



# Viewpoint Human Flourishing in the Era of COVID-19: How Spirituality and the Faith Sector Help and Hinder Our Collective Response

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Abstract: Throughout the ongoing COVID-19 pandemic, religious people and institutions have played a significant role in responding to the challenges that we all have faced. In some instances, religion has been a source of great harm, hindering the global response. Many religious leaders have promoted misinformation and disinformation; others have promulgated messages of hatred and blame, especially hindering efforts to prevent infection and community transmission and to promote immunization. This has occurred throughout the world, across cultures, religions, and nations. In many other instances, however, the faith sector has been a source of great help, ministering to the lives of suffering and fearful people both emotionally and tangibly. People of faith, including clergy and faith-based organizations, have contributed positively to the global response effort by fulfilling the pastoral, ethical, and prophetic roles of religion. Expressions of spirituality, both personal and institutional, have thus contributed to great flourishing in the midst of a terrible public health emergency.

Keywords: human flourishing; public health; prevention; COVID-19; SARS-CoV-2; spirituality; religion

# 1. Introduction

The COVID-19 pandemic has disrupted and distorted our lives, personally and collectively. This disruption has impacted our families, jobs, communities, economy and political discourse, and relations among cultures and countries, as well as our self-images—our understandings of who we are and what we are capable of and why we are here. The pandemic has depressed our ability to self-actualize and to flourish—to exhibit "character, wisdom, and balance, in service together to the common good" [1] (p. 405). Foremost, COVID-19 has impacted how we connect with each other, including through our communal expressions of spirituality.

It is within the spiritual domain of life, in both its personal and institutional expressions, that the pandemic has exhibited among its most subtle and devastating impacts. Subtle because society has been focused so much on the visible medical and public health effects, highlighted by nearly two years of accelerating morbidity and mortality statistics, that other downstream effects have gone less noticed. Devastating because the societal and existential disruption caused by the SARS-CoV-2 virus may be even more impactful, in the long run, than the medical sequelae that, presumably, will someday soon be resolved. These latter impacts include engendering changes in social and interpersonal interaction that are clearly detrimental, as well as other types of transformations that have reconfigured how people interact positively and that we may look back on with gratitude.

This paper provides an overview of how human spirituality has influenced and been influenced by the COVID-19 pandemic. That is, we ask, how have the transcendent value systems of people across religions and faith traditions informed and inspired certain responses in meeting the challenges of this terrible past couple of years, and how has this historical interlude in turn altered how spirituality and faith are expressed? In this regard, personal expressions of faith and the collective actions of organized religious bodies have

been both part of the problem and part of the solution [2]. The faith sector has been both a source of further disruption, exacerbating an already difficult situation, and a source of inspirational and exemplary behavior, underscoring the very best of humanity as we attain great moral heights in collectively responding to a global challenge.

#### 2. The Faith Sector and COVID-19

Institutions of faith and traditions of spirituality exist to elevate and enlighten and ennoble us, helping us to cope during times of stress and great challenge [3]. Ideally, they are a timeless source of ultimate meaning and order [4], and respective religions offer resilient shared values, such as virtues and rules and ethical frameworks [5]. Together, these enable us to grow individually and grow together communally in order to adapt to crises and thus evolve upward as a species. In practice, however, religion, broadly construed, has had a mixed track record when it comes to COVID-19 [6]. The faith sector has been a hindrance as well as a help.

#### 2.1. How It Hinders

The ways that religion and religions, and the faith sector more generally, have hindered the collective response to COVID-19 are legion. One need only peruse the daily stream of news stories about the pandemic to find the latest abominable example of how people of faith and faith-based organizations have interfered with humanity's ability to meet the many challenges caused by COVID-19. Both in 2021, during the immunization rollout, and in 2020, during the initial response to the outbreak including lockdowns, so many religious congregations, clergy, and laypeople across religions failed to acquit themselves honorably. In some instances, they did great harm, and are responsible for the suffering and death not just of their cohorts but of innocent others. During the pandemic, the troubled responses by governments, politicians, and the faith sector have resulted in much collateral damage.

Some spiritual leaders have advocated resisting advice and guidelines about prevention, putting congregants at extreme risk, an unfortunate phenomenon of longstanding historical precedent [7]. This includes, in 2020, imploring congregants to refuse to wear masks and practice social distancing, and, in 2021 and still in 2022, discouraging vaccination. This behavior has been documented throughout the world, including among Christians [8], Jews [9], and Muslims [10], as well as among New Age influencers [11].

Hateful messages have come from the pulpit condemning Asian Americans [12], Jews [13], and others believed to have intentionally created the virus and/or aided and abetted the pandemic. Other targets of homiletic attack include gays and religious apostates, whose transgressions apparently caused a vengeful God to send the pandemic as punishment for the world's tolerance of such miscreants [14]. The source of such stigmatization cuts across religions, cultures, and nations, its common feature being an expressed need to affix blame on an identified Other, typically a cultural or religious minority. This phenomenon of scapegoating, sadly, is familiar throughout the history of the human encounter with pandemic disease [15]. There is often a political dimension here, with the Other being a group whose identity or existence triggers fear or resentment in the dominant population for reasons unrelated to any biological characteristics of a respective disease or pathogen. This was witnessed in the U.S. during the Ebola scare of 2014, whereby the presence of less than a handful of diagnosed cases within the country was conflated with contemporaneous panics related to immigration and terrorism, such that "the ISIS beheadings, Central Americans crossing our southern border, and the threat of EVD all seem to have been mashed up together into a sort of singularly and nefariously connected über-mega-crisis" [16] (pp. 5–6) causing Mexican immigrants and Muslim Americans to be targeted unjustly as sources of potential (and unrealized) threat.

Immunization has been discouraged by spreading conspiracy theories about the government and public health agencies. Clergy and virtual networks of laypeople are complicit here, as the pulpit has been one of the "vectors" of transmission for such messages. Among the most publicized examples are that Bill Gates put magnetic nanobots in SARS-CoV-2 vaccine syringes so that people can be tracked by the Deep State's satellites, and that COVID-19 is not a viral disease at all but is caused by exposure to 5G cellular towers. Such misinformation and disinformation fuel hesitancy regarding immunization and have inhibited vaccine uptake throughout the world [17]. This has happened directly, through scaring people into non-compliance, but also indirectly, through engendering "unrealistic optimism" [18] about disease risk, such as by reinforcing belief that the pandemic is a hoax or, if not, that trust in Jesus or God or Allah will prevent SARS-CoV-2 infection or a serious course of illness.

Certain religiously sourced messages, then, have contributed to a ramping up of stress and anxiety and social isolation [19], which in turn have engendered confusion and distrust and thus hindered the ability of the public health sector to mount the most effective response. This has hastened the spread of COVID-19, even still when efficacious prophylaxis has been available for nearly a year and a half. All disease is terrible and all pandemics are devastating, but, notwithstanding the tragedy of the mortality toll of 2020, because of rampant, ideologically-driven anti-science skepticism so many of the deaths which accrued during 2021 and since then were unnecessary given the presence of efficacious primary prevention [20]. What was tragic has been transformed into something pathetic, and religious beliefs, religious leaders, and religious organizations must bear substantial blame for this situation. COVID-19 started out as a public health emergency; it has become, for humanity, a self-inflicted wound.

In short, religion has at times been a force for languishing, rather than flourishing. That is, it has both engendered and manifested as—to be blunt—"the absence of mental health" [21] (p. 207) or, more starkly, "emptiness and stagnation, constituting a life of quiet despair" (p. 210). Rather than being a force for good, providing psychological and social resources for people of faith to help them cope with a confusing and distressing situation, religion at times has fueled the basest instincts and ideations, fostering an apocalyptic and conspiratorial mentality whose fallout has deleteriously left its mark on everyone, even those outside of respective faith communities. A few bad actors have affected all of us.

Vaccine hesitancy has been an especially damaging downstream sequela of religion's dark side. The stubborn resistance of populations to full uptake of SARS-CoV-2 vaccines has created a "space" of unimmunized individuals large enough to enable continued antigenic drift (mutation) in the SARS-CoV-2 virus, transforming the social environment into a kind of large petri dish with necessary and sufficient conditions for the virus to adapt, evolve new variants, and keep transmitting anew in ways that militate against community control and that will likely ever prevent the attainment of herd immunity through immunization. Such population-wide immunity, and thus an end to the pandemic, may only come after a continued die-off among at-risk subgroups of the susceptible, unvaccinated population as they serially confront ever-emerging new variants of concern without possessing a sufficient titer of antibodies. The persistence of the pandemic in 2022 and into the foreseeable future remains a serious concern among public health scientists [22], even as the basic reproduction number, case-fatality, local attack rates, and other parameters of transmission suggest that the worst is behind us for now. Intransigent religious communities bear much of the blame for the inevitability of this emerging endemicity.

# 2.2. How It Helps

Thankfully, the great faith and wisdom traditions have also valiantly helped meet the challenge of COVID-19. They have contributed to our collective resilience and thus our ability to flourish. Religious people and institutions have done this in very tangible ways. This positive contribution does not negate the negative examples, but the impact is profound and the story deserves an airing. The spiritual community has contributed in a few distinct ways [23], through fulfilling the historic functions of religion and showcasing the very best of what it means to earnestly uphold spiritually grounded and other-regarding beliefs and value systems. First, the faith sector has lived out its *pastoral* role as a source of caring and compassion during a troubling time. Published reports document congregational and denominational programs responding to COVID-19 in localities throughout the U.S. and globally, since early on in the pandemic [24]. Clergy have offered messages of hope from the pulpit, reminding congregants that throughout any difficulties that may arise God's presence endures. Congregations have provided comfort and support, both emotional and tangible, such as feeding and sheltering those made jobless or homeless by the pandemic, tending to shut-ins isolated during illness or lockdown, and facilitating access to medical care or vaccines for those unable to transport themselves. Religious institutions have shepherded the faithful through difficult life transitions, and especially for those afflicted with COVID-19 including the final transition.

A recent article recommended that the national response to addressing the mental health sequelae of COVID-19 be informed by the longstanding work of military and healthcare chaplains in responding to traumatic events [25]. There are best-practices approaches to draw upon in formulating how the faith community and its allies can ensure continuity in the religious life of people in the midst of acute stress and tragedy. Such efforts have been ongoing since the lockdowns of 2020. Providing means of communal religious expression, such as worship activities, has been a great help during the pandemic in relieving social isolation and restoring a sense of community, even if virtual.

Longitudinal findings from a couple of Spanish studies, for example, underscore how isolation and loneliness have been a driver of so much of the psychological distress that the people of the world have experienced. This distress, in turn, one may presume, has contributed to the fear and alienation which have engendered so much of the pushback to basic preventive measures recommended by public health and government officials. In one study, the loneliness of living through the pandemic coupled with less spiritual well-being, defined as an absence of a sense of peace and meaning, were associated with subsequent depression and anxiety [26]. A later study found that spiritual well-being was bolstered by receiving compassion both from oneself and from others. The ability to flourish even during the fearful and confusing times of the lockdown was enhanced by the spiritually elevating function of connecting with others [27].

Second, the faith sector has responded to its *ethical* imperative to speak out against hate and to inspire and motivate adherents to act according to the moral commandments of their respective traditions. Clergy of all faiths have courageously called on congregants and congregations to be of service, have condemned hatred and bias against minorities, and have been an ongoing force for justice and positive change. The word 'courageously' is pertinent here, as so many instances exist of congregations turning against their pastors who have spoken the truth about the threat of the pandemic and the vital need for preventive measures including full immunization [28]. Pastors have reminded their flocks that putting the needs of the community over the comfort of one's own self is a moral obligation, and this is shared by all of the major faiths.

Finding an ethical voice and utilizing it, moreover, is itself consistent with the historic moral mission of the major religions, which are made manifest through orthoprax, if not orthodox, observance. Such behavior is motivated by canonical principles such as the *tikkun olam* (repair of the world) of rabbinic Judaism; Roman Catholic social teaching's preferential option for the poor; Islam's great pillar of *zakat*, or obligatory alms; the *ahiṃsā* (compassion and nonviolence) of Hinduism and Jainism; Sikkhism's *daya* (compassion or shared suffering); and Buddhism's *bodhicitta* (awakened mind) which seeks empathy for all sentient beings. These traditions encourage, even demand of the faithful, compassionate actions in service to underserved, disadvantaged, at risk, or oppressed others, whether of one's faith or not. They require of the faithful a desire to internalize, and then externalize, their respective sacred teachings through taking up the mantle of responsibility to act in accord with the highest consciousness as modeled by the greatest prophets, avatars, and saviors.

Early in the pandemic, a thoughtful analysis was published providing a detailed case study of the Roman Catholic Church's efforts at externalizing its social teaching to those at risk for and suffering from COVID-19 in the Philippines [29]. The authors asked, "Where is the Church?", and their answer was that Church is where it has always been, with "the poor, dying, and miserable" (p. 365). The Church stood present with the exploited, despised, and marginalized, even if some individual religious leaders abrogated this responsibility. The same could be said of religious institutions and respective clergy throughout the world. Every day in religious congregations and communities in probably every country on Earth, people of faith—and those of secular backgrounds—are stepping forward to speak out in support of the most vulnerable and oppressed among them, including recent immigrants, and decrying efforts to blame them for the pandemic on account of their Otherness. These latter efforts have not seemed to have received as much attention as the most egregious examples of religious bigotry and cruelty, but this contribution deserves noting.

Third, the faith sector has answered the call by speaking with a *prophetic* voice, heralding the advent of a global challenge that calls for our immediate attention and engagement. By this is meant the true meaning of the word 'prophetic': calling a community or group of people out of its complacency and sinfulness and imploring that it respond to unmet needs and to injustice. The injustices exposed during the COVID-19 pandemic are widely commented upon, including an overrepresentation in morbidity and mortality statistics of the elderly, those in poverty, and racial and ethnic minorities [30]. The pandemic experience has thus been a natural experiment in moral theology, a global challenge calling us out of our moral indolence and demanding that we be compassionately present with those who are suffering and that we work to find ways to relieve their suffering. It challenges us to act according to our highest values and not default to our lower, most base nature. Maybe someday we will look back and be grateful for the experience. It might not seem possible now, as we are still in the midst of so much upheaval, but there is reason for optimism. Despite the negative examples above, people are making common cause across cultural, ethnic, and religious lines in order to prevent disease and relieve suffering.

An insightful commentary published recently called on the public health establishment to enter into earnest dialogue with the faith sector in order to combat both the contagion of disease and the contagion of injustice [31]. By engaging the faith community, public health officials can identify strategies to meet the needs of those folks most vulnerable to morbidity and mortality and also more likely to be left behind in community efforts to prevent and treat both outbreaks of acute disease and ongoing chronic conditions for which they are especially at risk. Such partnerships have been in existence throughout the U.S. and globally for many years [32], and their resources can be utilized in addressing the current pandemic. Each partner brings something indispensable to the table. As the authors of the commentary note, "Public health communities know how to track, treat, and prevent individual disease so they can improve population health. Faith communities have the unique authority, numbers, resources, and infrastructure to help public health agencies succeed while advancing social solidarity and justice" (p. 1443). The applications to COVID-19, especially regarding the ongoing challenges involving immunization, are obvious.

To summarize, the faith sector has been a force both for bad and for good, for languishing and flourishing, implicated in the spread of the SARS-CoV-2 virus, but also essential for efforts seeking to put an end to the COVID-19 pandemic [33]. Both the organized activities of religious institutions and the personal expressions of spirituality among people of faith have been instrumental in accomplishing great acts of compassion and justice. Thankfully, these efforts have been documented in scholarly reports since early on in the pandemic [34]. Such labors are responsible in part for saving innumerable lives through encouraging primary prevention, facilitating access to medical care, and collaborating with the public health sector in community outreach. It is an enduring shame, however, that these good works seem to be functioning at cross purposes with other, darker expressions of spirituality that are doing much to discredit and defame the many salutary contributions of religious people and institutions throughout the history of medicine [35] and during the present pandemic [36].

### 3. Discussion

To be clear, the causal arrow between religion and COVID-19 is not unidirectional. The relationship between the two is not just a matter of religious institutions and people of faith doing things to influence the pandemic or pandemic response, for good or bad. The pandemic has impacted on the religious life of people, also for good and bad. A recent systematic review detailed how religious congregations and communities have responded to and been impacted by the pandemic [24]. As has been noted here, religion has played "detrimental and/or beneficial roles" (p. 866), but, fortunately, the authors confirmed, mostly beneficial, including related to disease transmission, mitigation efforts, and helping communities adapt to the "new normal." Religion, as well, has itself been affected both negatively and positively. For example, religious services have been forced to adapt and pivot, including altering how worship and rituals are conducted and finding ways to establish a sense of virtual community through Zoom and other platforms. Something is lost for sure—the personal, physical connection—but something also is gained: a broadening of the base of the community, creating greater inclusion by welcoming new people into the circle who may otherwise not have been exposed to a respective congregation or meeting and thus perhaps to a particular teacher or teaching or even faith tradition. So, the pandemic has not been all bad news for religion, even as religion has itself been only partly bad news for the pandemic. Thankfully, too, media reports have emphasized the positive contributions of religion to the pandemic response effort, moreso than the negative narrative [37].

Spiritual traditions and their associated institutions are vessels that can be filled with fresh clear water or with sludge. They can be a force for disruption and contention or for great good. Both of these polarities have played out during the present pandemic [38]. The COVID-19 challenge is a test case for how our spiritual leaders, and all of us, have met the challenge. As a professor, I would give us a B– or C+: we have done more good than harm—a passing grade—but we can do so much better. There will be other outbreaks and pandemics of infectious disease in the future, so there is much to be gained by learning the requisite lessons from our present experience.

Foolish people in leadership positions in religion and foolish people in leadership positions in government have created a sort of synergy, working in tandem and reinforcing each other's foolishness. The "unwise and mindless leadership" [39] (p. 1) of governments and NGOs during the pandemic has had an obvious impact on the global response to COVID-19, in large part deleterious. This includes poor decision-making based primarily on political calculation and a cowardly failure to speak out against people, institutions, and nations who have interfered with timely efforts to address this crisis. Diagnosing, treating, and preventing this unfortunate state of affairs will continue to be critical for curtailing the pandemic, no less so than continued advances in bench science seeking to characterize the complex virology of the SARS-CoV-2 virus [40] are critical for developing efficacious vaccines and therapies. We ought to make these adjustments now, in preparation for the next pandemic, but also while keeping in mind that COVID-19 is not behind us and may likely flare up again and persist endemically well into the future.

Each of us has the opportunity and obligation to represent the best that our faith or wisdom traditions have to offer. Each of us can manifest the highest values spoken of in the sacred writings of these traditions. Each of us can externalize the great teachings specifically through acts of service and compassion to our brothers and sisters and to all sentient beings. If we act on this, then we can overcome any challenge, including COVID-19, no matter how disruptive things seem right now.

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# References

- 1. Levin, J. Human Flourishing and Population Health: Meaning, Measurement, and Implications. *Perspect. Biol. Med.* **2020**, *63*, 401–419. [CrossRef] [PubMed]
- Levin, J. The Faith Community and the SARS-CoV-2 Outbreak: Part of the Problem or Part of the Solution? *J. Relig. Health* 2020, 59, 2215–2228. [CrossRef] [PubMed]
- 3. Pargament, K.I. The Psychology of Religion and Coping: Theory, Research, Practice; Guilford Press: New York, NY, USA, 1997.
- 4. Geertz, C. Religion as a Cultural System. In *Anthropological Approaches to the Study of Religion* [1966]; Banton, M., Ed.; Routledge: London, UK, 2004; pp. 1–46.
- Smart, N. The Ethical and Legal Dimension. Chapter 5. In *Dimensions of the Sacred: An Anatomy of the World's Beliefs*; University of California Press: Berkeley, CA, USA, 1996; pp. 196–214.
- Levin, J.; Idler, E.L.; VanderWeele, T.J. Faith-Based Organizations and SARS-CoV-2 Vaccination: Challenges and Recommendations. *Public Health Rep.* 2021, 333549211054079. [CrossRef] [PubMed]
- 7. Phillips, H. '17, '18, '19: Religion and Science in Three Pandemics, 1817, 1918, and 2019. J. Glob. Hist. 2020, 15, 434–443. [CrossRef]
- Wilson, J. The Rightwing Christian Preachers in Deep Denial over COVID-19's Danger. The Guardian (4 April 2020). Available online: https://www.theguardian.com/us-news/2020/apr/04/america-rightwing-christian-preachers-virus-hoax (accessed on 10 March 2022).
- 9. Zalcberg, S.; Block, S.Z. COVID-19 Amongst the Ultra-Orthodox Population in Israel: An Inside Look into the Causes of the High Morbidity Rates. *Contemp. Jew.* **2021**, *41*, 99–121. [CrossRef]
- 10. Kruglanski, A.W.; Gunaratna, R.; Ellenberg, M.; Speckhard, A. Terrorism in Time of the Pandemic: Exploiting Mayhem. *Glob. Secur. Health Sci. Policy* **2020**, *5*, 121–132. [CrossRef]
- 11. Sturm, T.; Albrecht, T. Constituent COVID-19 Apocalypses: Contagious Conspiracism, 5G, and Viral Vaccinations. *Anthropol. Med.* **2021**, *28*, 122–139. [CrossRef]
- 12. Roberto, K.J.; Johnson, A.F.; Rauhaus, B.M. Stigmatization and Prejudice During the COVID-19 Pandemic. *Adm. Theory Prax.* **2020**, *42*, 364–378. [CrossRef]
- 13. Gilman, S.L. Placing the Blame for COVID-19 in and on Ultra-Orthodox Communities. Mod. Jud. 2021, 41, 1–30. [CrossRef]
- Hernández-Vargas, J. The Sodomite as Scapegoat of Plagues: A Case Study to Introduce the Early Modern Period in the Era of COVID-19. Sixteenth Century Journal. 2020. Available online: https://www.escj.org/blog/sodomite-scapegoat-plagues-casestudy-introduce-early-modern-period-era-covid-19.html (accessed on 10 March 2022).
- 15. Jedwab, R.; Khan, A.M.; Russ, J.; Zaveri, E.D. Epidemics, Pandemics, and Social Conflict: Lessons from the Past and Possible Scenarios for COVID-19. *World Dev.* **2021**, *147*, 105629. [CrossRef]
- 16. Levin, J. Ebola: Epidemiology's Challenge to Theology. Syndicate 2015, 2, 3-8.
- Buchy, P.; Buisson, Y.; Cintra, O.; Dwyer, D.E.; Nissen, M.; Ortiz de Lejarazu, M.; Peterson, E. COVID-19 Pandemic: Lessons Learned from More than a Century of Pandemics and Current Vaccine Development for Pandemic Control. *Int. J. Infect. Dis.* 2021, 112, 300–317. [CrossRef] [PubMed]
- Gassen, J.; Nowak, T.J.; Henderson, A.D.; Weaver, S.P.; Baker, E.J.; Muehlenbein, M.P. Unrealistic Optimism and Risk for COVID-19 Disease. Front. Psychol. 2020, 12, 647461. [CrossRef] [PubMed]
- 19. Dos Santos, E.R.R.; de Paula, J.L.S.; Tardieux, F.M.; Costa-e-Silva, V.N.; Lal, A.; Leite, A.F.B. Association between COVID-19 and Anxiety during Social Isolation: A Systematic Review. *World J. Clin. Cases* **2021**, *9*, 7433–7444. [CrossRef]
- 20. Hotez, P. COVID-19: A Disaster Five Years in the Making. BMJ 2021, 373, n657. [CrossRef]
- Keyes, C.L.M. The Mental Health Continuum: From Languishing to Flourishing in Life. J. Health. Soc. Behav. 2002, 43, 207–222. [CrossRef]
- 22. Tangcharoensathien, V.; Ghebreyesus, T.A. Ending the Pandemic is Not a Matter of Chance; It's a Matter of Choice. *Bull. World Health Organ.* **2022**, *100*, 90-90A. [CrossRef]
- Levin, J. Religion and Mental Health in the Age of COVID-19. Berkley Forum. 2020. Available online: https://berkleycenter. georgetown.edu/responses/religion-and-mental-health-in-the-age-of-covid-19 (accessed on 10 March 2022).
- 24. Lee, M.; Lim, H.; Xavier, M.S.; Lee, E.-Y. "A Divine Infection": A Systematic Review on the Roles of Religious Communities During the Early Stage of COVID-19. J. Relig. Health. 2022, 61, 866–919. [CrossRef]
- 25. Dutra, C.C.D.; Rocha, H.S. Religious Support as a Contribution to Face the Effects of Social Isolation in Mental Health During the Pandemic of COVID-19. *J. Relig. Health.* **2021**, *60*, 99–111. [CrossRef]
- González-Sanguino, C.; Austin, B.; Castellano, M.Á.; Saiz, J.; López-Gómez, A.; Ugidos, C.; Muñoz, M. Mental Health Consequences of the Coronavirus 2020 Pandemic (COVID-19) in Spain: A Longitudinal Study. *Front. Psychiatry* 2020, 11, 565474. [CrossRef]

- Saiz, J.; Austin, B.; González-Sanguino, C.; Castellanos, M.A.; Salazar, M.; Marin, C.; López-Gómez, A.; Ugidos, C.; Muñoz, M. Self-Compassion and Social Connectedness as Predictors of "Peace and Meaning" during Spain's Initial COVID-19 Lockdown. *Religions* 2021, 12, 683. [CrossRef]
- Burke, D. When Religion is Dangerous for Your Health. CNN. (1 May 2020). Available online: https://www.cnn.com/2020/05/ 01/world/religion-medicine-coronavirus-wellness-levin/index.html (accessed on 10 March 2022).
- 29. Deguma, J.J.; Deguma, M.C.; Tandag, J.N.; Acebes, H.M.B. Where is the Church in the Time of COVID-19 Pandemic: Preferring the Poor via G. Gutierrez' "Liberation" and the Catholic Church's Social Teaching in the Philippine Setting. *J. Soc. Polit. Sci.* 2020, *3*, 363–374. [CrossRef]
- Seligman, B.; Ferranna, M.; Bloom, D.E. Social Determinants of Mortality from COVID-19: A Simulation Study Using NHANES. PLoS Med. 2021, 18, e1003490. [CrossRef] [PubMed]
- Williams, J.T.B.; Miller, A.; Nussbaum, A.M. Combating Contagion and Injustice: The Shared Work for Public Health and Faith Communities during COVID-19. J. Relig. Health. 2021, 60, 1436–1445. [CrossRef] [PubMed]
- 32. Idler, E.L.; Levin, J.; VanderWeele, T.J.; Khan, A. Partnerships Between Public Health Agencies and Faith Communities. *Am. J. Public Health* **2019**, *109*, 346–347. [CrossRef]
- Bishop, J. Religion and COVID-19: Adaption, Problems, and Benefits. Bishop's Encyclopedia of Religion, Society and Philosophy (21 July 2021). Available online: https://jamesbishopblog.com/2021/07/09/religion-and-covid-19-adaption-problems-andbenefits/ (accessed on 10 March 2022).
- 34. Hart, C.W.; Koenig, H.G. Special Section: Religion and Health Response to the COVID-19 Pandemic. J. Relig. Health. 2020, 59, 2191–2192. [CrossRef]
- 35. Levin, J. Religion and Medicine: A History of the Encounter Between Humanity's Two Greatest Institutions; Oxford University Press: New York, NY, USA, 2020.
- 36. Hart, C.W.; Koenig, H.G. Religion and Health during the COVID-19 Pandemic. J. Relig. Health 2020, 59, 1141–1143. [CrossRef]
- Idler, E.; Bernau, J.A.; Zaras, D. Narratives and Counter-Narratives in Religious Responses to COVID-19: A Computational Text Analysis. PLoS ONE 2022, 17, e0262905. [CrossRef]
- Ciocan, C.T. Religious Controversies in COVID-19: Restrictions, State, Science, Conspiracies: Four Topics with Theological-Ethical Responses. *Dialogo* 2020, 4, 168–185.
- Logan, A.C.; Berman, S.H.; Scott, R.B.; Berman, B.M.; Prescott, S.L. Wise Ancestors, Good Ancestors: Why Mindfulness Matters in the Promotion of Planetary Health. *Challenges* 2021, 12, 26. [CrossRef]
- 40. Mariano, G.; Farthing, R.J.; Lale-Farjat, S.L.M.; Bergeron, J.R.C. Structural Characterization of SARS-CoV-2: Where We Are, and Where We Need to Be. *Front. Mol. Biosci.* 2020, *7*, 605236. [CrossRef] [PubMed]