIQue-SF], Mikolajczak et al., 2007).

The TEIQue-SF is the short version of TEIQue. It assesses an individual's emotional intelligence trait using a self-reported 30-item scale (eg,Expressing my emotions in words is not a problem for me). This scaled-down version primarily measures the emotional intelligence trait as a one-dimensional construct. Participants indicated their agreement with each item on a 5-point scale ranging from 1 (*I don't agree*) to 7 (*I agree completely*). Internal consistency was α= .68; ω = .69.

Social beliefs

Single-item conspiracy belief scale (Lantian et al., 2016). The single-item conspiracy belief scale was used to assess conspiracy theory belief. It was introduced by a short paragraph:

Some political and social events are debated (for example 09/11 attacks, the death of Lady Diana, the assassination of John F. Kennedy). It is suggested that the “official version” of these events could be an attempt to hide the truth to the public. This “official version” couldmask the fact that these events have been planned and secretly prepared by a covert alliance of powerful individuals or organizations (for example secret services or government). What do you think? (Lantian et al., 2016, p. 10)

It was followed by a single item consisting of the affirmation: “I think that the official version of the events given by the authorities very often hides the truth.” (1 = *completely false* to 9 = *completely true*).

A-scientific belief scale (Rousiau et al., 2016). The scale of a-scientific beliefs has 41 items divided into 6 dimensions. The first, the belief in life after death and in spirits has seven items (eg, reincarnation exists) and its internal consistency was α = .70; ω = .73. The second, the belief in the link between spirituality and health has eight items (eg, Meditation allows the psychic relief of the individual) and its internal consistency was α = .63; ω = .64. The third, the religious belief has four items (eg, God is very important in my life) and its internal consistency was α = .63; ω = .64. The fourth, belief in parapsychology and divination techniques has eight items (eg, Some people have the ability to predict the future) and its internal consistency was α = .72; ω = .74. The fifth, traditional five-item superstitions (eg, Breaking a mirror brings bad luck) and its internal consistency was α = .70; ω = .71. The last, the belief in phantasmal beings has 9 items (eg, The mamiwata exist) and its internal consistency was α = .81; ω = .82. For all items, participants indicated their agreement with each item on a 5-point scale ranging from 1 (*I don't agree*) to 5 (*I agree completely*). The whole scale also gave good internal consistency α = .86; ω = .86.

Covid-19 status item

The single item rating was also used to find out if a person had been infected with covid-19. The participant had to answer by checking box 1 (*yes*) or 2 (*no*).

Ethical Considerations and Procedure

The potential participants were first informed verbally of the objective of the study, of the confidential and voluntary nature of their participation, as well as the possibility of withdrawing from the study at their desired time. They were then given an informed consent form that they were asked to read and sign if they approved the study. The study took place from May to June 2020, during the semi-lockdown period in Cameroon. The study took place only in face-to-face. Participants were randomly interviewed within the university campus. They were asked to complete a self-administered questionnaire and returned it to the interviewer.

Table 1 Descriptive statistics and correlations between study variables

		M	SD	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1.	Intuition	3.04	0.595										
2.	Deliberation	3.71	0.792										
3.	Life after death and spirits	3.17	0.83	.161 **	-.019								
4.	Spirituality and health	3.64	0.512	.158 **	.159 **	.155 **							
5.	Religiosity	4.25	0.715	.110	.061	.042	.22 ***						
6.	Parapsychology and divination techniques	2.99	0.64	.286***	.079	.383***	.259***	.059					
7.	Traditional superstitions	2.79	0.793	.228***	.069	.305***	.146 *	.013	.562***				
8.	Fantastic beings	3.1	0.644	.227***	.096	.380***	.215***	.042	.551***	.370***			
9.	Conspiracy theory	6.31	2.27	.164 **	.127 *	.064	.021	.103	-.001	-.121 *	.059		
10.	Emotional intelligence	4.63	0.668	-.082	.208***	-.026	.095	.059	.013	-.094	-.035	.017	

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

Data analysis

The data collected were processed from correlation and regression analyzes on SPSS version 23 software. The correlation analysis made it possible to test the linear relationship between the various variables measured. For variables that showed a significant correlation with any of the decision styles, we performed regression analysis. The latter first focused on each variables that were significantly correlated with a decision style by controlling for the effect of the other variables. This allowed us to assess how well a social belief or EI can predict intuitive or deliberative style when other variables that were also found to be significantly related to that style are held constant. Thereafter multiple regression was undertaken to identify the most important predictor for each cognitive style when all relevant variables (significantly correlated) are taken into account. Finally, a T-student test was also perform to assess effect of covid-19 status on the preference for one of the decision styles.

Results

Analysis of the results (Table 1) show individuals in times of health crisis seem to use the intuitive style (M = 3.04) as much as deliberative style (M = 3.71). However, variables significantly associated with any of cognitive styles are not the same with a few exceptions. Those who make decisions about their health automatically, spontaneously, without cognitive effort and relying on their deepest feelings believe that: there is life after death and in the power of the spirits r (291) = .161, p <.01; health is determined by spirituality r (291) = .158, p <.01; someone can control objects (physical or not) by the mind and that certain objects or people can predict the future r (291) = .286, p <.001; certain objects and actions have and / or confer a supernatural power r (291) = .228, p <.001; some superhuman beings like wizards, vampires, werewolves, etc. exist r (291) = .227, p <.001 and finally believe covid-19 and its vaccine are the result of a plot by a group of people lurking in the shadows r (291) = .164, p <.01. On the other hand, those who make decision about their health based on decision pros and cons, by evaluating systematically, explicitly problem aspects, although they too believe the whole truth is not told about covid-19 r (291) = .127, p <.05 and meditation promotes health r (291) = .159, p <.01; are people who have the ability to understand the meanings of emotions and use them effectively r (291) = .208, p <.001. Overall, intuitive style has six relevant variables (variables with which it is significantly correlated) and the deliberative style has three. It can be seen that conspiracy belief and belief in the connection between spirituality and health are relevant for both health thinking styles.

Table 2 Regression analysis between the decision style and its predictors

Output	Input	R2adjusted	B	T
intuition	Life after death and spirits	.017	.144	2.409 *
	Spirituality and health	.023	.162	2.725 **
	Parapsychology and divination techniques	.073	.276	4.753 ***
	Traditional superstitions	.047	.224	3.803 ***
	Fantastic beings	.042	.212	3.600 ***
	Conspiracy theory	.023	.164	2.758 **
Deliberation	Spirituality and health	.028	.177	2.989 **
	Emotional intelligence	.040	.209	3.550 ***
	Conspiracy theory	.013	.127	2.123 *

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

Further analysis, through regression analysis between variables significantly related to one of the decision styles, confirmed these discrepancies (Table 2). This analysis was carried out on each of these variables by controlling effect of the others to better identify the contribution of each of them. It turns out that intuition is explained by all the social beliefs with which it correlates. However, the largest proportions of the variance of intuition are explained respectively by beliefs in Parapsychology and divination techniques (7.3%), traditional superstitions (4.7%), phantasmal beings (4.2%), conspiracy theory (2.3%) and spirituality (2.3%). An increase of 1 degree in each of these beliefs increases the level of intuition decision-making by .25; .22; .21; .16 and .16 respectively. The deliberative thinking style is explained mainly by EI (4%) and belief in spirituality and health (2.8%). Increasing the latter and EI by one unit increases the likelihood of making a thoughtful and systematic health decision by .17 and .21 respectively. Additional multiple regression analysis, which takes into account simultaneous contribution of relevant variables, shows that an intuitive decision is more predicted by the belief in the plot β = .174, t (291) = 3.007, p <.01, R^2*adjusted*=. 104, p <.001; whereas a deliberative decision is made by the IE β = .193, t (291) = 3.313, p <.001 R^2*adjusted*= .073, p <.001. In addition to EI and conspiracy beliefs, covid-19 status also made it possible to observe differences in the decision style used (Table 3). Indeed, people who have been infected prefer more intuitive style T (291) = 2.163, p <.05.

Table 3 Comparison of decision style scores between people who have or have not been infected with covid-19

Decision style	Covid-19	Average	Standard deviation	T
Intuition	IF	3.5143	, 73607	2.163 *
	N-IF	3.0267	, 58554	
Deliberation	IF	3.9762	, 57275	0.887
	N-IF	3.7075	, 79545	

Note. * p <.05

Discussion

This study aimed to explore relationship between social beliefs (categorized as irrational beliefs and conspiracy beliefs), EI, and health-specific decision style in an extraordinary context: health crisis context. The results obtained confirm our hypotheses. It highlights that social beliefs and dysfunctional emotions (anxiety, stress, worry) which emerge as responses to crisis situations are associated with the preference for a decision mode. Irrational beliefs (*Life after Death and Spirits, Spirituality and Health, Parapsychology and Divination Techniques, Traditional Superstitions, Fantastic Beings*) are associated with a preference for automatic, effortless, instinctual decision (H1). Adherence to beliefs that the health crisis (covid-19) is orchestrated by a small group with hidden intentions is associated with health decisions arising from both careful and spontaneous processing of information (H2). Finally, the ability to use emotional knowledge, master one's emotions and adapt them to each situation is associated with a bias-reducing, slow, effortful, controlled decision-making process (H3). In addition to these main hypothesis, the results also showed that belief in the link between spiritualism and health is also positively associated with the deliberative style. They also show that in a crisis, conspiracy belief is the process which carries the most weight for the preference for an intuitive decision, while EI

is the most influential for the orientation towards an analytical decision. In addition, it has been observed that people who have recovered from covid-19 prefer the intuitive style. So, the decision style is stimulated by the cognitive and / or emotional processes which are engaged by the situation in which the individual finds himself.

The results obtained in this study have several possible explanations. The observed relationship between social beliefs (*Life after Death and Spirits, Spirituality and Health, Parapsychology and Divination Techniques, Traditional Superstitions, Fantastic Beings and Conspiracy Believes*) and the preference for the intuitive style can first be explained by the fact these beliefs trigger strong emotional responses (Swami et al., 2014). Indeed, the health intuitive style is known to rely on dysfunctional emotions (Tomljenovic et al., 2019) and the situation itself accentuated these emotions by its oddness. On the other hand, social beliefs naturally have an intuitive appeal and instinctive rooting (Ståhl et al., 2018). This justifies the relationship between these two processes. The fact that even scientists could not respond precisely to participants' concerns justifies why participants were forced to trust their deep feelings and instincts. Now, this approach is often accompanied by cognitive biases and can stimulate the involuntary inhibitory processes that characterize irrational beliefs and intuitive style (Pytlik et al., 2020; Svedholm & Lindeman, 2012). These results confirm all those that have just been stated and complement that of Alper et al. (2020) who uncovered that conspiracy belief was not a significant predictor of intuitive thinking mode.

The conspiracy beliefs was also a significant predictor of the deliberative style. In a context of crisis, where individuals are looking for certainties and assurance, some will embark on investigations to find their own answer. Which will lead to adherence to conspiracy theories and justify its relation to the analytical style. Because, this conspiracy theorist sees himself as a researcher (Byford, 2011) and is keen to distinguish himself from others by his information (Lantian et al., 2016). Given that the health crisis situation has a significant emotional and cognitive cost due to the radical changes it causes in an individual, the preference for a deliberative style is justified (Petrides & Furnham, 2003), encourages positive affects and allows flexible analysis of decision pro and cons (Hess & Bacigalupo, 2011; Laborde et al., 2010). It may also justify why IS has turned out to be the process that has the greatest influence on the preference for the deliberative style.

Belief in conspiracy theories also stood out as the most influential process in intuitive style. This may be due to their strong rootedness in emotion and cognition, as it emerges both when an individual is rational or instinctive and can even take contradictory forms on the same object (Wood et al., 2012), strengthening its status as a higher order belief. The relation also observed between the deliberative style and the belief in the link between spirituality and health, can be explained by the fact that the scale of Roussiau et al. (2016) used in this study tends to give it a meaning that relates to a practice already widely shared and even supported by scientific evidence. In this case, yoga is considered to provide energy that helps healing (Servan-Schreiber, 1999). Those who decide analytically can therefore also adhere to it by relying on scientific evidence. Otherwise, the tendency of those who have recovered from covid-19 to prefer the intuitive style may be explained by the fact that they think that their previous efforts to avoid the disease were wasted and that we must now trust to his instinct. Despite these interesting results, some limitations can be noted in this study.

As this study is the first to explore the relationships between social beliefs, AE and decision style specific to health in the context of a health crisis, it will be difficult to generalize the results obtained. Even in the field of health, it remains difficult insofar as the health crisis here was linked to a strange and unknown pathology. However, individuals may react differently if the

crisis is related to a familiar object, because expertise affects the style of decision (Pachur & Spaar, 2015). In addition, the study focused only on students. Subsequent studies should therefore take into account the level of expertise and diversified the participants by integrating those who are less educated. The fact that the internal consistency of the deliberation scale is borderline acceptable is also a weakness. It is therefore urgent to validate this scale in the Cameroonian context. Another limitation is the cross-sectional nature of the study which does not allow a causal analysis of the results of this study and the use of self-report measures which often lead to bias (Greenacre, 2016).

However, this study has considerable implications. It complements works on decision style by providing information on decision style specific to health in a context of health crisis. to this end, it supports the hypothesis according to which the deliberative style is best suited to health (Gärtneret al., 2019; Konig et al., 2020) and that EI is a real diluent of dysfunctional emotions and stimulates adapted responses in stressful situations (Laborde et al., 2010). This study also reinforces the higher order belief status of beliefs to conspiracy theories by showing that it is related to both automatic and controlled processing of information. Finally, it replicates studies made in other fields on decision-making, EI and social beliefs. In practice, the study shows beliefs which emerge in response to a crisis situation can slow down efforts to escape by stimulating an inappropriate decision style. For a health crisis precisely, communications must be geared towards inhibiting these beliefs. They can also be focused on an IE program to lead populations towards a deliberative style that reduces the cognitive bias likelihood.

Conclusion

This research is the first to explore the relationships between social beliefs (irrational beliefs and conspiracy theories beliefs), EI, and health-specific decision style in a health crisis context. The results indicate irrational beliefs are positively related to intuitive style; EI is positively associated with the deliberative style and conspiracy beliefs are positively associated with both styles. These results corroborate several previous studies (Chaffey et al., 2012; Pennycook et al., 2012; Pytlik et al., 2020; Tomljenovic et al., 2019), supplement others (Alper et al., 2020; Laborde et al., al., 2010; Salder-smith, 2011) and oppose others as well (Alper et al., 2020; Ballová Mikušková, 2021;Svedholm & Lindeman, 2012), all falling within one objective of this study. The significant relationships between these beliefs, EI, and decision style show that the intuitive style and the deliberative style are associated with different mechanisms. This supports the idea of an independent operation between the two modes (Irwin, 2015). These individual differences and their association must be taken into account when we want to set up mechanisms to get out of the health crisis.

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