

# Religiosity/Spirituality and the COVID-19 Pandemic

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**ABSTRACT:** In this study, the author aimed to clarify some issues concerning the relationship between religion (faith, Christianity, cults, Islam, religiosity, prayer and spirituality) and the COVID-19 pandemic from a (mental) health perspective. The conclusion reached is that only three of the factors related to religion, COVID-19 and mental health have been investigated in the literature: Religious doctrinal responses to the pandemic - the effect of religiosity/spirituality on (promoting) health in the COVID-19 pandemic type; changes in religious behavior - the effect of spiritual connections, religious practices, 'social distancing', religion as a risk of virus spread, restrictions, and technology; and religious confrontations - the effects of religiosity/spirituality on (promoting) health. Prejudice, i.e., attitudes and behavior towards religious groups that increase suffering and precipitate mental illness, was ignored.

**KEYWORDS:** religion, religiosity, spirituality, COVID-19 pandemic

## Introduction

The coronavirus pandemic or COVID-19 pandemic is an ongoing global pandemic of coronavirus 2019 (a contagious disease caused by SARS-CoV-2 virus) manifested by severe acute respiratory syndrome coronavirus 2 (a strain of coronavirus that causes COVID-19). First identified in Asia (China) in 2019, the virus spread worldwide in 2020, when the World Health Organization (WHO) declared the outbreak a public health emergency of international concern, to end it in 2023. But the pandemic is still claiming victims. In April 2020, WHO provided some interim guidance on issues such as public gatherings, conducting remote/virtual faith manifestation activities, safe religious/spiritual ceremonies, safe burial practices, strengthening mental health and resilience, and the role of religious/spiritual leaders in education on COVID-19 while supporting human rights and addressing stigma and discrimination. As expected, the researchers focused on the pandemic from its early onset to its end, and one of the research perspectives was the relationship between religion (faith, Christianity, cults, Islam, religiosity, prayer and spirituality) and the COVID-19 pandemic from a (mental) health perspective.

Dein et al. (2020, 6) examined four categories of factors related to religion, COVID-19 and mental health: religious doctrinal responses to pandemics (apocalyptic texts and beliefs vs. comforting beliefs - belief in a loving and protective God; belief in an all-knowing and all-powerful God; belief in the afterlife), changes in religious behavior (decline in collective worship vs. growth of online worship, private worship/prayer), prejudice (attitudes and behavior toward religious groups increase distress and precipitate mental illness), and religious confrontations "feelings of anger about abandonment or being punished by God; concern that trauma may reflect the work of the devil or demonic forces; doubts about the truth of religious belief; questions about the ultimate meaning and purpose of life; struggles with respect for moral values; and conflicts with others about religious issues."

## Religious doctrinal responses to the pandemic

Weiner, Lavery and Nardi (2020) reviewed international legal frameworks that address limiting religious freedom on public health grounds during the COVID-19 pandemic and provided

examples of countries where religious freedom and public health interventions intersect (Saudi Arabia, China, South Korea, United Arab Emirates, Georgia, Iran, Italy, Tajikistan, Vatican).

Barmania and Reiss (2021) advanced three main arguments regarding the importance of religion for health promotion in the COVID-19 pandemic: religion plays an important role in the discussion of the likelihood of people becoming infected with COVID-19; religion should not be seen as a "problem" in terms of COVID-19, but as an important part of many people's worldview and lifestyle; and the existence of valuable health promotion lessons that can be learned not only from the intersection of religion and other infectious diseases, but also from approaches taken in science education. In addition, religion can contribute substantially to health promotion, including introducing perspectives on the meaning of life and death that may differ from those held by many people without religious faith. Bentzen (2021) recalled that in times of crisis, people tend to turn to religion for comfort and explanation and conducted a survey that showed that at the beginning of the COVID-19 pandemic, more than half of the world's population prayed to end the coronavirus. Prayer-seeking increased - across all levels of income, inequality and insecurity; on all continents, for all types of religion except Buddhism; among the most religious - not because physical churches closed to limit the spread of the virus, but because of an intensified need for religion. Dein (2021, 5) differentiated between religious "apocalypticism" (based on eschatology and where apocalypse means the rapture of believers to heaven while those on earth will suffer tribulation) and secular "apocalypticism" (based on radical political and economic change and where apocalypse signifies sociopolitical change) and argued that both were identified following infection with COVID-19. Davisson (2021) noted that a state seeking to enact mandatory vaccination laws in response to the COVID-19 crisis should consider the developments in religious freedom legislation over the past century and offer alternatives to those believers who cannot in good conscience submit to injecting a substance into their bodies in violation of their deepest and most personal religious beliefs (Rotaru 2019, 208-215).

Martínez-Torrón (2021, 3) addressed the issue of religious doctrinal responses to the COVID-19 pandemic, recalling that "religious freedom, like any other fundamental freedom, requires specific legal treatment that is based on a proper understanding of the importance or centrality that certain acts of worship or religious assistance have for the doctrine of churches and religious communities, as well as for the practice of religion by their members." Martínez-Torrón also added that the traditional doctrine that international conventions do not impose a particular system of relations between state and religion remains intact, as this is a sensitive issue in which culture, history and socially accepted values play a crucial role and that for many people, "prayer in a temple has a special significance and cannot easily be replaced by other practices, which offers a particular nuance in the case of Catholic and Orthodox Christians because of the consequences of the theological doctrine of transubstantiation and belief in the real and continuing presence of Jesus Christ in consecrated form". Thus, the Vatican has taken a very flexible and deferential position to governmental choices in this matter, rather than pressuring and urging governments to choose and promote those vaccines that have been developed using resources that match the moral standards of Catholic doctrine. Rigoli (2021, 2196) explored the role of stress-induced anxiety and prior religiosity in the context of the COVID-19 pandemic and found an interaction effect on change in religious beliefs ( $t(276)=2.27, p=.024$ ): for strong believers, higher coronavirus anxiety was associated with increasing strengthening of religious beliefs ( $r=.249$ ); for nonbelievers, higher anxiety about coronavirus was associated with increased skepticism about religious beliefs ( $r=-.157$ ). Sahgal and Connaughton (2021, 3) examined views of religious belief and family relationships worldwide during the COVID-19 pandemic in the U.S. and found that nearly 30% of U.S. adults said the epidemic boosted their faith. According to Ting et al. (2021, 3), Christians

generally adhere to the religious belief that suffering, including illnesses (such as coronavirus 2019 disease) may be caused by a trial by God, a punishment from God, weakening of faith, or personal sin. Ting et al. (2021, 11-12) did a survey to identify pandemic causal representations and found the following explanations: Consequences of human attitudes (human ignorance, lack of awareness and education, public mentality, inhuman characters, public emotional reaction, underestimation of virus severity), consequences of human behavior (unusual food choices and behavior, poor public health behavior, reckless behavior, uncooperative community, human-caused environmental disaster, high-risk individuals not following protocols, non-compliance with government protocols, unhealthy lifestyle, fake news), ecological explanation (animal contact, natural disaster, population problem, environmental problem, natural process), medical explanation (bio-mutation, contact with COVID-19 positive cases, physical contact, difficult detection, infection, high risk and severity rate, physical symptoms, weak immune system, virus transmission, microbiological transmission), religious-spiritual explanation (personal belief, fatalism, sin, punishment from God, test from God, God's will), social factors (social gathering, human existence, cultural factor, religious factor, interaction, human mobility, sharing of space), socio-political reasons (China, man-made disaster, economic factor, inefficient government, weak preventive measures, international politics, poor medical resources, USA). Note that religious-spiritual explanations account for only 11.6% of the total of 51 explanations.

Diego Cordero et al. (2022) reviewed the scientific literature on the role of spirituality and religiosity in healthcare during the COVID-19 pandemic and found that spirituality can be considered a good coping strategy used by healthcare professionals to promote mental health and well-being, leading to greater patient satisfaction with care, and that addressing the spiritual needs of individuals leads to a reduction in anxiety, depression and stress and an increase in resilience and hope among patients. Idler, Bernau and Zaras (2022) ranked the prevalence of articles in the New York Times (a New York City-based daily newspaper with a reported worldwide digital-only subscriber base of 9.41 million and 670,000 print edition subscribers in 2023) during the COVID-19 pandemic by faith-based groups/organizations (and with the facilities, familiarity, leadership, resources, and trust of their members and neighbors) and found that religious support ranked #1, worship-related risk considerations - #2, observance of religious holidays - 4th place, church services - 5th place, Christian stories - 6th place, Christian death - 8th place, observance of Muslim holidays - 9th place, outbreaks in churches - 12th place, Jewish funerals - 22nd place, and spirituality - 28th place. Levin, Idler and VanderWeele (2022) pointed out that local public health agencies, pharmaceutical corporations, vaccine distributors, civil society sector institutions, health ministries, faith-based organizations (through religious authorities, clergy, religious denominations, religious congregations, religious groups, religious institutions, religious leaders, church members, religious bodies) and non-governmental organizations have played a crucial role in mass vaccination as the surest way to achieve global herd immunity against SARS-CoV-2 infection. Rothstein (2022, 8) also noted that some employees opposed vaccination against COVID-19 for various reasons, including that vaccination violates their religious beliefs (regarding the use of fetal cell lines in vaccine development or religious freedom) and that employees challenge the mandatory vaccination against COVID-19 on religious grounds, to which end it was decided to first determine whether their refusal to vaccinate is for religious rather than philosophical, political, or medical reasons.

### **Changes in the organization of religious life**

Baker et al. (2020, 357) considered heuristic and innovative approaches to the study of religion during "social distancing" to reveal ongoing changes in religion and suggested focusing on several

key analytical themes such as epidemiology, epistemology, methodology (the restriction on qualitative research), religious organizations and their civic engagement with the local community; religious organizations and institutions (conflicts between religious groups and local, state, and federal governments regarding social gatherings, asynchronous consumption, and participation in religious services; privatization of religiosity; changing conditions in the religious environment to favor groups that are already technologically advanced and adequately staffed to facilitate technologically mediated religious innovation and distribution); religious practice (privatization); theodicy ("part of apologetics concerned with demonstrating that the existence of evil, injustice in the world does not disprove divine goodness" - DEX'16: the relation of particular religious traditions to scientific authority; and claims and experiences of miraculous healing). Boguszewski et al. (2020) and Boguszewski, Makowska and Podkowińska (2022) conducted surveys during the period of the strictest Polish government restrictions in response to the pandemic and found that people spent more time praying and engaging in other religious practices than previously (behavior related to non-compliance with some government restrictions, holding less knowledge about COVID-19, or a greater tendency to believe in conspiracy theories) and that there were disruptions in religious practice due to social distancing regulations. Chow and Kurlberg (2020, 1) examined how churches in Asia (Hong Kong and Singapore) and Europe (UK and Sweden) understood and chose to implement (or maintain) online or mass services and concluded that, despite the debate around the theological implications of digitising church services and the general concern that the digital church is not 'church' or, indeed, not 'Christian', the digital church offers a new dimension of the incarnational church - one that has the potential to live out the *missio Dei* in and beyond the COVID-19 pandemic. In Poland, changes in the organization of religious life have included limited (Catholic and Orthodox) or totally suspended (Protestant) religious life while maintaining contact with the faithful in a variety of ways, using modern technologies and access to public media in this regard (Sulkowski and Ignatowski 2020, 1).

Algahtani et al. (2022) assessed the intensity of stress and anxiety symptoms experienced by people during the COVID-19 pandemic to see how much they were alleviated by the use of spiritual connections and found that reliance on them helped older people cope with exaggerated fear during the initial phase of the pandemic and reduced the risk of experiencing anxiety and stress symptoms, while women and younger participants were relatively vulnerable to developing these symptoms. Turan, Bostan, and Baynal (2022) identified and defined the effect of the coronavirus pandemic on religious perspectives and practices and found that the pandemic allowed religious people to re-contemplate their religious perspectives, faith, and worship and provided opportunities for self-evaluation, strengthening of faith, attention to worship, and awareness of human rights, social responsibility, and coexistence.

Sisti et al. (2023) investigated how religions posed both a risk for the spread of the virus and a valuable opportunity to involve people (especially minorities) in the fight against the COVID-19 pandemic. They concluded that in order to overcome this pandemic and to be prepared for similar pandemics in the future, scientists, politicians and health professionals should recognize the role that culture and religion play in people's lives and how they can help address complex health challenges.

### **Religious clashes**

Religious clashes have included, among other things, perceptions of faith. Hart and Koenig (2020, 1141) saw faith as a rock for religious people to hold on to. Kowalczyk et al. (2020, 2676) tested the power of spirituality in the face of the coronavirus pandemic (whether exposure to COVID-19

enhances faith or not) and found that people experiencing fear, suffering or illness often experience a "spiritual renewal." They also advanced the idea of a new "coronavirus generation", in which the development of spirituality (Rotaru 2020, 71-82) will create a mature attitude based on truth and freedom.

Upenieks and Ellison (2023) argue that religious/spiritual beliefs need to be nurtured/maintained in the face of adversity (COVID-19 pandemic), as the benefits to human well-being could serve as guidance for both religious leaders and religious/spiritual people. Increasing/maintaining religious/spiritual beliefs can be accomplished by family members, friends and religious leaders who can invite people to discuss religious/spiritual issues, especially their relationship with God, with special attention paid to helping believers combat any spiritual confrontations or doubts that might prevent them from relying more on their faith.

## Conclusions

Of the four categories of religion-related factors - COVID-19 and mental health (Dein et al. 2020, 6) - only three have caught the researchers' attention: religious doctrinal responses to pandemics, changes in religious behavior, and religious confrontations. Religious doctrinal responses to the pandemic were not fully investigated until 2021, after data on the issue became available. Thus, the effect of religiosity/spirituality on (promotion of) health in the COVID-19 pandemic type was examined (Weiner, Lavery and Nardi 2020; Barmania and Reiss 2021; Bentzen 2021; Dein 2021; Rigoli 2021; Ting et al. 2021; Diego Cordero et al. 2022; Idler, Bernau and Zaras 2022; Levin, Idler and VanderWeele 2022; Rothstein 2022), but also the effect of the pandemic on religiosity/spirituality (Davisson 2021; Martínez-Torrón 2021; Sahgal and Connaughton 2021).

Changes in the organization of religious life have been analysed in terms of the effects of the pandemic on religiosity/spirituality as early as 2020 and have focused on the effect of spiritual connections (Algahtani et al. 2022), religious practices (Turan, Bostan and Baynal 2022), "social distancing" (Baker et al. 2020), religion as a risk of virus spread (Sisti et al. 2023), restrictions (Boguszewski et al. 2020; Boguszewski, Makowska and Podkowińska 2022) and technology (Chow and Kurlberg 2020; Sulkowski and Ignatowski 2020). Religious clashes have been examined from the perspective of the effects of religiosity on (promoting) health (Hart and Koenig 2020; Kowalczyk et al. 2020; Upenieks and Ellison 2023).

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