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PSYCHOLOGICAL EXPLORATION

# Science, Religion, Government, and SARS-CoV-2: A Time for Synergy

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**Abstract**
Religion, science and government have been institutions throughout the ages that have helped us deal with fears and threats like SARS-CoV-2. However, reliance on any one of these institutions exclusively has limitations and therefore are sources of disappointments. The SARS-CoV-2 is a reminder that we can and need to blend these seemingly divergent views of science, religion and government. Each of these institutions provides ways to cope with this worldwide pandemic but they can exercise a much greater impact if they operate in unison for the common good and well-being of all.

**Keywords** Science–Religion–Government · Pandemic · SARS-CoV-2

## Introduction

On January 20, 2020, the first person in the USA was diagnosed with SARS-CoV-2 (Covid-19) in the State of Washington. By Easter, April 12, 2020, the diagnosis of Sars-Cov2 was given to 546,874 additional Americans. At the same time, more than 22,000 Americans died as a result of the virus and a worldwide pandemic was well on its way. The pandemic has captured the attention of everyone by disrupting work and personal freedom. Additionally, it has raised health concerns both individually and collectively to levels few could ever imagine.

The pandemic has created a radically new normal and recovery of former lives is yet to be determined. For the world, this is our first pandemic and nothing in our personal experience has prepared anyone for its impact. The pandemic raised numerous questions about how the virus could be so disruptive and deadly in the USA. This

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appears to be an unthinkable crisis to many given our advancements in science and technology and one of the best medical care system in the world.

The USA always has been a world leader in resolving global and medical problems. As a country, we have always viewed ourselves as the rescuers and providers but never the victims. SARS-CoV-2 is foremost a medical and public health problem. However, the pandemic has also brought with its health threat profound psychological damage and distress not only to infected patients but also to their families, friends, and the general population. Virtually everyone will have some level of psychological pain and distress as a result of the pandemic. The psychological injury may not rise to the level of a formal psychiatric or psychological disorder but instead will be more like a chronic state of distress and insecurity. Even when people are functional again and able to resume some of their former life, periodic feelings of dread and impending doom may be close to the surface.

## Psychological Resilience

How does one psychologically defend against such fears? Most will use their usual coping mechanisms but this may not be enough. We can expect increased levels of anxiety and clinical depression even among those who have never experienced psychological problems. We can expect psychological problems from those individuals with previous traumas and disaster experiences. From published research on trauma and disasters, we would expect only a minority of people to experience PTSD (5–10%) while anxiety and depression will be the most prevalent (Galea et al. 2005). However, what is significantly different in this pandemic from other mass traumas and disasters is the extreme psychological damage that is inflicted every day on health care workers, first responders, and essential workers. It was never in the mind of most people that "essential workers" in a medical crisis would be everyday individuals such as grocery clerks, postal workers, delivery and bus drivers, maintenance workers and so many others. Little did these workers themselves ever realize that they would be required to be heroic in their usual duties except now facing the possibility of a dreadful illness or even death.

Fortunately, treatments are available for anxiety, depression, and even PTSD. For some, interventions will be some type of psychotherapy or medication or both. For many psychological, First Aid will be enough. For others conversations with loved ones, close friends, religious leaders or even deep personal reflection/meditation will help to address death anxiety. For example, a patient of one the writers stated in a wellness phone check that she was coping well, and in fact, better than she expected. She went on to say that she felt less different than others "as the rest of the world is becoming more like her." This includes worrying about germs, doing extreme hand washing, being fearful about leaving home, agonizing about losing her job, being on alert for episodes of depression, and enduring the ever-present fears about the safety and welfare of loved ones and significant friends. The patient's coping with the pandemic echoes words Hemingway wrote in a Farewell to Arms, "The world breaks everyone and afterward many are stronger at these broken places" (Hemingway 1929).

The pandemic revives a more primitive fear, namely fear or anxiety about death. Joined to this fear is the knowledge that we cannot protect the ones we love from forces or illnesses beyond our control. SARS-CoV-2 reminds us consciously or unconsciously of the overwhelming fear that early man felt as he stood on the beach facing the absolute darkness of the night and waiting in terror for the morning light. We are not far from that primitive emotional scene. Perhaps the anxiety about death is a uniquely human characteristic as we have the ability to reflect about our own beginning (birth) and at the same time to contemplate our end (death). Thus, SARS-CoV-2 is also an existential crisis, a crisis of the soul and the spirit. Never have so many Americans thought about their own deaths and the end of their own lives. In the media, we learn of many who die alone in hospital intensive care units on ventilators. They are surrounded not by family or loved ones but instead by strangers in protective gowns and facial masks. Privately we worry that this could be our end as well.

## Institutional Collaboration

Religion, science, and government have been institutions throughout the ages that have helped us deal with fears and threats like SARS-CoV-2. However, reliance on any one of these institutions exclusively has limitations and therefore are sources of disappointments. Since the Renaissance, the world has increasingly depended on the sciences, especially medical and social science to improve human health and the quality of life. For those reasons, many believe that a therapeutic intervention such as a vaccine or treatment will be developed quickly. However, our overconfidence needs to be tempered and informed by recent examples from medicine. For instance, it took only 20 months to develop AZT, an antiviral drug for the treatment of HIV/AIDS (Broder 2010). It has been only 5–6 months since this coronavirus was identified, and likewise, it could take a considerable amount of time to find a therapeutic intervention or vaccine. Can we really expect the medical research on SARS-CoV-2 to be faster?

We have put trust in the government to solve psychosocial problems in health, housing, education, employment, and social justice. In these areas, social science research along with efforts from the faith/religious communities has improved many of these areas. The result of these efforts has been beneficial to the whole country, providing the USA with some of the best fed, housed, and educated generations of Americans. They have been beneficiaries of numerous governmental programs such as the War on Poverty, Head Start, Social Security, the Affordable Health Care Act, workplace safety programs, and social justice legislation. All of these federal efforts were built on the basis of social science research with supporting data. In addition, most of these programs had the moral/ethical support of the religious/faith communities and were reinforced by the actions of the religious/faith communities to implement them. We can look to the past collaborative efforts by religion, science, and government to see that together our country can be a great force for change. We need even more to reaffirm the need for these collective efforts to be a dynamic force for health and well-being.

The Government's solutions to problems and interventions for social issues though always well-intended have never produced ultimate solutions. As good as some programs are, good is never enough. Unfortunately, today, cooperative governmental efforts are often compromised by political partisanship and power dominance which only compounds efforts to solutions. Under these conditions, the assessments of societal needs and proposed interventions by social scientists are either ignored or not taken seriously. For the religious/faith communities, the feeling is that the American values of justice, fairness, and respect for the individual are pushed aside or not considered.

The religious/faith community has been for centuries a solace and refuge during times of trouble. Even when all other resources seem to fail, religion has provided a means for coping, surviving, and even hope. Praying, reading sacred texts, doing rituals, and engaging in corporate worship have been historical means of coping for the faithful and are long recognized as appropriate interventions by the World Health Organization (Carey and Cohen 2015). In times of despair, the faith community has responded in characteristic ways by being of service to others most effected by the disaster, even to the point of offering almost sacrificial service as in the case of health professionals traveling to serve in hot spots of the pandemic. It would not be surprising that individuals from the religious/faith community will be among the first to enter clinical trials for a treatment or volunteer for the vaccine trials, with some directly acknowledging religious/faith as their motivation.

For hospitalized coronavirus patients, collaboration between physicians and hospital chaplains is more often the norm as 90% of chaplains consulted physicians about shared patients (Carey and Cohen 2009). In fact, the World Health Organization recognized the importance of interventions by chaplains that specific codes for pastoral care were developed to document their work (Carey and Cohen 2015).

From a broader perspective, even compliance with sheltering at home and social distancing can be seen as a religious response to the pandemic by not endangering others. For Christians, the principle of being your "brother's keeper" and for Jews, the message of Tikkun Olam (Cooper 2013) requires them to do acts of kindness "to heal a broken world." These statues are an embracement of religious values and devotion that support government requests during this pandemic.

## Epistemology

The SARS-CoV-2 is a reminder that we can and need to blend these seemingly divergent views of science, religion, and government. Philosophers have used the term "epistemology" to characterize the behavior of interpreting the world through the values and viewpoint of one's own group. Epistemology is the theory of knowing and seeking the truth. This theory of knowledge produces the standards and methods for what constitutes our personal beliefs. Epistemology guides how one seeks and comprehends truth (Audi 2010). There are various epistemological positions, different ways of gaining truth, and seeking values. Government is one vehicle in which these truths are implemented in the world. For Americans, these truths and values are expressed in the US Constitution, the Bill of Rights, and in our common laws.

This governmental input provides the rules for our lives and our behavior with each other. Religious truths and values are found in sacred writings or in religious traditions. These become the basis and motivation for the behavior of members within the religious/faith community. Science, in contrast to government and religion, seeks truth through its methodology where data is discovered by experimentation and confirmation of findings are established by replication. Its truths are empirical and subject to change with newer or stronger data. Religious truths scientific truths and the truths which rule government are not and should not be mutually exclusive, though there are some in each of these groups who strongly desire to impose their viewpoints on others.

Pitting religious truth against scientific truth is only a path to failure as each approach to truth has its own methods and place for reason. Science is anchored in data and experimentation. Religion is anchored in belief and personal experience. These epistemological positions, when held in extreme, can lead people to feel perplexed and helpless. This can lead spiritual or religious people to ignore science. This can lead scientists to reject religion. For those less devoted to religion and science, government provides the only acceptable standards and measures for human behavior. When these epistemologic positions are held in an exclusive, all-or-nothing manner, collaboration and compromise becomes impossible. Extreme positions cast members from different groups as "others," "outsiders" or even the "enemy."

## Epilogue

SARS-CoV-2 should give us all pause to reconsider how our own bias or epistemological positions set up barriers of communication in times of crisis. Epistemology sets up barriers for working toward a common good such as social distancing, staying at home, and embracing personal economic despair. It leads some people to think that medical solutions are the answer to ending the crisis while others think saving the economy is an equally important task to accomplish.

Science, religion, and government each provide ways to cope with this worldwide pandemic but they can exercise a much greater impact if they operate in unison for the common good and well-being of all. A pandemic event is not a time for parochial or special interests. It is not a time to believe that a single domain or institution can bring us to a safe place. We need to heed the advice of scientists and medical experts for our personal health and national welfare. We need the efforts of the local and national government to do the things we cannot do as individuals or in small groups such as making available antibody testing and the reagents needed to accomplish testing, providing equipment and supplies for hospitals and medical professionals.

We need the government to provide an economic safety net for everyone and we need the faith community to remind us that reasons for living go beyond the acquisition of wealth or power. Our quest for hope resides beyond ourselves, whether faith in a personal God or a divine presence or even faith in our fellow man. The pandemic, unfortunately, stirs up the best and worst in human beings, as we all struggle to resolve our greatest existential fear, namely the fear of death. We are truly

confronting the depths of darkness yearning for the morning light and better day but one which will be better celebrated if we work together.

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## Compliance with Ethical Standards

**Conflict of interest** The opinions expressed are solely those of the authors and not those of their affiliated institutions or the Journal of Religion and Health.

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