

Article

Disappointment with and Uncertainty about God Predict Heightened COVID-19 Anxiety among Persian Muslims

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Abstract: Religiosity is often associated with positive mental health outcomes. Religiosity may also mitigate COVID-19 concerns. In a sample of 553 Persian-speaking Muslims, we investigated the extent to which specific beliefs about God (Allah) were associated with four negative mental health outcomes: depression, anxiety, stress, and COVID-19 anxiety. Consistent with the results of English-speaking samples, we found that religiosity, belief in God's benevolence, psychological closeness to God, and positive attitudes toward God were negatively correlated with depression, stress, and anxiety yet uncorrelated with COVID-19 anxiety. Belief in God's authoritarian attributes was positively correlated with depression, stress, and anxiety yet, again, uncorrelated with COVID-19 anxiety. In contrast, uncertainty about God's attributes and negative attitudes toward God were positive predictors of COVID-19 anxiety, even after controlling for general religiosity, depression, stress, anxiety, and sex. We conclude that, whereas religiosity and belief in God had very little influence, uncertainty about and disappointment with God were likely associated with greater anxiety about COVID-19.

Keywords: COVID-19; Muslim; God representations

Citation: Saraei, Mohammadamin, and Kathryn A. Johnson. 2023. Disappointment with and Uncertainty about God Predict Heightened COVID-19 Anxiety among Persian Muslims. *Religions* 14: 74. <https://doi.org/10.3390/rel14010074>

Academic Editors: David Wang and Eu Gene Chin

Received: 16 November 2022

Revised: 24 December 2022

Accepted: 27 December 2022

Published: 5 January 2023



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1. Introduction

The COVID-19 pandemic, which began in 2020, posed existential threats and lockdown challenges (e.g., social isolation) for nearly everyone, and rates of depression increased worldwide (Shuwiekh et al. 2022; Wu et al. 2021; Zhang et al. 2022). Whereas uncertainty surrounding the disease was a robust predictor of depression, mitigating factors have included perceived social support, dispositional resilience, psychological flexibility, and mindfulness (Dawson and Golijani-Moghaddam 2020; Landi et al. 2022; Park et al. 2021; Salah et al. 2022; Schmuck et al. 2022). In the present research, we investigated the extent to which religion—and, specifically, beliefs about the nature and attributes of God—might also be a protective factor against COVID-19 anxiety.

General religiosity is typically associated with more positive and fewer negative mental health outcomes (Hoozeveen et al. 2022; Koenig 2009; Smith et al. 2003). In addition, religious and spiritual beliefs can be especially important in coping with disease uncertainty and chronic or terminal illness (Elkhaloufi et al. 2022; Ferreira-Valente et al. 2019; Mazhari et al. 2021; Pan et al. 2022). Indeed, prayers increased across cultures during the first months of the COVID-19 pandemic (Bentzen 2021; Pew Research Center 2021).

However, the results of studies investigating the positive effects of general religiosity in mitigating COVID-19 anxiety have been mixed across religious samples (Fekih-Romdhane and Cheour 2021; Johnson et al. 2021; Kranz et al. 2020; Pirutinsky et al. 2020; Rigoli 2021). Whereas many religious individuals found comfort in their faith, others felt abandoned by God or that their prayers were unanswered. Although Muslims are encouraged to turn to prayer, recitation of the Quran, positive thinking, and belief in the Hereafter to alleviate disease anxiety (Achour et al. 2021), Büssing et al. (2021) found that some Muslims

experienced spiritual dryness, a form of religious struggle, linked with psychological distress (Wood et al. 2010).

The degree to which religious beliefs were protective against COVID-19 anxiety may partly depend on beliefs about the nature and attributes of God (Upenieks 2022). In the present research, we took this more nuanced approach, investigating the extent to which specific beliefs about God (Allah) were associated with four negative mental health outcomes in a Muslim population: general depression, anxiety, and stress (DASS-21; Lovibond and Lovibond 1995), and, more specifically, COVID-19 anxiety. In accord with previous research (e.g., Pirutinsky et al. 2019), we expected to find that belief in a benevolent God, and perceiving comfort from God, would be negatively associated with depression, anxiety, and stress—and, specifically, COVID-19 anxiety. In contrast, beliefs about God as punishing, and anger at God, were expected to be positively associated with depression, stress, and anxiety (Exline et al. 2020; VanTongerren et al. 2019; Wilt et al. 2016)—and specifically, COVID-19 anxiety.

2. Method

2.1. Participants

Participants were 563 Persian-speaking volunteers who were recruited through social media websites (e.g., Instagram, Telegram, WhatsApp) using snowball sampling. The first author collected the data in the Spring of 2021 as an independent research project. The data are publicly available on Open Science Forum (osf.io/ec2vh). Eleven participants under the age of 18 were excluded from the analyses. The mean age for the remaining 552 participants was 29.43, $SD = 7.87$, ranging from 18 to 64. There were 97 males and 455 females.

2.2. Measures

The online survey was administered in the Persian language using the Google Forms platform. Persian is an Indo-European language (also referred to as Farsi) spoken by people living in or from countries such as Iran, Tajikistan, and Afghanistan. Descriptive statistics for the following measures used in the analyses are shown in Table 1.

Table 1. Correlations Between Depression, Stress, Anxiety, COVID-19 Anxiety and General Religiosity, God Representations, Closeness to God, and Attitudes Toward God.

Variable	α	M^1	SD	Depression	Stress	Anxiety	COVID-19 Anxiety
Depression	0.89	1.79	0.72				
Stress	0.89	1.48	0.54	0.74 ***			
Anxiety	0.76	2.02	0.66	0.55 ***	0.69 ***		
COVID-19 Anxiety	0.76	1.23	0.40	0.16 ***	0.30 ***	0.33 ***	
God Representations							
Limitless	0.96	5.69	1.54	−0.09 *	−0.02	−0.01	0.03
Authoritarian	0.83	3.34	1.46	0.34 ***	0.33 ***	0.18 ***	0.04
Mystical	0.83	5.33	1.28	−0.06	0.01	0.03	0.03
Benevolent	0.96	5.44	1.68	−0.20 ***	−0.10 *	−0.07	0.02
Ineffable	0.88	4.51	1.56	0.33 ***	0.30 ***	0.21 ***	0.19 ***
Non-existent	0.91	2.90	1.84	0.19 ***	0.13 **	0.13 **	0.04
Religiosity	0.96	2.52	0.96	−0.16 ***	−0.12 **	−0.08	0.05
Closeness to God	n/a	3.50	1.46	−0.20 ***	−0.17 ***	−0.12 **	−0.05
Positive Attitudes toward God	0.95	3.21	1.67	−0.28 ***	−0.17 ***	−0.14 ***	0.01
Negative Attitudes toward God	0.87	1.20	1.35	0.50 ***	0.45 ***	0.31 ***	0.20 ***

Notes: ¹ Depression, Stress, Anxiety, and COVID-19 Anxiety were assessed using a 4-point scale; God Representations were assessed using a 7-point Likert scale; all other variables were assessed using a 5-point Likert scale. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

2.2.1. Depression, Anxiety, Stress

The Depression Anxiety Stress Scale (DASS) (Lovibond and Lovibond 1995) is a frequently used measure with good psychometric properties that differentiates the severity of negative emotional syndromes. Each item is assessed using a 4-point severity/frequency rating.

2.2.2. COVID-19 Anxiety

COVID-19 Anxiety was assessed with five items (Lee 2020). The items were translated into Persian and are shown in Appendix A. Each item assessed the severity/frequency of a particular aspect and outcome of anxiety on a 4-point scale to be consistent with scores on the DASS.

2.2.3. Beliefs about God

Beliefs about the nature and attributes of God were assessed using the LAMBI scale (Limitless, Authoritarian, Mystical, Benevolent, Ineffable) (Johnson et al. 2019), which was translated into the Persian language. The items for each subscale are shown in Appendix A. There were also three items assessing unbelief (God as “non-existent”, “imaginary”, and “not real”). Each item was rated as descriptive of God (Allah) using a 7-point Likert scale. The translation of the LAMBI scale yielded the expected five-factor solution (Eigenvalues = 1.00, 2.08, 1.84, 9.67, and 4.24, respectively), explaining 75.33% of the variance, except that the item “consciousness” cross-loaded on the Mystical (0.31) and Benevolent (0.39) subscales. The six subscales correlated in a pattern consistent with the original research.

2.2.4. Religiosity

General religiosity was assessed with a 22-item scale designed to assess Muslim religiousness (Janbozorgi 2010).

2.2.5. Closeness to God

Psychological closeness to God was assessed using a two-dimensional overlapping circles measure (Sharp and Johnson 2020). The instructions for the measure were translated into Persian and are provided in Appendix A. There were no significant differences in DASS or COVID-19 Anxiety for those whose religion focus on self vs. God, p 's ranging from 0.466 to 0.780. Therefore, the responses on the focus dimension were collapsed to yield a single 5-point Likert scale rating of psychological closeness to God.

2.2.6. Attitudes toward God

Positive and negative attitudes toward God (e.g., feeling cared for by God vs. feeling disappointment and anger at God) were assessed using the Attitudes Towards God scale (Wood et al. 2010). The items were assessed using a 5-point Likert scale.

2.2.7. Other Measures

Other questionnaires included wellbeing (Ryff and Keyes 1995), coping strategies (Pargament et al. 2011), and parents' religiosity.

3. Results

The bivariate correlations between each of the variables of interest are shown in Table 1. All four measures of depression, stress, and anxiety were positively correlated. As expected, representations of God as authoritarian (e.g., wrathful, punishing) were positively associated with the DASS. In contrast, psychological closeness to God and representations of God as benevolent were negatively associated with the DASS. However, only two variables were correlated with COVID-19 anxiety: representations of God as ineffable (e.g., unknown, incomprehensible) and negative attitudes toward God (e.g., God is angry with me). The “ineffable” dimension of God representations emphasizes the inability to comprehend or articulate who or what God is. The ineffable items are often endorsed by

agnostics and tend to correlate with religious doubts (e.g., Quest orientation) or the belief that God is silent, distant, or absent (Johnson et al. 2019).

To assess the ability of the Ineffable dimension to predict COVID-19 anxiety over and above the DASS and general religiosity, we used a multiple regression model controlling for sex. The model explained 17% of the variance, $F(7, 555) = 17.53$, $p < 0.001$. Ineffable (e.g., uncertainty or doubts about God's attributes), $\beta = 0.10$, $p = 0.010$, 95% CI for B [0.004, 0.047], and negative attitudes toward God (e.g., disappointment with or anger at God), $\beta = 0.15$, $p = 0.002$, 95% CI for B [0.017, 0.074], were significant, positive predictors of COVID-19 anxiety, controlling for general religiosity ($\beta = 0.10$, $p = 0.011$), depression ($\beta = -0.21$, $p < 0.001$), stress ($\beta = 0.14$, $p = 0.029$), general anxiety ($\beta = 0.32$, $p < 0.001$), and sex ($\beta = 0.05$, $p = 0.226$). We conclude that general religiosity had very little influence in mitigating concern; however, religious doubts, uncertainty, and anger at God were likely to predict COVID-19 anxiety in a Persian-speaking Muslim population over and above general depression, stress, and anxiety.

4. Discussion

Consistent with samples in the USA, we found that religiosity, belief in God's benevolence, psychological closeness to God, and positive attitudes toward God were negatively correlated with depression, stress, and anxiety. However, these same beliefs and attitudes were uncorrelated with COVID-19 anxiety, suggesting that general religiosity and belief in a benevolent God, specifically, seemed to be ineffective in mitigating COVID-19 anxiety for the Muslims in our sample. Additionally, in accord with previous research, belief in God's authoritarian attributes (e.g., commanding, stern, wrathful)—and, notably, unbelief—were positively correlated with depression, stress, and anxiety. However, these same beliefs were not significantly correlated with COVID-19 anxiety. In contrast, we found that doubts and uncertainty about the nature and attributes of God (e.g., representations of God as unknowable or incomprehensible), as well as negative attitudes toward God (e.g., disappointment with and anger at God), were positive predictors of COVID-19 anxiety.

This study contributes to the literature in at least three ways. First, our findings add support to the literature showing the negative effects of religious doubts and struggle with God (Wilt et al. 2016) and existential uncertainty (Newman et al. 2022) on mental health outcomes, particularly during the COVID-19 pandemic (Sherman et al. 2021). Second, our research was conducted among Persian-speaking Muslims, helping to address the call for more depth and breadth of research in non-WEIRD cultures (Carey et al. 2022). Third, we provide the Persian translations for the LAMBI measure of God representations (Johnson et al. 2019) and the TheOS measure of closeness to God (Sharp and Johnson 2020) and demonstrate their validity in a primarily Muslim context. Finally, we also provide the Persian translation for items assessing COVID-19 anxiety (Lee et al. 2020).

One limitation is that the online study, using social media for snowball sampling, did not include questions about participants' locations. Therefore, it is unknown whether cultural context (e.g., West vs. Middle East) or differences in access to medical resources (e.g., urban vs. rural) may also have contributed to COVID-19 anxiety in important ways. For example, individuals living in the Middle East without faith in God may perceive less social support and experience greater anxiety, in general, because they are out of sync with Muslim culture. Likewise, Middle Eastern Muslims who have migrated to the West may have a decreased faith and experience greater anxiety living in the West.

Secondly, although beliefs can be an important source of comfort and coping, religious practices (which may also enhance perceived social support) are also critical resources in times of distress (Seryczynska et al. 2021). Thus, a second limitation of the current study is that the focus of our study was entirely on beliefs. Future research may help address the relative benefits of beliefs, practices, and social institutions in coping with the kinds of stressors brought about by COVID-19.

Author Contributions: Conceptualization, M.S. and K.A.J.; methodology, M.S. and K.A.J.; formal analysis, K.A.J.; resources, M.S.; data curation, M.S.; writing—original draft preparation, K.A.J.; writing—review and editing, M.S. and K.A.J.; supervision, K.A.J.; project administration, M.S. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The Iranian equivalent of the IRB is the Ministry of Health and Medical Education (<https://behdasht.gov.ir>). Approval is required only for clinical/medical/biological research, and non-clinical, non-medical surveys do not require Ministry approval (www.hhs.gov/sites/default/files/ohrp-international-compilation-2021.pdf accessed on 10 November 2022). No health information, identifying information, or location information was collected during the administration of the survey. Therefore, no IRB approval was obtained.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data are available at osf.io/ec2vh.

Conflicts of Interest: The authors declare no conflict of interest.

Appendix A

A. Descriptors of God (Allah) for Each Dimension of the LAMBI Scale (Johnson et al. 2019) in English and Persian

English instructions. There are many ways of thinking about God, but some of God's traits seem more relevant to us than others. Using a wide range of the scale below, please rate how well each word describes God, a higher power, or divine life force—BASED UPON YOUR OWN PERSONAL EXPERIENCE AND BELIEFS (as opposed to what you "should" believe or what is theologically or philosophically correct).

Persian instructions.

راه های زیادی برای فکر کردن به خداوند وجود دارد مثلاً قدرتی برتر یا نیرویی مقدس در هستی، اما برخی از ویژگی های خداوند برای ما آشنا تر هستند. با استفاده از لیست زیر، لطفاً مشخص کنید که هر کلمه چقدر با برداشت شخصی، تجربی و باورهای خود شما (نه صرفاً آنچه از نظر فلسفی یا الهیاتی درست است و باید به آن باور داشت) درباره خداوند مطابقت دارد.

Dimension	Descriptor—English	Descriptor—Persian	Dimension—Persian
<i>Limitless</i>	Limitless	نامحدود	نامحدود
	Vast	بکران	
	Boundless	بدون مرز	
	Infinite	بی نهایت	
	Immense	عظیم	
<i>Authoritarian</i>	Wrathful	خشمگین	مستبد
	Punishing	تنبیه گر	
	Strict	سخت گیر	
	Stern	عبوس	
	Commanding	فرمان ده	
<i>Mystical</i>	Nature	طبیعت	عرفانی
	Energy	انرژی	
	Cosmic	کیهانی	
	Consciousness	آگاهی	
	Universe	کائنات	

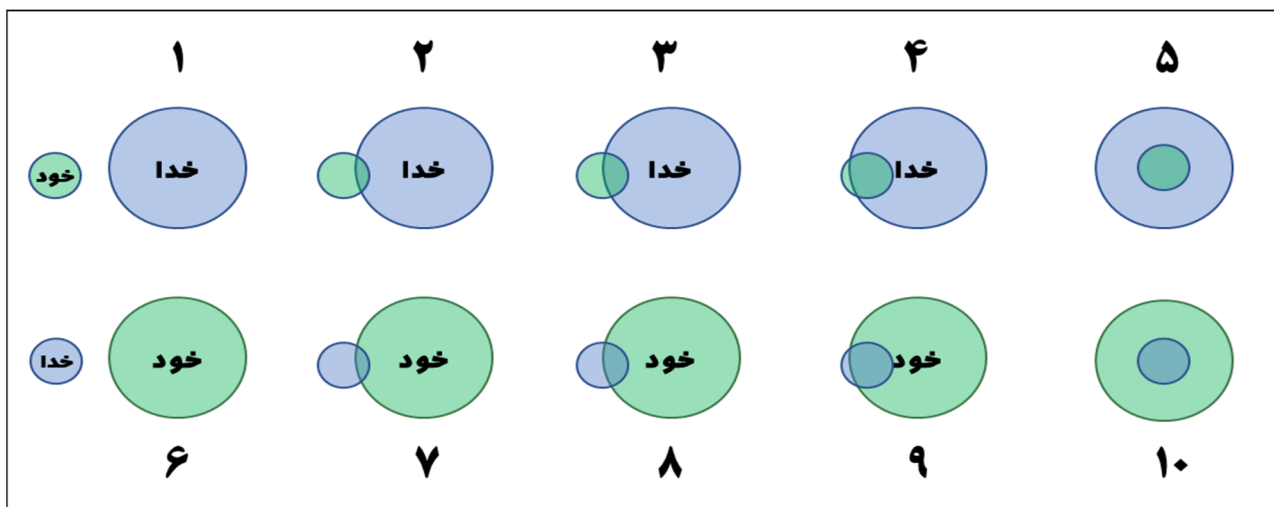
<i>Benevolent</i>	Forgiving Compassionate Gracious Tolerant Merciful	بخشنده دلسوز رئوف بردار رحم	خرخواه
<i>Ineffable</i>	Unknowable Unimaginable Inconceivable Incomprehensible Unknown	غیر قابل شناخت غیر قابل تصور فهم ناشدنی غیر قابل درک ناشناخته	وصف نشدنی
<i>(Unbelief)</i>	Non-existent Imaginary Not Real	وجود ندارد خیالی غیر واقعی	بی ایمان

B. Closeness to God and God- vs. Ego (Self)-Focused Religious Orientation ([Sharp and Johnson 2020](#)) in English and Persian

English instructions: Consider the images below in which the GREEN circle represents YOU, and the BLUE circle represents GOD, the Divine, a Higher Power, or whatever you think of as God. Which of the diagrams best represents your relationship with God or the Divine? Please use the row with the BIGGER BLUE GOD circle if your relationship with God is focused mainly on understanding God. Use the row with the BIGGER GREEN SELF circle if your relationship with God is focused mainly on understanding your Self.

Persian instructions:

در تصویر پایین، فرض کنید که دایره سبز رنگ نشان دهنده شما و دایره آبی رنگ نمایان گر خداوند (یا هر چیز الهی و ماورایی دیگری که شما به آن اعتقاد دارید) است. کدام یک از ده شکل پایین رابطه شما با خداوند را بهتر نمایش می دهد؟ اگر ارتباط شما با خداوند، بیشتر متمرکز بر خداوند است، از ردیف با دایره آبی بزرگتر (ردیف اول) یک گزینه را انتخاب کنید. و اگر ارتباط شما با خداوند بیشتر متمرکز بر خود شما است، از ردیف با دایره سبز بزرگتر (ردیف دوم) یک گزینه را انتخاب کنید.



C. Items Assessing COVID-19 Anxiety (Lee et al. 2020) in English and Persian

Participants are asked to provide Likert scale ratings of disagreement—agreement with each statement.

Item in English	Item in Persian
I felt dizzy, lightheaded, or faint, when I read or listened to news about the coronavirus	وقتی اخبار مرتبط با ویروس کرونا را می خوانم یا به آنها گوش می کنم، دچار احساس گیجی، سبکی سر یا ضعف می شوم.
I had trouble falling or staying asleep because I was thinking about the coronavirus.	به خاطر فکر کردن به ویروس کرونا، در خوابیدن و یا در حفظ خوابم (از خواب نپزیدن) دچار مشکل هستم.
I felt paralyzed or frozen when I thought about or was exposed to information about the coronavirus.	وقتی به اطلاعاتی درباره ویروس کرونا برخورد می کنم یا درباره آن فکر می کنم، احساس یخ زدگی یا فلجی به من دست می دهد. (احساس می کنم نمی توانم تکان بخورم)
I lost interest in eating when I thought about or was exposed to information about the coronavirus.	وقتی به اطلاعاتی درباره ویروس کرونا برخورد می کنم یا درباره آن فکر می کنم، اشتهایم را از دست می دهم.
I felt nauseous or had stomach problems when I thought about or was exposed to information about the coronavirus.	وقتی به اطلاعاتی درباره ویروس کرونا برخورد می کنم یا درباره آن فکر می کنم، حالت تهوع گرفته یا دچار مشکلات گوارشی می شوم.

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