## **Letter to Edithor:** COVID-19 Pandemic and Spiritual Challenges in Iran



Fatemeh Shirzad<sup>1</sup> (D, Ruohollah Seddigh<sup>1</sup> (D)

1. Spiritual Health Research Center, Iran University of Medical Sciences, Tehran, Iran.



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ndividuals encounter unprecedented critical conditions globally. The Coronavirus Disease 2019 (COVID-19) has spread worldwide [1]. In addition to biopsychological health, this crisis has affected other areas of human life, like the spiritual health of individuals [2].

This issue can be of great importance because spiritual issues are closely related to general health, and especially mental health among individuals [3]. In Iran, >99% of the population is Muslim; thus, spiritual and religious issues overlap and greatly interact [4]. Spirituality is the search to find the greatest meaning in life and closeness to the source of existence [5]. Religion structures such a search by drawing the place of religious authorities, shaping social networks, certain customs, valuing works, encouraging collective participation, and so on [6]. Due to this overlap, damaging these structures during the CO-VID-19 pandemic may create a kind of spiritual crisis.

How did the coronavirus create a spiritual crisis? Some aspects of this crisis include the following:

1. We can consider religious spirituality in the Iranian society as hierarchical; with important holy places and houses of religious leaders at the top; and religious public meetings at the bottom, as well as mosques and Husseiniyahs<sup>1</sup> in the middle. All of them were closed and physical access to them had become impossible during

public quarantine. These include the places where some Muslims used to visit to strengthen their inner spiritual resources and release daily psychological stress.

2. In Iranian culture, individuals have a very close relationship with religious authorities (clerics). Accordingly, in religious affairs and some social issues, and even some daily affairs, the intellectual policy of the society is determined by religious leaders. Numerous religious leaders are elderly and among the high-risk group of COVID-19; therefore, this relationship was challenged by the COV-ID-19 pandemic and reduced biosocial relationships.

3. The potential of religious communities and psychosocial support to each other in reducing psychological stress and preventing mental disorders has been emphasized in various studies [7]. Islamic teachings also place great emphasis on community and participation among religious brothers, while these communities were also banned under quarantine due to illness.

4. Many of the survivors of this disease were deprived of physical companionship during the funeral of their lost loved one or could not mourn according to their traditional cultural customs due to the mentioned problems [8].

These data highlighted the necessity of the intervention of experts in the spiritual fields. Some of the following measures helped to reduce these crises:

1. A mosque-like place used for religious meetings and religious rituals

\* Corresponding Author: Fatemeh Shirzad, PhD. Address: Spiritual Health Research Center, Iran University of Medical Sciences, Tehran, Iran. Phone: +98 (21) 66551616 E-mail: shirzad,f@iums.ac.ir



1. Psychoeducation was performed by mental health professionals to create insight and emotional acceptance (as well as intellectual acceptance) of new lifestyle changes. Emphasizing that according to Islamic teachings, Muslims' lives are among the main principles; clerics also invite individuals to accept new social laws and discover new goals and meanings in them, such as reducing physical relationships to help save the lives of others. Furthermore, some religious rituals that were banned were replaced because of the COVID-19 pandemic with other good deeds, such as helping the disabled who are unable to meet their needs in the new circumstances. Accordingly, such measures helped to strengthen the sense of empathy and hope in the society by creating a collective spiritual goal.

2. Changing the conditions for holding religious gatherings from the traditional manner to more compatible ways in which health protocols can be observed. The use of virtual approaches instead of being in spiritual places. As a result, the feeling of losing spiritual resources was reduced in individuals.

3. Creating alternatives to traditional mourning in new and virtual ways, such as coordinating survivors to pray or apologize to the deceased at a specific time and place through virtual networks or performing good deeds on behalf of the deceased collectively; these acts can prevent the feeling of loneliness in the conditions of mourning in quarantine to some extent, and create a greater sense of sympathy and empathy.

## Conclusion

Some of the issues described in the Iranian community over the last months have been addressed by mental health professionals and some by religious; subsequently, they could improve psychological and spiritual stress on the society to some extent. Currently, with the arrival of the third wave of COVID-19 and the passage of the disease period, the relevant stress may be further aggravated. Moreover, further research and the reflection of specialists and their consensus can strengthen the existing solutions or lead to the discovery of new solutions.

Of course, other aspects of stress, i.e., involved in the creation of a spiritual crisis during the COVID-19 pandemic exist, i.e., beyond the scope of this article. Thus, further research in this field is required to prevent more problems in the community

## **Ethical Considerations**

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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Authors' contributions

Both authors equally contributed to preparing this article.

**Conflict of interest** 

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## References

- Wang C, Horby PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. Lancet. 2020; 395(10223):470-3. [PMID] [PMCID]
- [2] Nodoushan RJ, Alimoradi H, Nazari M. Spiritual health and stress in pregnant women during the Covid-19 pandemic. SN Compr Clin Med. 2020; 16:1-7. [PMID] [PMCID]
- [3] Koenig HG. Research on religion, spirituality, and mental health: A review. Can J Psychiatry. 2009; 54(5):283-91. [PMID]
- [4] Aflakseir A, Coleman PG. Initial development of the Iranian religious coping scale. J Muslim Ment Health. 2011; 6(1):44-61. [DOI:10.3998/jmmh.10381607.0006.104]
- [5] Ghaempanah Z, Rafieinia P, Sabahi P, Makvand Hosseini S, Memaryan N. Spiritual problems of women with breast cancer in Iran: A qualitative study. Health Spiritual Med Ethics. 2020; 7(1):9-15. http://jhsme.muq.ac.ir/article-1-331-en.html
- [6] Movafagh A, Heidari MH, Abdoljabbari M, Mansouri N, Taghavi A, Karamatinia A, et al. Spiritual therapy in coping with cancer as a complementary medical preventive practice. J Cancer Prev. 2017; 22(2):82-8. [PMID] [PMCID]
- [7] Patten SB, Williams JV, Lavorato DH, Bulloch AG. Reciprocal effects of social support in major depression epidemiology. Clin Pract Epidemiol Ment Health. 2010; 6:126-31. [PMID] [PMCID]
- [8] Mortazavi SS, Assari S, Alimohamadi A, Rafiee M, Shati M. Fear, loss, social isolation, and incomplete grief due to COV-ID-19: A recipe for a psychiatric pandemic. Basic Clin Neurosci. 2020; 11(2):225-32. [PMID] [PMCID]