Debate

Culturally based coping with COVID-19 pandemic: using constructive roles of the spiritual systems with appropriate function

Sepideh Omidvari *

Cancer Research Centre, Cancer Institute of Iran, Tehran University of Medical Sciences (TUMS), Tehran, Iran

*Corresponding author. E-mail: somidvari@sina.tums.ac.ir

Summary

Considering the global number of confirmed COVID-19 cases and deaths, it is not strange that COVID-19 disease is a reminiscent of concepts such as death and affliction with a serious disease. Furthermore, it might remind people of issues such as the reason(s) for occurrence of deplorable events in the universe, the meaning of life, individuals’ duties toward themselves and others, the relationship between the nature and human beings, and individuals’ relationship with a higher being (in case there is a belief in a higher being), i.e. the subjects spirituality deals with. The constructive or destructive role of each of religious and non-religious spiritual systems at the time of crises are observed more clearly than ever. The present paper addresses roles which spiritual systems might play in facing the COVID-19 disease crisis, considering different areas of spiritual well-being and the possibility that spiritual systems might be affected by perceived challenges during a pandemic. Because of the problems interfering with overcoming COVID-19 pandemic and the risk of next waves of its epidemics and pandemics, it is necessary for health policy-makers to use all available capacities and capabilities to counteract the disease, including using both internal motivations (such as spiritual beliefs which prohibit hurting oneself and others and which emphasize performing social responsibilities) and external ones (e.g. regulations) to cope with it. It makes sense for public health officials in different countries to use more actively the potential of those spiritual systems that support COVID-19 public health recommendations, as a culturally based intervention and policy.

Lay summary

COVID-19 disease might remind people of issues such as the reason(s) for occurrence of deplorable events in the universe, the meaning of life, individuals’ duties toward themselves and others, the relationship between the nature and human beings, and individuals’ relationship with a higher being as an omnipotent (in case there is a belief in a higher being). These are the subjects which spirituality deals with. Some spiritual packages (or say spiritual systems), religious or non-religious, might respond appropriately to our questions about the above topics and help us to get through the disasters.
such as COVID-19 disease with the least complications and some might not. Given what health officials and scientists have said regarding COVID-19 pandemic, it is important to adhere to those spiritual systems which could help us:
- Do our best in order to prevent endangerment of our life and that of other people.
- Lead, despite all the bitter facts, a meaningful life during the pandemic.
- When afflicted with the disease, cope with it well and also cope with the possibility of death.
- Learn the lesson ‘every good thing you wish for yourself, wish it for others too, and every evil thing you do not like for yourself, do not like it for others either’.

Key words: COVID-19 pandemic, coronavirus, crisis, spiritual well-being, spirituality, religion, spiritual health

According to World Health Organization (WHO) Coronavirus disease 2019 (COVID-19) situation reports (WHO, 2021a), COVID-19 pandemic has infected of and caused death of million people in the world.

Given problems such as the world’s involvement in COVID-19 crisis, uncertainties about COVID-19 vaccines (Subbarao, 2020), and possible mutations in the virus, it is unclear how long the crisis will last and how long people in different countries should continue protective behaviors. Therefore, it seems that health policy-makers must adopt a comprehensive approach to address the problem.

HEALTH PROMOTION AND COVID-19 PANDEMIC

Health promotion, as ‘the process of enabling people to increase control over, and to improve their health’ (Unknown Author, 1987), does not just address non-communicable and chronic disease challenges (WHO, 2005; Marais et al., 2016). Public compliance with health recommendations on Coronavirus disease (COVID-19), such as hand washing, wearing face masks, observing physical distancing and avoiding crowds (WHO, 2021b), requires behavior change which is one of the core issues health promotion addresses (Van den Broucke, 2020).

Considering evidence of COVID-19 pandemic fatigue and its consequences in decreasing motivation to adhere recommended protective behaviors (WHO, 2020a), it seems that in addition to addressing contributing factors to pandemic fatigue, paying attention to the elements that can increase these motivations might also be helpful. Cultural considerations can be regarded as a part of a multifactorial action plan (WHO, 2020a) and holistic approach to reduce the pandemic fatigue. In fact, among the elements that affect pandemic fatigue and motivation to comply with recommendations, in addition to regulations, are cultural norms and values (WHO, 2020a) that are related to the social and spiritual context of individuals.

Empowering people (Kickbusch and Sakellarides, 2006) to deal with a pandemic is one of the health promotion responsibilities. Furthermore, motivating people has been introduced as one of the main factors in following the recommendations for preventing the spread of the Coronavirus (Michie et al., 2020).

Overcoming a pandemic, like many other health problems, cannot be done by the health sector alone (WHO, 1986). To deal with epidemics and pandemics, as well as knowledge, values and innovations are needed (Kickbusch and Sakellarides, 2006). Community resources should be identified and mobilized (Marais et al., 2016) and social responsibilities of people in the community should be strengthened (Okan et al., 2020). Some researchers believe that non-medical activities could even be the most important measures in pandemic control (Kickbusch and Sakellarides, 2006).

Acceptance and application of the information on COVID-19 that are available and understandable to all people are essential for the information to be helpful (Van den Broucke, 2020). In this regard, the significance of differing cultures, local customs and beliefs, and communities’ trusted, respected, and spiritual leaders, and faith-based groups should be taken into account (WHO, 1986; Marais et al., 2016).

Since it is important how communities and individuals make choices (Kickbusch and Sakellarides, 2006), the barriers to making the right choices must be identified and removed. It seems that combining diverse but complementary approaches could help health promotion policy (WHO, 1986).
Health promotion employs advantageous strategies including advocacy for health (WHO, 1986), i.e. boosting the factors that encourage health (WHO, Unknown), to make political, economic, social, cultural, environmental, behavioral and biological factors favorable to health (WHO, 1986). Jakarta Declaration on leading health promotion into the 21st century emphasizes the use of community cultural and spiritual resources, in addition to the social one, to promote health (WHO, 1997). The role of spirituality in making physical, social, economic and political environments supportive to health had been noticed before in Sundsvall Statement as well (WHO, 1991).

Taking advantage of the role that spiritual/religious leaders can play in promoting protective behaviors has been introduced as a strategic consideration (WHO, 2020a). Adelaide Recommendations on Healthy Public Policy authenticates religious leaders’ potential for maintaining and promoting people’s health (WHO, 1988). In COVID-19 pandemic, WHO has acknowledged various roles that religious leaders and faith-based communities might play to save lives and reduce the incidence of COVID-19 disease, including education, preparedness and response (WHO, 2020b). The capacity of Muslim and Christian religious leaders and related scriptures have been used successfully in some previous epidemics, such as the Ebola epidemic, to change some religious rituals that might have intensified the epidemic (WHO, 2020a). The Shanghai Declaration stresses the importance of shared values within society as a ground for the bold political leadership to achieve sustainable development (WHO, 2018).

Since different components of a culture, such as religion, might be both beneficial and harmful to health (WHO, 1986), some religious communities might have positive (e.g. disseminating practical health information and offering financial help) or negative (e.g. gathering in holy places to worship) functions regarding the COVID-19 pandemic, as it has been so with other crises throughout history (Wildman et al., 2020). In practice, after the onset of the COVID-19 crisis, for example, some followers of all the three major religions, Judaism (Halbfinger, 2020), Christianity (Rashid, 2020) and Islam (Beech, 2020), did not take health precautions for COVID-19 serious through gathering for religious rituals and continuing life as before. Based on scientific findings, it is possible that this factor has played a role in spreading the virus. While, in order to prevent the spread of COVID-19, the most important religious places for Jews, Christians and Muslims were closed for a few months according to public health recommendations. The basis of this decision, from spiritual points of view, was the importance of human beings’ lives, regardless of their race, nationality and religion, as a main principle in those religious spiritual systems.

Although the importance of spirituality and religion is not new to health promotion researchers, this paper, from a broader angle and in line with the goals of health promotion and health policy, addresses the effects that religious and non-religious spiritual systems can have on the COVID-19 pandemic control and its complications.

Spiritual systems usually generate contents in six areas, which shape the beliefs and behaviors of the followers. The areas, including existential issues, the individual’s relationship with a higher being (in case he believes in any), with himself, others and the nature as well as the individual’s social responsibility, are usually measured via spirituality/spiritual well-being instruments (Paloutzian and Ellison, 1982; WHO, 2002; Gomez and Fisher, 2003; Underwood, 2011).
Although beliefs and behaviors of adherents of different spiritual systems are always important (Koenig, 2013) and have positive and negative consequences at the individual, societal, national and international levels, in times of crises such as COVID-19 pandemic, the constructive or destructive roles of each of the spiritual systems are observed more clearly (Kowalczyk et al., 2020).

CONSTRUCTIVE ROLES OF SPIRITUAL SYSTEMS IN COVID-19 PANDEMIC

Spiritual systems might:

- Provide their adherents with logical interpretations, non-contradictory with valid scientific findings, concerning the reason(s) for the occurrence of the pandemic, as an evil in the universe.
- Help them, when afflicted with a disease, cope with it well and also cope with the possibility of their own death and the possibility and occurrence of their loved ones.
- Help them to still lead, despite all the bitter facts, a meaningful life.
- Persuade their followers to do their best in order to prevent endangerment of their life and that of other people, and to think of meeting the daily needs of the others as well as those of themselves and their family.
- Help them to learn the great lesson ‘every good thing you wish for yourself, wish it for others too, and every evil thing you do not like for yourself, do not like it for others either’.
- Encourage people to perform their social responsibilities such as helping the poor at the time of the pandemic in order for them to overcome the difficult time, to consider themselves as a part of a whole, part of the earth and the universe, and to respect life and rights of non-human creatures.
- Internally enrich individuals through providing them with a proper understanding of their position in the universe, giving meaning to their life, and helping them to have a satisfactory relationship with the creator of the universe (in case there is a belief in a higher being). Such people will have such an inner richness that they might be able to better tolerate loneliness, restriction of interpersonal relationships or being in a confined space.

The spiritual systems believing in a higher being might be able to help their adherents to have a close and intimate relationship with the higher being and help such a relationship not to be challenged or destroyed at the time of a crisis because of, e.g. the direct attribution of the crisis to Him (Bentzen, 2019).

DESTRUCTIVE ROLES OF SPIRITUAL SYSTEMS IN COVID-19 PANDEMIC

It has long been known that not all spiritual systems are exalting, but that some of them are harmful to their followers as well as the public (Rhazes, 1999). Some destructive roles of spiritual systems with inappropriate functions in the pandemic include (Rhazes, 1999; Puchalski et al., 2016; Dein et al., 2020; Wildman et al., 2020; WHO, 2020b):

- Providing interpretations on the occurrence of the pandemic that may cause a social stigma attached to the disease, such as inadequate religious observance or disobedience to God’s commands that might lead to blaming and accusing others.
- Disseminating opinions conflicting with scientific findings concerning the spread of Coronavirus, e.g. protection of believers from being infected with the virus because of their faith or presence in holy places.
- Spreading Coronavirus through holding collective worship, ceremonies and rituals contrary to the relevant instructions.
- Refusing to receive treatment because of spiritual beliefs.
- Refusing to help those whose spiritual beliefs are different.
- Allowing domestic violence by the husband and permitting parents to physically and mentally abuse children; a phenomenon that can be more prevalent during the pandemic due to its specific conditions.

THE POSSIBLE EFFECT OF COVID-19 PANDEMIC ON SPIRITUAL SYSTEMS

It seems that the COVID-19 pandemic, in addition to evaluating the way of crisis management by the officials in different countries and the degree of efficiency of various health systems, has provided conditions for different spiritual systems to be tested (Dein et al., 2020). The results of this practical assessment will shed light on constructive as well as destructive functions of religious and non-religious spiritual systems and might reveal which spiritual systems are able to help their adherents to live a proper life, to cope with critical conditions and to achieve spiritual health through acquiring a good position, considering the six mentioned domains.
The degree of internal coherence of a spiritual system in interpretation of deplorable events and the ability to provide its adherents with spiritual health are of great importance. Of course, the latter should not harm the physical and mental health of followers and non-followers of that system. The above two mentioned issues might be the criteria based on which the adherents of some spiritual systems, considering the experience of COVID-19 pandemic, might feel the need to reconsider their beliefs and behaviors and so the need for choosing a new spiritual system. Furthermore, the experience of this crisis might cause the thinkers and researchers of some spiritual systems to conclude that it is necessary to provide a new reading and understanding, a reading that offers a better function concerning spiritual concepts.

FINAL COMMENTS

Spirituality is one of community cultural resources and assets of societies to promote health (WHO, 1997). Spiritual/religious leaders can play significant roles in promoting protective behaviors (WHO, 2020a). Various roles that spiritual leaders and faith-based communities might play concerning the spread of Coronavirus have been acknowledged (WHO, 2020b). The capacity of different spiritual systems with appropriate functions have been used successfully in some previous epidemics (WHO, 2020a).

In addition to their traditional roles played in previous crises, spiritual systems, through shaping the beliefs and behaviors of the followers, are able to help to cope with the pandemic in six areas. The areas include existential issues, the individual’s relationship with a higher being (in case he believes in any), with himself, others and the nature as well as the individual’s social responsibility (Paloutzian and Ellison, 1982; WHO, 2002; Gomez and Fisher, 2003; Underwood, 2011).

Various spiritual systems, like other components of a culture, might be both beneficial and harmful to health (WHO, 1986). Considering the potential of spiritual systems with appropriate function to support COVID-19 public health recommendations and cope with some of its aftermaths, it makes sense for public health officials to use the capacities of the latter spiritual systems in the face of COVID-19 pandemic and its consequences.

FUNDING

This work was supported by Tehran University of Medical Sciences (TUMS) [grant number 97-01-159-37834]. The paper has emerged from the study supported. The author affirms that she has not entered into an agreement with the funder, which might have limited her ability to complete the research as planned, and indicates that she has had full control of all primary data.

CONFLICT OF INTEREST STATEMENT

None declared.

REFERENCES

Beech, H. (2020) ‘None of us have a fear of corona’: The faithful at an outbreak’s center. New York Times, 20 March. https://www.nytimes.com/2020/03/20/world/asia/coronavirus-malaysia-muslims-outbreak.html (last accessed 15 February 2021).

Bentzen, J. S. (2019) Acts of God? Religiosity and natural disasters across subnational world districts. The Economic Journal, 129, 2295–2321.

Dein, S., Loewenthal, K., Lewis, C. A. and Pargament, K. I. (2020) COVID-19, mental health and religion: an agenda for future research. Mental Health, Religion & Culture, 23, 1–9.

Ellis, J. and Llyd-Williams, M. (2012) Palliative care. In Cobb, M., Puchalski, Ch. M. and Rumbold, B. (eds), Oxford Textbook of Spirituality in Healthcare, Chapter 36. Oxford University Press, New York, pp. 257–263.

Gomez, R. and Fisher, J. W. (2003) Domains of spiritual well-being and development and validation of the Spiritual Well-Being Questionnaire. Personality and Individual Differences, 35, 1975–1991.

Halbfinger, D. (2020) Virus soars among ultra-orthodox Jews as many flout Israel’s rules. New York Times, 30 March. https://www.nytimes.com/2020/03/30/world/middleeast/coronavirus-israel-cases-orthodox.htm (last accessed 15 February 2021).

Kickbusch, I. and Sakellarides, C. (2006) Flu city—Smart city: applying health promotion principles to a pandemic threat. Health Promotion International, 21, 85–87.

Koenig, H. G. (2013) Spirituality in Patient Care. Templeton, Philadelphia.

Kowalczyk, O., Roszkowski, K., Montane, X., Pawliszak, W., Tylkowski, B. and Bajek, A. (2020) Religion and faith perception in a pandemic of COVID-19. Journal of Religion and Health, 59, 2671–2677.

Marais, F., Minkler, M., Gibson, N., Mwau, B., Mehtar, S., Ogunsola, F., et al. (2016) A community-engaged infection prevention and control approach to Ebola. Health Promotion International, 31, 440–449.

Michie, S., West, R., Amlôt, R. and Rubin, J. (2020) Slowing down the covid-19 epidemic: changing behaviour by understanding it. BMJ Opinion, 11 March. https://blogs.bmj.com/bmj/2020/03/11/slowing-down-the-covid-19-outbreak-changing-behaviour-by-understanding-it/(last accessed 7 February 2021).

Okan, O., Sørensen, K. and Messer, M. (2020) COVID-19: a guide to good practice on keeping people well informed. The Conversation, 19 March. https://theconversation.com/
covid-19-a-guide-to-good-practice-on-keeping-people-well-informed-134046 (last accessed 22 January 2021).

Paloutzian, R. F. and Ellison, C. W. (1982) Loneliness, spiritual well-being and the quality of life. In Peplau, L. A. and Perlman, D. (eds), Loneliness: A Sourcebook of Current Theory, Research and Therapy, Chapter 14. Wiley-Interscience, Harlow, pp. 224–237.

Puchalski, C. M., Vitillo, R., Hull, S. K. and Reller, N. (2014) Improving the spiritual dimension of whole person care: reaching national and international consensus. Journal of Palliative Medicine, 17, 642–656.

Puchalski, C. M., Ferrell, B. R. and O’Donnell, E. (2016) Spiritual Issues in Palliative Care. In Yennurajalingam, S. and Bruera, E. (eds), Oxford American Handbook of Hospice and Palliative Medicine and Supportive Care, 2nd edition, Chapter 21. Oxford University Press, New York, NY, pp. 257–272.

Rashid, R. (2020) Being called a cult is one thing, being blamed for an epidemic is quite another. New York Times, 9 March. https://www.nytimes.com/2020/03/09/opinion/coronavirus south-korea-church.html (last accessed 15 February 2021).

Rhazes, M. (1999) Spiritual medicine. In Mohaghegh M. (ed.), Analytical Studies on the Spiritual Physics of Razi, Chapter 4. Institute of Islamic Studies, Tehran, pp. 83–164.

Schmidt, N. A. and Mauk, K. L. (2004) Spirituality as a life journey. In Mauk, K. L. and Schmidt, N. K. (eds), Spirituality in Nursing Practice, Chapter 1. Lippincott Williams and Wilkins, Philadelphia, pp. 1–19.

Subbarao, K. (2020) COVID-19 vaccines: time to talk about the uncertainties. Nature, 586, 475.

Swinton, J. (2012) Healthcare spirituality: a question of knowledge. In Cobb, M., Puchalski, Ch. M. and Rumbold, B. (eds), Oxford Textbook of Spirituality in Healthcare, Chapter 15. Oxford University Press, New York, pp. 99–104.

Underwood, L. G. (2011) The daily spiritual experience scale: overview and results. Religions, 2, 29–50.

Unknown Author (1987). Ottawa charter for health promotion. World Health, May 16 – 17. https://apps.who.int/iris/handle/10665/53166 (last accessed 21 Feb 2021).

Van den Broucke, S. (2020) Why health promotion matters to public health. Nature Medicine, 26, 181–186.

Wildman, W. J., Bulbulia, J., Sosis, R. and Schjoedt, U. (2020) Religion and the COVID-19 pandemic. Religion, Brain & Behavior, 10, 115–117.

World Health Organization. (1986) The Ottawa Charter for Health Promotion. https://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf (last accessed 11 February 2021).

World Health Organization. (1988) Adelaide Recommendations on Healthy Public Policy. https://apps.who.int/iris/handle/10665/59559 (last accessed 12 February 2021).

World Health Organization. (1991) Sundsvall Statement on Supportive Environments for Health. https://apps.who.int/iris/handle/10665/59965 (last accessed 16 January 2021).

World Health Organization. (1997) The Jakarta Declaration on Leading Health Promotion into the 21st Century. Health Promotion International, 12, 261–264.

World Health Organization. (2002) WHOQOL-SRPB Field-test Instrument: WHOQOL Spirituality, Religiousness and Personal Beliefs (SRPB) Field-test Instrument: The WHOQOL-100 Questions Plus 32 SRPB Questions, 2012 Revision. https://apps.who.int/iris/handle/10665/77777 (last accessed 11 May 2020).

World Health Organization. (2005) The Bangkok Charter for Health Promotion in a Globalized World. https://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf?ua=1 (last accessed 20 February 2021).

World Health Organization. (2018) Promoting Health: Guide to National Implementation of the Shanghai Declaration. https://apps.who.int/iris/handle/10665/260172 (last accessed 3 February 2021).

World Health Organization. (2020a) Pandemic Fatigue - Reinvigorating the Public to Prevent COVID-19: Policy Framework for Supporting Pandemic Prevention and Management: Revised Version, November 2020. https://apps.who.int/iris/bitstream/handle/10665/337574/WHO-EURO-2020-1573-41324-56242-eng.pdf?sequence=1&isAllowed=y (last accessed 20 February 2021).

World Health Organization. (2020b) Practical Considerations and Recommendations for Religious Leaders and Faith-based Communities in the Context of COVID-19: Interim Guidance. https://apps.who.int/iris/handle/10665/331707 (last accessed 11 February 2021).

World Health Organization. (2021a) Coronavirus Disease 2019 (COVID-19) Situation Reports. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports (last accessed 28 February 2021).

World Health Organization. (2021b) Coronavirus Disease (COVID-19) Advice for the Public, 24 February. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public?gclid=EAIaIQobChMI2-LTgN6J7wIV2trVCh1YfAOrEAAAYASADEgJePDD_BwE (last accessed 26 February 2021).

World Health Organization. (Unknown) Health Promotion. https://www.who.int/health-topics/health-promotion#tab_1 (last accessed 2 January 2021).