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Spirituality in Adults During a COVID-19 Lockdown

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ABSTRACT

Spirituality and self-care have been associated with life satisfaction and health throughout the COVID literature but rarely as protective factors against psychological symptoms of stress, depression, and fatigue. The current study examined the relationships between spirituality, self-care, work, and the psychological problems of stress, depression and fatigue in the COVID-19 Lockdown Activities Survey archival database (N = 260 participants). Feelings of spirituality were reported by 72% of the study participants. Correlation analyses and ANOVAs revealed that spirituality was associated with self-care, caregiving and housekeeping and negatively correlated with stress, depression and fatigue The results suggested that spirituality may buffer negative mental health symptoms associated with COVID-19. The generalizability of these findings is limited by the homogeneity of the sample that is predominantly comprised of white, non-Hispanic women. Nonetheless, the results highlight the importance of including spirituality in psychological interventions for stress, depression, and fatigue.

Keywords: COVID-19, spirituality, stress, depression, fatigue

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Research on COVID-19 lockdowns has documented several psychological problems experienced by adults including anxiety and depression (Field et al., 2021; Huang, 2020; Wang et al., 2020), sleep disorders (Partinen, 2021), loneliness (Bartoszeck et al., 2020; Field et al., 2020), fatigue (Bartoszeck et al., 2020), and stress (APA, 2020; Gonzalez-Valero et al., 2019). While the impact of COVID-19 on adult's mental health is significant, very few studies have reported potential buffers against negative emotional symptoms (Field et al., 2020; Field et al., 2021; Huang & Zhao, 2020; Lieneck et al., 2021, Wang et al., 2020). Spirituality and self-care that connect individuals to themselves as well as activities that connect individuals to others and their physical environment, such as caregiving and housekeeping, may reduce negative mood symptoms and fatigue during a COVID lockdown.

Spirituality

Spirituality has been a protective factor against mental health problems including anger (Sigurvinsdottir et al., 2021), anxiety (Tolentino et al., 2022), suicidal behaviors (Hall et al., 2020), and demoralization (Ghiggia et al., 2021). Public Affairs Research reported that 12% of U.S. residents polled in October 2021 claimed to be religious and spiritual and 28% identified as spiritual but not religious (Brady, 2021). Spirituality has typically been paired with religiosity, with the primary goal of distinguishing between the health benefits of each (Silva Filho et al., 2022; Zhang et al., 2022). However, spirituality has also been differentiated from religion. Within the current study, spirituality was defined as "standing outside of space and time" (Laird et al., 2017). Potential protective factors such as spirituality may be vital for experiences like COVID-19 lockdowns as some individuals may be limited to internal sources of support for maintaining healthy psychological well-being during isolative life events such as COVID lockdowns.

Self-Care

The Center for Disease Control and Prevention (2020) reported that in 2020 40% of adults in the United States presented with mental health issues, three times the rate documented in 2019. (Lieneck et al., 2021). Despite an overall increase in the reported mental health symptoms during the COVID-pandemic, a systematic literature review revealed that different character traits and behaviors in the population may serve as buffers to preserve psychological health, in particular self-care (Lieneck et al., 2021). For example, nurses providing care for COVID-19 patients revealed that self-care practices were key to minimizing feelings of mental distress (Iheduru-Anderson, 2021). Interestingly, the COVID-19 pandemic literature has not focused on the impact of self-care during COVID lockdowns, highlighting the importance of the current study.

Work

Within American society, work is typically conceptualized as employment. In the majority of COVID-19 literature, work is frequently represented as employment with financial compensation (Schieman et al., 2022; Yerkes et al., 2022). However, work also consists of tasks that may not be accompanied by financial compensation, such as domestic roles of caregiving or housekeeping. It is possible that researchers have overlooked the possible benefits of at-home work activities that can be completed in a COVID lockdown environment. Caregiving and housekeeping might facilitate a stable routine and connect individuals with others and their physical environment during COVID-19 lockdowns.

Aim of Current Data Analyses

The intent of the current data analyses was to assess the relationships between spirituality, self-care, caregiving and housekeeping, as well as relationships between spirituality, self-care, stress, depression, and fatigue based upon an archival database of a COVID-19 lockdown survey. Spirituality and self-care were expected to be associated with less stress, depression

and fatigue. And they were also expected to be related to caregiving and housekeeping.

Method

Participants

A G* power analysis indicated that a sample size of 224 was required for an alpha of .05 and 80% power. The participants included individuals (N=260) who ranged from 18-82 (M=47 years). Gender was distributed 79% female, 18% male and 3% other (non-specified). Ethnicity was distributed 68% Non-Hispanic White, 21% Hispanic, 3% Black and 8% other (non-specified). Professions were distributed 35% office worker, 30% academic, 15% managerial, 12% medical and 8% labor. The average income was $72,572, 28% were unemployed and 69% worked at home. Twenty-three percent lived alone.

Procedure

A flyer was posted on Facebook giving a brief description of the study, including some sample items and the age criterion being greater than 18 years. The Facebook flyer included a link to Survey Monkey, an online survey development cloud-based software. The survey was conducted between April 1, 2020, and April 30, 2020, and the data were directly transported to SPSS for data analyses.

Measures

The survey included multiple demographic factors, i. e. age, gender, ethnicity, profession, income, type of employment, work setting (e.g., in the home or away from the home), and residential status (e.g., living alone or with others). The core measures for this study included items from the Health Scale, Working Scale, Stress Scale, the PROMIS Depression Subscale, and the PROMIS Fatigue Subscale as follows:

Health Scale. (15 items; Cronbach's alpha = .66) To explore the health of participants, the items of spirituality and self-care were examined from the Health Scale. Participants rated the extent to which they engaged in spirituality and self-care from 0 (not at all) to 1 (a little), 2 (a moderate amount) and to 3 (a lot).

Working Scale. (6 items; Cronbach's alpha = .61) Within the Working Scale, the activities of caregiving and housekeeping were explored. Participants rated these on a scale from 0 (not at all) to 3 (a lot).

Stress Scale. (11 items; Cronbach's alpha = .78) From the Stress Scale, items that explored feeling bored, isolated, and lonely were included in this study. For each item in this scale, response options ranged from 0 (not at all) to 3 (a lot).

PROMIS Depression Subscale. (4 items; Cronbach's alpha=.91) The depression subscale items included in this study were as follows, "I felt worthless", "I felt helpless", and "I felt hopeless". On this standardized subscale on of the PROMIS (Dewitt et al., 2018), each item was rated on a 5-point scale as 1= never, 2= rarely, 3= sometimes, 4= often, and 5=always.

PROMIS Fatigue Subscale. (3 items; Cronbach's alpha = .92) The item used from this scale was "I felt fatigued". On this standardized subscale on the PROMIS (Dewitt et al., 2018), each item was rated on a 5-point scale as 1= never, 2= rarely, 3= sometimes, 4= often, and 5=always.

Results

The data were analyzed to explore three main hypotheses. First, the hypothesized associations between spirituality and self-care, as well as spirituality, caregiving and housekeeping were examined (See Table 1). Spirituality was positively associated with self-care, indicating that participants reporting feeling more spiritual reported engaging in more frequent self-care. The strongest association with spirituality was self-care (r = .37, p=.000). Spirituality was also significantly associated with caregiving (r=.14, p=.025) and housekeeping (r =.20, p=.000). These results confirm the hypothesized associations between spirituality and self-care, spirituality and caregiving, and spirituality and housekeeping.

The second hypothesis concerned the association between spirituality and items from the stress, depression, and fatigue scales, as well as the association between self-care and symptoms from the stress, depression, and fatigue scales (See Table 2). Of the seven items representing negative mood states and sleep disturbance, spirituality was significantly negatively associated with all outcomes. Similarly, self-care was significantly negatively associated with all negative mood states. As such, the results confirmed the negative correlations between spirituality and self-care and symptoms of stress, depression, and fatigue. These results suggest that the higher the levels of spirituality and engagement in self-care were rated by participants, the less they tended to report boredom, isolation, loneliness, worthlessness, helplessness, hopelessness, and fatigue.

Finally, ANOVAs were conducted to present confirmatory data for the correlation analyses. The sample was divided into two groups including a feeling highly spiritual group which included respondents with ratings of 3 (a lot) on spirituality and a feeling no spirituality group of participants who responded with a 0 (not at all) spirituality rating. As can be seen in table 3, the highly spiritual group reported significantly less stress, depression and fatigue.

Table 1. Correlates of Spirituality

Item	Correlation Coefficient	p level
Self-Care	.373	.000
Caregiving	.140	.025
Housekeeping	.254	.000

Table 2. Negative Associations between Spirituality/Self-Care Factors and Psychological Symptoms of Stress, Depression, and Fatigue

	Correlation Coefficients and p levels for	
Item	Spirituality	Self-Care
Boredom	-.207, .001	-.204, .001
Isolation	-.147, .019	-.189, .002
Loneliness	-.125, .044	-.253, .000
Worthlessness	-.209, .001	-.365, .000
Helplessness	-.196, .002	-.273, .000
Hopelessness	-.224, .000	-.347, .000
Fatigue	-.237, .000	-.373, .000

Table 3. Mean Item Scores for Significant ANOVAS for feeling Highly Spiritual versus not Feeling Spiritual groups (SD in parentheses)

Measure	Non-Spiritual	Highly Spiritual	F value	p level	eta^2
Stress	28.92 (5.55)	19.69 (3.03)	124.14	.0001	.33
Depression	9.08 (3.91)	5.33 (2.22)	41.89	.0001	.14
Fatigue	8.63 (2.99)	5.69 (2.48)	40.64	.0001	.14

Discussion

In the current research, an archival database collected during a COVID-19 lockdown was analyzed to examine the impact of spirituality and self-care on psychological well-being (boredom, isolation, loneliness, worthlessness, helplessness, hopelessness, and fatigue). In a Survey Monkey study during a COVID-19 lockdown, data suggested that 72% of the COVID lockdown participants reported feeling spiritual (Field et al., 2021). Correlation analyses suggested that spirituality was negatively related to stress, depression, and fatigue, an outcome that was consistent with previous research (Field et al., 2021; Zhang et al., 2022).

Additionally, the study assessed the relationship between spirituality and other healthy behaviors (self-care, caregiving, and housekeeping) and whether those behaviors were negatively associated with psychological problems including feeling boredom, isolation, loneliness, worthlessness, helplessness, hopelessness, and fatigue. Spirituality was significantly associated with self-care, caregiving and housekeeping. This pattern suggested that greater feelings of spirituality may also promote greater self-care and engagement in caregiving and housekeeping. Like spirituality, self-care was significantly negatively associated with stress, depression and fatigue, indicating that both spirituality and self-care were buffers against those negative emotions during COVID-19 lockdowns. These results suggest that spirituality and self-care should be included in mental health interventions for depression, stress, and fatigue.

These results, however, are tenuous inasmuch as the measures are restricted to self-report ratings. Participants might have misunderstood a question, misrepresented their thoughts/ emotions/behaviors, or exaggerated or minimized their symptoms and experiences. Further, the variables were single-item measures which have been noted to have low content validity and to lack sensitivity and internal consistency. The sample was also not representative in that it was disproportionately female (79.2%) and non-Hispanic White/ Caucasian (68.3%).

This research could be replicated with more comprehensive measures for spirituality, self-care, and work engagement and a more representative sample. Due to the ongoing nature of the COVID pandemic, longitudinal research could be conducted to examine the long-term impact of COVID on individuals in the United States and globally. These results may help inform mental health interventions to reduce negative effects during isolated periods such as COVID-19 lockdowns.

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