



How Did the Psychological Well-Being of Church of England Clergy and Laity Change From the First to the Third National COVID-19 Lockdowns?

Andrew Village¹ · Leslie J. Francis²

Accepted: 7 June 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Abstract

The balanced affect model of psychological well-being conceptualises positive and negative affect as two separate continua and well-being as the function of these two entities. The COVID-19 pandemic lasted over two years in the United Kingdom and initially caused widespread declines in mental health and well-being. This paper tests whether such declines continued or stabilised as the pandemic lockdowns persisted. The psychological well-being of a religiously committed sample was assessed by perceived changes in affect balance (a function of negative and positive affect) using The Index of Affect Balance Change (TIBACH) from the first to the third COVID-19 lockdowns in the Church of England. The 2020 sample in the first lockdown comprised 792 stipendiary parochial clergy and 2,815 laity who were not in licensed ministry in the Church of England. A repeat survey in the third lockdown in England in 2021 collected responses from 401 equivalent clergy and 1027 equivalent laity. Both clergy and lay people showed increased proportions reporting lower positive affect and increased proportions reporting higher negative affect in the second survey, suggesting psychological well-being had continued to deteriorate as lockdowns persisted.

Keywords Balanced affect · Clergy · COVID-19 lockdowns · Lay people · Psychological well-being · Religion

Introduction

Changes in psychological well-being in the first U.K. lockdown

The COVID-19 coronavirus pandemic led to the first national lockdown in the United Kingdom in March 2020. As well as addressing the development of vaccines and treatments for

✉ Andrew Village
a.village@yorks.ac.uk

¹ School of Humanities, York St John University, Lord Mayor's Walk, York YO31 7EX, UK

² Centre for Educational Development, Appraisal and Research, The University of Warwick, Coventry CV4 7AL, UK

the disease, the research establishment was mobilised to address the social and psychological impacts of long-term lockdowns on society (O'Connor et al., 2020), including their relationship to religion (Dein et al., 2020). Evidence of widespread deterioration in mental health and well-being among the U.K. population began to emerge during the ensuing months (Marshall et al., 2020; Mental Health Foundation, 2020; ONS, 2020). Concern for mental health in lockdown led to a number of studies in the general population that tried to assess changes in the levels of psychological well-being either by comparing levels in the first lockdown with levels prior to the pandemic or by examining changes as the lockdown continued. These longitudinal studies demonstrate the initial impacts of the lockdown and how these varied between different sections of the population the United Kingdom and elsewhere.

A few studies were able to compare levels of standard measures of mental health during the first lockdown with levels recorded prior to the pandemic. One such study drew on pre-existing work in Avon (southwest England) and Scotland by issuing an online survey from 9 April to 14 May 2020 to cohorts that had already provided data in previous years (Kwong et al., 2021). The results suggested similar levels of depression pre-pandemic and during the first lockdown, but the proportion suffering from anxiety almost doubled from 13 to 24%. There was evidence that the lockdown had been particularly hard on young people, women, those with pre-existing health issues, and those in socioeconomic adversity. A separate study of the national population drew on Waves 8 and 9 of the UK Household Longitudinal Study (UKHLS), which included the 12-item General Health Questionnaire (GHQ-12). A sample of 17,452 from these cohorts aged 16 and over completed the same instrument in the last week of April 2020, when the first lockdown had been in place for a month (Pierce et al., 2020). Levels of mental distress considered clinically significant increased from 18.9% in 2018–19 to 27.3% in April 2020. Mean GHQ-12 scores also increased (suggesting reduced mental health) at a rate that was higher than predicted by the general upward trend in the population from 2014–18. The groups most likely to show an increase were similar to those reported by Kwong et al. (2021).

Where longitudinal data were not available, cross-sectional studies compared recognised measures of well-being during the lockdown with population norms prior to the pandemic. One study in the United Kingdom used a range of such measures with a convenience sample of 600 recruited in the first two weeks of April 2020 as the first lockdown began (White & Van Der Boor, 2020). The authors reported that scores on the Hospital Anxiety and Depression Scale were higher in their sample than the normal population range pre-pandemic. Some cross-sectional surveys have asked respondents during lockdowns to subjectively assess levels of well-being pre- and post-lockdown. One such international study used a range of measures, including the Short Warwick-Edinburgh Mental Well-Being Scale that was completed online by a convenience sample of 1,047 participants from a range of countries across Europe, North Africa, and Western Asia (Ammar et al., 2021). The average scores for perceived mental well-being and life satisfaction were lower for 'in-lockdown' than for 'before-lockdown', and the opposite was true for reported levels of depression.

A different way of assessing changes has been applied to wider European and U.S. populations by examining Google Trends in various countries in relation to when lockdowns were imposed (Brodeur et al., 2021). In Europe, searches related to boredom, loneliness, and sadness increased in days immediately pre- and post-lockdown. Results for a wider range of search items related to well-being revealed differences between Europe (declined post lockdowns, apart from in countries like the United Kingdom which had late lockdowns) and the United States (increased post lockdowns). There was also some evidence of decreases in search levels as lockdowns progressed, which might imply some adaption

to the problems caused by social isolation. This raises the question of how psychological well-being may change during the course of extended lockdowns.

A few studies have begun to report changes over time during the first lockdown in the United Kingdom. A longitudinal quota survey of 3,077 adults examined a range of self-reported measures of well-being, including suicide ideation, depression, anxiety, mental well-being and loneliness in three waves during April and May 2020 (O'Connor et al., 2021). The results suggested an increase over time in suicidal thoughts but unchanged levels of depression. Interestingly, levels of anxiety and feelings of defeat decreased over time and levels of positive well-being increased. The authors suggest there may have been time-lagged effects in the latter measure, and the period over which change was measured was only six weeks, so it is difficult to tell from these data whether the population was adjusting to lockdown in terms of psychological well-being. Data on suicide rates beyond May 2020 suggest that the rate did not increase (Appleby et al., 2021) but fell between April and July (ONS, 2021b), so the evidence of widespread reduced well-being is mixed in the general population.

These studies of the general population in the United Kingdom and elsewhere have provided some evidence of deterioration in some aspects of psychological well-being during the early stages of the first lockdown in March and April 2020. Initial data suggested higher levels of anxiety, but there is little evidence to tell from studies reported to date whether there was longer-term resilience to lockdowns or whether well-being deteriorated as lockdowns stretched into the next calendar year. Restrictions in the United Kingdom began to ease from July 2020, and the four nations (England, Scotland, Wales, and Northern Ireland) began to take slightly different paths in terms of lockdowns in the following months as regional levels of infection fluctuated. By early January 2021, it was clear that there was a rapidly rising infection rate related to the Delta variant of COVID-19 (PHE, 2021), and a third lockdown was imposed in England that lasted until July. To date, there is little published data on the effects of the third lockdown in England on psychological well-being. Evidence from polls at the start of the pandemic suggested that people in the United Kingdom were finding it harder to stay positive during the third lockdown than during the initial outbreak (Ipsos MORI, 2021) and that levels of happiness had declined at the start of 2021 following a rise after the first lockdown ended (ONS, 2021a).

This study reports on a particular population, members of the Church of England, using two cross-sectional studies based on online questionnaires issued in the first and third lockdowns in England. The questionnaires contained the same items designed to measure self-reported changes in psychological well-being since the onset of the pandemic. Changes during the first lockdown in England have been reported elsewhere (Village & Francis, 2021b, c). Here, we report on differences in well-being between the first and the third national lockdowns in England among particular groups of clergy and lay people.

Religion and well-being in the COVID-19 pandemic

The link between religion and health has been well researched and widely reported on for many years (Koenig et al., 2012), and some have suggested specific ways in which religion might foster better health during the COVID-19 pandemic (Koenig, 2020). Despite this, religious adherents have not been immune from the effects of the virus, and in a few cases religious groups have been implicated in its spread (Dein et al., 2020). Religious affiliation (Chang et al., 2021; Schnabel & Schieman, 2021) or religious coping (Coppola et al., 2021; Counted et al., 2020; Pirutinsky et al., 2020; Thomas & Barbato, 2020) may have helped some groups to weather the pandemic more successfully, at least initially, but there is evidence that some

religious professionals suffered during the first lockdown in England. The Living Ministry project in the Church of England has run panel surveys of clergy ordained since 2006 (Church of England, 2021). The surveys have included the Warwick Edinburgh Mental Well-being Scale (WEMWBS) as a measure of mental well-being (Tennant et al., 2007). The Panel 3 survey ran in 2021, and results were compared with the Panel 2 survey of 2019 for 340 clergy who completed both surveys. Of these, 42% reported their mental well-being to be worse, and average WEMWBS scores declined from 50.0 to 47.5 (McFerran & Graveling, 2021).

During the first U.K. lockdown, the Coronavirus, Church & You survey collected data on psychological well-being from ministers and lay people in the Church of England and other denominations across the United Kingdom (Francis & Village, 2021b, c; Village & Francis, 2021a, c). The data distinguished between five aspects of well-being among 1,496 clergy: fatigue, disengagement, positivity, closeness to people, and closeness to God. As a result of the lockdown, clergy perceived large increases not only in fatigue and disengagement but also in positivity. For example, although the lockdown meant clergy felt less close to people, they felt closer to God (Village & Francis, 2021c). We have previously reported on the use of the balanced affect model of psychological well-being to assess the effects on perceived change in well-being in the first lockdown on lay people as well as clergy (Francis & Village, 2021a; Village & Francis, 2021b). Here, we combine this initial survey with comparable data from a second survey run during the third English lockdown to examine whether stipendiary parochial clergy and non-ministering lay people in the Church of England showed similar, better, or worse levels of psychological well-being at a time when the pandemic had caused ongoing restrictions to society for a year or more.

The lockdown of the church of England

The U.K. government first imposed a lockdown in response to the COVID-19 virus outbreak on 23 March 2020. Although the rules permitted access to religious buildings for private prayer, on the following day, the Church of England closed all its churches completely, to both clergy and lay people (McGowan, 2020). These restrictions to church access remained in place until early July, at which time socially distanced worship was permitted. When the third English lockdown was imposed in January 2021, the U.K. government allowed churches to remain open on the same basis as they had since July, and the decision of whether or not to remain open was left to individual clergy and congregations. The rapid rise in infection meant that many churches remained closed as in the first lockdown (Sherwood, 2021). As in the first lockdown, clergy faced problems in providing worship online and pastoral ministry in socially restricted contexts.

The effects of this lockdown could be varied. On the one hand, the renewed disruption to religious life could have decreased psychological well-being, as it did in the first survey for some people. On the other hand, some people may have adjusted to the circumstances of lockdowns and therefore found it easier to cope than they had in 2020.

Affect balance as a measure of psychological well-being

The balanced affect model of psychological well-being (Bradburn, 1969) conceptualises positive and negative affect as two separate continua and well-being as the function of these two entities. Individuals with high negative affect might still experience generally good well-being if they also have high levels of positive affect. This idea has been tested among clergy using the Francis Burnout Inventory (FBI), which has two scales measuring

emotional exhaustion in ministry and satisfaction in ministry (Francis et al., 2005a). In this study we wanted to assess changes in well-being as a result of the lockdown among both clergy and laity, so it was necessary to devise a different scale to estimate affect balance, the difference between negative and positive affect. It was also necessary to measure perceived change in well-being since the lockdown began, rather than absolute well-being, as there were no prior measures against which this particular population could be assessed. The scale development and properties are reported elsewhere (Francis & Village, 2021a); here, we use the two components of the scale, positive and negative affect, to create a measure of 'affect balance', which we use as a proxy measure of how individuals perceived overall changes in psychological well-being during the two lockdowns.

Objectives

The aim of this study was to examine whether average levels of positive or negative affect changed within the Church of England between the first and third national lockdowns. In particular, we were interested in whether there was evidence that people may have adjusted to lockdown life or whether the persistence of lockdowns caused deterioration in psychological well-being.

Method

Sample profile

The first lockdown in England began on 23 March 2020 and lasted until 4 July, when restrictions were eased but not removed entirely. Following a system of tiered restrictions in autumn and early winter, a third national lockdown was imposed in England on 6 January 2021 and lasted until 19 July. During these lockdowns, two separate, anonymous surveys were developed using the Qualtrics XM platform and were promoted through the online and paper versions of the *Church Times*, the main newspaper of the Church of England, as well as through Church of England dioceses and other denominations, including Catholics, Baptists, and Methodists.

The Coronavirus, Church & You survey ran from 8 May 2020, when the United Kingdom had been in lockdown for over a month, until 23 July, when restrictions had been relaxed for three weeks. In all, there were over 7,000 replies, 5,347 of which were from Anglicans living in England. The second survey, Covid-19, Church-21, was launched using similar means to the first on 22 January 2021 and closed on 23 July. It contained a mix of items used in the first survey and new items developed in light of experience with the first survey and the changing circumstances of churches in this particular lockdown. The second survey was designed to be used by a range of denominations, and there were 5,853 responses, of which 2,328 were from Anglicans living in England.

Respondents across the two surveys included clergy and lay people with a range of ministry statuses. Just over half (54%) of the ordained sample (survey 1: $n=792$; survey 2: $n=401$) were stipendiary clergy serving in parishes, and this group was used to measure changes in clergy well-being. Parochial clergy probably faced the most severe difficulties in maintaining liturgical and pastoral ministry during lockdowns. The majority (77%) of the lay sample (survey 1: $n=2,815$; survey 2: $n=1,027$) were not in recognised lay ministries, and they were used to measure changes in lay well-being as most of these people would not have had major liturgical or pastoral responsibilities. Anonymity requirements meant we were unable to compare the responses of specific individuals in each survey, so we treated

the data as independent samples taken at two time points about a year apart. Of the 1,428 respondents in the second sample, 310 (22%) indicated that they had also taken the first survey. There were no significant differences in results between these groups, so repeat respondents were included in the second survey sample.

The sample profiles (Table 1) were similar to other surveys of the Church of England where data were collected through the *Church Times* (Francis et al., 2005b; Village, 2018). Although not wholly representative of the church at large, it did include good proportions of clergy (24%) and lay people (76%), men (40%) and women (60%), and those from the three main church traditions. There was an oversampling of clergy and an underrepresentation of younger adults and Evangelicals, which reflects the readership of the newspaper. Despite this, the sample included a wide spectrum of members of the Church of England.

Instruments

Affect items In both surveys, 20 items measured a range of positive and negative affect. They were introduced with the statement ‘How would you rate how you are now compared

Table 1 Profile of Church of England Participants in the Surveys

| | | Survey 1 | | | Survey 2 | | |
|---------------------|------------------------|----------|----------|------|----------|----------|------|
| | | Lay | Ordained | All | Lay | Ordained | All |
| <i>N</i> = | | 2815 | 792 | 3607 | 1027 | 401 | 1428 |
| | | % | % | % | % | % | % |
| Sex | Female | 66.1 | 46.7 | 61.9 | 60.6 | 42.4 | 55.5 |
| | Male | 33.9 | 53.3 | 38.1 | 39.4 | 57.6 | 44.5 |
| Age | 20 s | 4.4 | 1.6 | 3.8 | 1.9 | 1.2 | 1.8 |
| | 30 s | 6.7 | 13.5 | 8.2 | 4.0 | 9.0 | 5.4 |
| | 40 s | 12.1 | 24.9 | 14.9 | 9.1 | 19.7 | 12.0 |
| | 50 s | 18.8 | 35.6 | 22.5 | 16.1 | 36.2 | 21.7 |
| | 60 s | 27.0 | 23.9 | 26.3 | 31.5 | 33.4 | 32.1 |
| | 70 s | 25.7 | 0.4 | 20.1 | 31.5 | 0.5 | 22.8 |
| | 80 s + | 5.4 | 0.1 | 4.2 | 5.8 | 0.0 | 4.2 |
| Tradition | Anglo-Catholic | 27.0 | 34.9 | 28.7 | 27.3 | 28.7 | 27.7 |
| | Broad Church | 53.7 | 46.0 | 52.0 | 56.1 | 45.4 | 53.1 |
| | Evangelical | 19.3 | 19.1 | 19.2 | 16.7 | 25.9 | 19.3 |
| Location | Rural | 34.0 | 35.2 | 34.3 | 36.5 | 36.2 | 36.3 |
| | Town/suburb | 56.7 | 52.9 | 55.8 | 56.7 | 52.6 | 55.6 |
| | Inner city | 9.3 | 11.9 | 9.9 | 6.8 | 11.2 | 8.1 |
| Others in household | Live alone | 16.0 | 10.6 | 14.8 | 23.2 | 19.0 | 22.0 |
| | Children (< 13) | 10.6 | 22.9 | 13.3 | 14.9 | 22.9 | 17.2 |
| | Teenagers | 8.8 | 19.9 | 11.3 | 7.1 | 16.5 | 9.9 |
| | Other adults | 82.7 | 88.0 | 83.9 | 75.8 | 77.8 | 76.4 |
| COVID-19 | Had virus | 3.1 | 3.9 | 3.2 | 5.6 | 8.7 | 6.4 |
| | Self-isolated/Shielded | 35.0 | 24.9 | 32.7 | 33.6 | 36.2 | 34.4 |

The lay samples excluded those in authorised lay ministries; the ordained samples were stipendiary parochial clergy

with before the pandemic started?' Respondents were asked to indicate whether affect such as happiness, stress, or anxiety had increased, stayed the same, or decreased. Survey 1 had a three-point response scale, but this was changed to a five-point scale in survey 2 in order to accommodate more extreme changes. For these analyses, the two responses at either end of the five-point scale in survey 2 were collapsed to produce a three-point scale comparable to that used in survey 1. The item pool was slightly different in the two surveys, but 10 items were common to both, and these are used in the initial analyses that compare frequencies of responses and in the calculation of overall measures of affect change.

Psychological well-being Affect balance was used as proxy measure of overall well-being. It was based on two five-item scales developed initially from the item pool in the first survey that examined changes in Positive Affect (PA; Happiness, Excitement, Thankfulness, Hopefulness, and Trust) and Negative Affect (NA; Exhaustion, Anxiety, Stress, Fatigue, and Frustration) since the first lockdown began (Francis & Village, 2021a). The same items were used in survey 2, apart from the PA item Trust that had a rather low correlation with other items in the scale and was replaced by Confidence in survey 2 (see [Appendix](#)). The scales had good internal reliability as measured by Cronbach's alpha (survey 1: PA=0.70, NA=0.82; survey 2: PA=0.78, NA=0.82), and the difference between scores (PA minus NA) gave an indication of 'affect balance', an overall measure of changes in psychological well-being. For ease of interpretation, ten was added to scores to produce the final affect balance variable The Index of Balanced Affect Change (TIBACH), with larger scores indicating greater increases in positive than negative affect and therefore better well-being.

The summated rating scales were a general measure of self-reported affect change in each survey since the start of the lockdowns. Comparing scale scores between surveys therefore measured the differences in perceived change since the pandemic began during the first and third English lockdowns.

Analysis

The first stage of analysis was to compare the response frequencies for the 10 affect items common to both surveys. Changes in laity and clergy between survey 1 and survey 2 were tested using 2×3 contingency tables, with chi-squared values indicating the level of difference in each group. To get an overall assessment of well-being, changes in mean PA, NA, and TIBACH scores between surveys were tested for laity and clergy using univariate *t*-tests. We also ran a multiple regression using a generalized linear model to control differences in the sample profiles, using variables in [Table 1](#). This made no difference to the overall results, so we have reported univariate results for the sake of simplicity.

Results

Changes in individual items

For both lay people ([Table 2](#)) and clergy ([Table 3](#)), the trend was for reductions in positive affect and increases in negative affect between the two surveys.

For positive affect among lay people, 58% reported feeling *less* excited in survey 2 compared to 35% in survey 1, with similar changes in happiness (40% versus 25%) and

Table 2 Changes in Affect Item Responses Between Surveys for Church of England Laity

| | Survey 1 (N=2815) | | | Survey 2 (N=1027) | | | χ^2 |
|------------------------|-------------------|------|------|-------------------|------|------|----------|
| | Less | Same | More | Less | Same | More | |
| | % | % | % | % | % | % | |
| Positive affect | | | | | | | |
| Excited | 35 | 59 | 6 | 57 | 37 | 6 | 151.6*** |
| Happy | 25 | 60 | 15 | 39 | 50 | 11 | 76.4*** |
| Confident [†] | 13 | 69 | 18 | 27 | 56 | 17 | 114.4** |
| Hopeful | 21 | 55 | 25 | 23 | 43 | 34 | 37.5*** |
| Thankful | 4 | 39 | 56 | 6 | 36 | 58 | 4.9 |
| Negative affect | | | | | | | |
| Frustrated | 10 | 49 | 41 | 9 | 31 | 60 | 107.1*** |
| Anxious | 18 | 45 | 37 | 10 | 41 | 49 | 61.2*** |
| Exhausted | 23 | 48 | 29 | 15 | 45 | 40 | 49.7*** |
| Stressed | 23 | 45 | 33 | 17 | 41 | 42 | 32.2*** |
| Fatigued | 18 | 43 | 40 | 14 | 40 | 46 | 13.6** |

** $p < 0.01$; *** $p < 0.001$. [†]The term Trust was used in survey 1

confidence (27% versus 13%). Change in hope suggested a more divided response in the second survey; whereas 24% were less hopeful in survey 2 (compared to 21% in survey 1), 33% were more hopeful (compared to 25% in survey 1). Thankfulness was generally high and unchanged in both surveys, with 56% feeling more thankful in survey 1 and 57% in survey 2. For negative affect among lay people, 61% reported feeling *more* frustrated in survey 2 compared to 41% in survey 1, with similar changes for anxiety (51%

Table 3 Changes in Affect Item Responses Between Surveys for Church of England Clergy

| | Survey 1 (N=792) | | | Survey 2 (N=401) | | | χ^2 |
|------------------------|------------------|------|------|------------------|------|------|----------|
| | Less | Same | More | Less | Same | More | |
| | % | % | % | % | % | % | |
| Positive affect | | | | | | | |
| Excited | 34 | 50 | 16 | 56 | 31 | 14 | 54.5*** |
| Happy | 26 | 56 | 17 | 41 | 50 | 9 | 34.2*** |
| Confident [†] | 11 | 63 | 26 | 27 | 49 | 24 | 52.1*** |
| Hopeful | 16 | 50 | 34 | 22 | 38 | 40 | 17.7*** |
| Thankful | 4 | 38 | 58 | 7 | 41 | 52 | 8.3* |
| Negative affect | | | | | | | |
| Frustrated | 11 | 38 | 51 | 7 | 26 | 67 | 29.3*** |
| Anxious | 19 | 40 | 41 | 10 | 33 | 57 | 32.7*** |
| Exhausted | 16 | 25 | 58 | 10 | 17 | 73 | 25.6*** |
| Stressed | 20 | 35 | 45 | 13 | 27 | 60 | 25.5*** |
| Fatigued | 13 | 22 | 65 | 6 | 12 | 81 | 35.4*** |

*** $p < 0.001$. [†]The term Trust was used in survey 1

versus 37%), exhaustion (39% versus 29%), stress (43% versus 33%) and fatigue (46% versus 40%).

For positive affect among clergy, 56% reported feeling *less* excited in survey 2 compared to 34% in survey 1, with similar changes for happiness (41% versus 26%), and confidence (27% versus 11%). As with laity, change in hope suggested a more divided response in the second survey; whereas 22% were less hopeful in survey 2 (compared to 16% in survey 1), 40% were more hopeful (compared to 34% in survey 1). Thankfulness was again high and unchanged between surveys. For negative affect among clergy, 67% reported feeling *more* frustrated in survey 2 (compared to 51% in survey 1), with similar figures for anxiety (57% versus 41%), exhaustion (73% versus 58%), stress (60% versus 45%), and fatigue (82% versus 65%).

Changes in affect balance

In both laity and clergy, perceived levels of positive affect declined and negative affect increased between survey 1 and survey 2 (Table 4a & b). Mean TIBACH scores declined from 9.33 to 7.88 among laity and from 8.81 to 6.91 among clergy, a highly statistically significant change in each case. Clergy scores were lower than laity scores, and we have shown elsewhere in the first survey that this difference persists after controlling for profile variations between these two groups in the Church of England (Village & Francis, 2021b).

Discussion

This study of a large sample of clergy and lay people in the Church of England at two crucial periods of the COVID-19 pandemic in England (during the first and third lockdowns) has demonstrated in a religiously committed population the ongoing deleterious effects of lockdown on psychological well-being. The measure of well-being developed in survey 1,

Table 4 Changes in Mean Affect Scale Scores Between Surveys

| (a) Laity | Survey 1 | | Survey 2 | | <i>t</i> |
|-----------------|----------|-----------|----------|-----------|----------|
| | 2816 | | 1027 | | |
| | Mean | <i>SE</i> | Mean | <i>SE</i> | |
| Positive affect | 10.22 | 0.04 | 9.65 | 0.07 | -6.37*** |
| Negative affect | 10.89 | 0.05 | 11.77 | 0.08 | 9.03*** |
| TIBACH | 9.33 | 0.08 | 7.88 | 0.14 | -9.08*** |
| (b) Clergy | Survey 1 | | Survey 2 | | <i>t</i> |
| <i>N</i> = | 792 | | 401 | | |
| | Mean | <i>SE</i> | Mean | <i>SE</i> | |
| Positive affect | 10.61 | 0.08 | 9.85 | 0.12 | -5.29*** |
| Negative affect | 11.80 | 0.10 | 12.94 | 0.12 | 7.50*** |
| TIBACH | 8.81 | 0.15 | 6.91 | 0.20 | -7.38*** |

*** $p < 0.001$. TIBACH = The Index of Balanced Affect Change

the TIBACH, proved to be a useful way of assessing changes between lockdowns in balanced affect levels of clergy and lay people. Two issues arise that warrant attention.

First, the poorer psychological well-being of clergy than laity, first reported in survey 1 (Village & Francis, 2021b), persisted in the third lockdown. In this study, we compared only stipendiary parochial clergy, the group that seemed to be most seriously affected by the lockdown. It was these clergy who carried the most direct responsibility for maintaining Christian ministry within their parishes, and they may have felt the weight of this responsibility bearing down on them. Support from a range of sources did mitigate some of the declines in well-being during the first lockdown, but more research on the second survey data is needed to show whether support continued to be important as lockdown life dragged on.

Second, and most importantly, the worsening effects of a year or more of pandemic life were apparent in both clergy and lay people. These were partly due to declines in positive affect and partly due to increases in negative affect. Increasing proportions of respondents reported declines in excitement, happiness, and confidence in the third lockdown compared with the first. Declines in a sense of excitement seemed to be a noticeable change in both groups. At the same time, higher proportions reported increases in frustration, anxiety, exhaustion, stress, and fatigue. For lay people the biggest changes seemed to be in levels of frustration and anxiety, while for clergy the effects were most apparent in fatigue, anxiety, and frustration. In both groups, levels of thankfulness seemed to remain constant and fairly high, and this may have helped to mitigate some of the changes in negative affect. Results from survey 1 indicate that there were, among some people, signs of 'spiritual awakening', with increased prayerfulness and feeling closer to God during the first lockdown (Francis et al., 2022). This too may have helped people to cope, but there was little sense from the results reported here that the membership of the Church of England had managed to learn to live in lockdown in ways that returned them to pre-pandemic levels of psychological well-being. Further work will be needed with these instruments in the future to see if there is eventually a perception of returning to pre-COVID affect levels.

The current study was based on a large convenience sample, and it was not possible to tell accurately how representative it was of the Church of England as a whole. Future studies would benefit from more sensitive and robust instruments. There was no comparable measure of well-being prior to the pandemic, so the measure used here was of perceived change in well-being rather than an absolute measure. Future studies of the effects of pandemics or other crises on churchgoers would benefit from panel surveys that would allow well-being to be measured in the same subjects before and after the onset of a crisis.

Conclusions

This study has demonstrated that self-perceived changes in psychological well-being, as assessed by affect balance, declined among Church of England laity and clergy between the first and third national COVID-19 lockdowns in 2020 and 2021. This was due to both decline in positive affect and increase in negative affect, with the latter being particularly marked in some areas, such as frustration, anxiety, and fatigue. Stipendiary parochial clergy had lower levels of well-being than lay people at both time points. There was no evidence to suggest that coping might have improved with greater experience of lockdowns, nor that the church as a whole had learnt how to mitigate the effects of lockdown on its clergy or laity. Given the

increasing likelihood of similar pandemics in the future, it would be good to embed knowledge and practice of support mechanisms in the ongoing life of the Church.

Appendix

Items in The Index of Balanced Affect Change (TiBACH)

How would you rate how you are now compared with before the pandemic started?

(Please click one button for EACH item)

| | Much less | Somewhat less | About the same | Somewhat more | Much more |
|------------|-----------|---------------|----------------|---------------|-----------|
| Exhausted | | | | | |
| Creative | | | | | |
| Excited | | | | | |
| Anxious | | | | | |
| Stressed | | | | | |
| Happy | | | | | |
| Thankful | | | | | |
| Hopeful | | | | | |
| Confident | | | | | |
| Fatigued | | | | | |
| Frustrated | | | | | |

Declarations

Ethical approval Ethical approval was granted by the Research Ethics Committee for the School of Humanities, Religion and Philosophy at York St John University (approval code: HRP-RS-AV-04–20-01). All participants had to affirm they were 18 or over and give their informed consent by clicking a box that gave access to the rest of the survey.

Conflict of interest No conflicts of interest were reported by the authors.

References

- Ammar, A., Trabelsi, K., Brach, M., Chtourou, H., Boukhris, O., Masmoudi, L., Bouaziz, B., Bentlage, E., How, D., Ahmed, K., Mueller, P., Mueller, N., Hammouda, O., Paineiras-Domingos, L. L., Braakman-Jansen, A., Wrede, C., Bastoni, S., Pernambuco, C. S., Mataruna, L., ... & Hoekelmann, A. (2021). Effects of home confinement on mental health and lifestyle behaviours during the COVID-19 outbreak: Insights from the ECLB-COVID19 multicentre study. *Biology of Sport*, *38*(1), 9–21. <https://doi.org/10.5114/biolsport.2020.96857>
- Appleby, L., Richards, N., Ibrahim, S., Turnbull, P., Rodway, C., & Kapur, N. (2021). Suicide in England in the COVID-19 pandemic: Early observational data from real time surveillance. *The Lancet Regional Health – Europe*, *4*, 100110. <https://doi.org/10.1016/j.lanepe.2021.100110>
- Bradburn, N. M. (1969). *The structure of psychological well-being*. Aldine.
- Brodeur, A., Clark, A. E., Fleche, S., & Powdthavee, N. (2021). COVID-19, lockdowns and well-being: Evidence from Google Trends. *Journal of Public Economics*, *193*, 104346. <https://doi.org/10.1016/j.jpube.2020.104346>
- Chang, M.-C., Chen, P.-F., Lee, T.-H., Lin, C.-C., Chiang, K.-T., Tsai, M.-F., Kuo, H.-F., & Lung, F.-W. (2021). The effect of religion on psychological resilience in healthcare workers during the coronavirus disease 2019 pandemic. *Frontiers in Psychology*, *12*, 628894. <https://doi.org/10.3389/fpsyg.2021.628894>
- Church of England. (2021). *Living ministry research*. Retrieved 27 August 2021 from <https://www.churchofengland.org/resources/diocesan-resources/ministry/ministry-development/living-ministry/living-ministry-research>
- Coppola, I., Rania, N., Parisi, R., & Lagomarsino, F. (2021). Spiritual well-being and mental health during the COVID-19 pandemic in Italy. *Frontiers in Psychiatry*, *12*, 626944. <https://doi.org/10.3389/fpsyg.2021.626944>
- Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2020). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: Does religious coping matter? *Journal of Positive Psychology*, 1–12. <https://doi.org/10.1080/17439760.2020.1832247>
- Dein, S., Loewenthal, K., Lewis, C. A., & Pargament, K. I. (2020). COVID-19, mental health and religion: An agenda for future research. *Mental Health, Religion & Culture*, *23*(1), 1–9. <https://doi.org/10.1080/13674676.2020.1768725>
- Francis, L. J., Kaldor, P., Robbins, M., & Castle, K. (2005a). Happy but exhausted? Work-related psychological health among clergy. *Pastoral Sciences*, *24*(2), 101–120.
- Francis, L. J., Robbins, M., & Astley, J. (2005b). *Fragmented faith? Exposing the fault-lines in the Church of England*. Paternoster Press.
- Francis, L. J., & Village, A. (2021a). Introducing The Index of Balanced Affect Change (TIBACH): A study among Church of England clergy and laity. *Mental Health Religion & Culture*, *24*(8), 770–779. <https://doi.org/10.1080/13674676.2021.1923679>
- Francis, L. J., & Village, A. (2021b). The pandemic and the feminisation of the church? How male and female churchgoers experienced the Church of England's response to Covid-19. *Journal of Beliefs & Values*, 1–10. <https://doi.org/10.1080/13617672.2021.1933304>
- Francis, L. J., & Village, A. (2021c). Reading the Church of England's response to the Covid-19 crisis: The diverging views of Anglo-Catholic and Evangelical clergy. *Journal of Anglican Studies*, 1–13. <https://doi.org/10.1017/S1740355321000267>
- Francis, L. J., Village, A., & Lewis, C. A. (2022). Spiritual awakening among church members during the pandemic: An empirical study in England and Wales. *Journal of Empirical Theology*. <https://doi.org/10.1163/15709256-20221427>

- Ipsos MORI. (2021). *Coronavirus polling 130221*. Retrieved 23 August 2021 from https://www.ipsos.com/sites/default/files/ct/news/documents/2021-01/ipsos_mori_january_2021_coronavirus_polling_130121_public.pdf
- Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health, 59*(5), 2205–2214. <https://doi.org/10.1007/s10943-020-01035-2>
- Koenig, H. G., King, D., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). Oxford University Press.
- Kwong, A. S. F., Pearson, R. M., Adams, M. J., Northstone, K., Tilling, K., Smith, D., Fawns-Ritchie, C., Bould, H., Warne, N., Zammit, S., Gunnell, D. J., Moran, P. A., Micali, N., Reichenberg, A., Hickman, M., Rai, D., Haworth, S., Campbell, A., Altschul, D., ... & Timpson, N. J. (2021). Mental health before and during the COVID-19 pandemic in two longitudinal UK population cohorts. *British Journal of Psychiatry, 218*(6), 334–343. <https://doi.org/10.1192/bjp.2020.242>
- Marshall, L., Bibby, J., & Abbs, I. (2020). Emerging evidence on COVID-19's impact on mental health and health inequalities. <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>. Accessed 18 June 2020.
- McFerran, L., & Graveling, L. (2021). *Clergy wellbeing changes during the COVID-19 pandemic*. Church of England. <https://www.churchofengland.org/sites/default/files/2021-08/Living%20Ministry%20Wave%203%20-%20Clergy%20Wellbeing%20and%20the%20pandemic.pdf>
- McGowan, A. (2020). Communion and pandemic. *Journal of Anglican Studies, 18*(1), 2–8. <https://doi.org/10.1017/S1740355320000285>
- Mental Health Foundation. (2020). *Coronavirus: Mental health in the pandemic*. <https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic>. Accessed 14 December 2020.
- O'Connor, D. B., Aggleton, J. P., Chakrabarti, B., Cooper, C. L., Creswell, C., Dunsmuir, S., Fiske, S. T., Gathercole, S., Gough, B., Ireland, J. L., Jones, M. V., Jowett, A., Kagan, C., Karanika-Murray, M., Kaye, L. K., Kumari, V., Lewandowsky, S., Lightman, S., Malpass, D., ... & Armitage, C. J. (2020). Research priorities for the COVID-19 pandemic and beyond: A call to action for psychological science. *British Journal of Psychology, 111*(4), e12468. <https://doi.org/10.1111/bjop.12468>
- O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A. J., Niedzwiedz, C. L., O'Carroll, R. E., O'Connor, D. B., Platt, S., Scowcroft, E., Watson, B., Zortea, T., Ferguson, E., & Robb, K. A. (2021). Mental health and well-being during the COVID-19 pandemic: Longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *British Journal of Psychiatry, 218*(6), 326–333. <https://doi.org/10.1192/bjp.2020.212>
- ONS. (2020). *Coronavirus and the social impacts on Great Britain: 11 December 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/11december2020#impacts-on-life-and-well-being-of-adults-experiencing-some-form-of-depression-or-anxiety>. Accessed 11 December 2020.
- ONS. (2021a). *Coronavirus and the social impacts on behaviours during different lockdown periods, Great Britain: Up to February 2021a*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/coronavirusandthesocialimpactsonehavioursduringdifferentlockdownperiodsgreatbritainuptofebruary2021a#well-being-and-mental-health>. Accessed February 2021.
- ONS. (2021b). *Deaths from suicide that occurred in England and Wales: April to July 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsfromsuicidethatoccurredinenglandandwales/aprilandjuly2020>. Accessed April to July 2020.
- PHE. (2021). *Variants of concern or under investigation: Data up to 16 June 2021*. <https://www.gov.uk/government/publications/covid-19-variants-genomically-confirmed-case-numbers/variants-distribution-of-case-data-18-june-2021>. Accessed 16 June 2021.
- Pierce, M., Hope, H., Ford, T., Hatch, S., Hotopf, M., John, A., Kontopantelis, E., Webb, R., Wessely, S., McManus, S., & Abel, K. M. (2020). Mental health before and during the COVID-19 pandemic: A longitudinal probability sample survey of the UK population. *Lancet Psychiatry, 7*(10), 883–892. [https://doi.org/10.1016/S2215-0366\(20\)30308-4](https://doi.org/10.1016/S2215-0366(20)30308-4)
- Pirutinsky, S., Cherniak, A. D., & Rosmarin, D. H. (2020). COVID-19, mental health, and religious coping among American Orthodox Jews. *Journal of Religion and Health, 59*(5), 2288–2301. <https://doi.org/10.1007/s10943-020-01070-z>
- Schnabel, L., & Schieman, S. (2021). Religion protected mental health but constrained crisis response during crucial early days of the COVID-19 pandemic. *Journal for the Scientific Study of Religion*. <https://doi.org/10.1111/jssr.12720>
- Sherwood, H. (2021). Thousands of churches in England opt to close over Covid fears. *The Guardian*. <https://www.theguardian.com/world/2021/jan/17/thousands-of-churches-in-england-opt-to-close-over-covid-fears>. Accessed 17 January 2021.

- Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., & Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcomes*, 5(1), 63. <https://doi.org/10.1186/1477-7525-5-63>
- Thomas, J., & Barbato, M. (2020). Positive religious coping and mental health among Christians and Muslims in response to the COVID-19 pandemic. *Religions*, 11(10), 498. <https://doi.org/10.3390/rel11100498>
- Village, A. (2018). *The Church of England in the first decade of the 21st century: The Church Times surveys*. Palgrave Macmillan. <https://www.palgrave.com/gb/book/9783030045272>
- Village, A., & Francis, L. J. (2021a). Churches and faith: Attitude towards church buildings during the 2020 Covid-19 lockdown among churchgoers in England. *Ecclesial Practices*, 8(2), 216–232. <https://doi.org/10.1163/22144417-bja10025>
- Village, A., & Francis, L. J. (2021b). Exploring affect balance: Psychological wellbeing of Church of England clergy and laity during the Covid-19 pandemic. *Journal of Religion & Health*, 60, 1556–1575. <https://doi.org/10.1007/s10943-021-01225-6>
- Village, A., & Francis, L. J. (2021c). Wellbeing and perceptions of receiving support among Church of England clergy during the 2020 COVID-19 pandemic. *Mental Health Religion & Culture*, 24(5), 463–477. <https://doi.org/10.1080/13674676.2021.1906214>
- White, R. G., & Van Der Boor, C. (2020). Impact of the COVID-19 pandemic and initial period of lockdown on the mental health and well-being of adults in the UK. *BJPsycho Open*, 6(5), e90. <https://doi.org/10.1192/bjo.2020.79>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.