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Religious communities and love of neighbor in times of crisis

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The present coronavirus crisis underscores the profound interconnectedness of religion, spirituality, and public health. For example, one of the most pronounced features of the pandemic has been restrictions on social gatherings, including those of religious communities. For many, the inability to gather with their religious communities has been an acute loss during this pandemic, especially for those from religious and spiritual traditions accustomed to gathering in physical locations such as mosques, temples, synagogues, and churches; gatherings which are often understood as a means towards spiritual goods and/or communion with God. Indeed, empirical evidence also bears out the unique contribution of participation in religious services to increased health and well-being (Koenig et al., 2012; Idler, 2014; VanderWeele, 2017). How then ought religious communities navigate the competing goods of gathering together and protecting physical health?

Such questions, while perhaps unusual for some in public health, are genuine and valid among a wide range of religious and spiritual communities and of relevance to public health more generally (Oman, 2018). Thoughtful consideration of these competing goods requires reflection. Gathering in groups amidst the present pandemic not only risks one's *own* physical health, but potentially that of one's community, country, and even, the world. Because COVID-19 is an *infectious* and highly contagious disease, there is more at stake than one's own health. It is in these circumstances that the widely shared religious principle of *love of neighbor* arguably leads to the temporary suspension of religious gatherings (VanderWeele, 2020). Of course, foregoing these gatherings will undoubtedly be experienced as a time of trial and potentially decreased spiritual wellbeing for many; difficulties that must not be overlooked or minimized.

Yet, in the midst of extended periods of isolation from one's religious community there may be other opportunities for spiritual growth; for example, spiritual reading, prayer, offering difficult and painful circumstances to God or a higher power, or family religious ritual and practice. There are also a number of virtual resources such as online services, prayer gatherings, confession, or guided study of sacred texts. Empirical evidence also suggests a variety of mechanisms by which religious services affect physical health and longevity (Li et al., 2016; Morton et al., 2017; Kim and VanderWeele, 2019) including social support and connection, promotion of healthy lifestyles, meaning and purpose, hope, and forgiveness. Even amidst social distancing, there are a variety of ways that one may engage in activities that promote these ends, and help mitigate the effects of suspended religious gatherings. Examples include phone or video calls with friends, family, or members of one's religious community, and reflecting on what is most important in life, one's source of hope, or on relationships which may need forgiveness and reconciliation.

Of course, there are reasons to believe that the meaning derived from religious services will only ever be partially fulfilled by online options and isolated activities (VanderWeele et al., 2017). But, for many, the losses are endured for the sake of love and to preserve the life of others. The suffering experienced by religious communities can bring new growth, a greater hope, a refined set of commitments and purposes, and an empathy oriented towards sharing the suffering of others.

As the crisis lingers, religious communities should also prepare for the way religious gatherings may need to adjust to social distancing requirements that remain beyond formal lock-downs. Such strategies may include gathering in smaller groups, holding meetings throughout the week to distribute crowds, enhancing the cleanliness of facilities, or providing protective gear to vulnerable members of the community. Religious communities can also advocate for better data to help policy makers make informed decisions about the best courses of action to pursue in this and future crises (Pearce et al., 2020). Finally, when this crisis subsides, every effort should be made to fully restore the vibrant, in-person, life of religious communities, for which there yet appears to be no perfect substitute (VanderWeele et al., 2017).

Editors' Note: A series of reflections on religion and health during the COVID-19 pandemic are available in a new special issue of the Journal of Religion and Health *(*link here*), including an expanded version of this article (*VanderWeele 2020*). Our updated resources section also includes a variety of links to materials intended to help religious communities navigate the process of re-opening, e.g., the* CDC webpage for community and faith-based organizations *and Emory University Interfaith Health Program COVID-19* Resources for Faith Communities.

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