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Letter to the Editor: Issues about C-L Psychiatry and JAACL

The Role of Religious and Spiritual Aid in Quarantine Hospitalization Due To SARS-CoV-2



During the past eight months, many countries and professional societies have published guidelines for managing the medical and public health aspects of SARS-CoV-2 infection,² while the care for the patient's spiritual well-being has been overlooked.

Personal faith and spirituality may be a source of resilience for many, and thus religious and spiritual interventions can play a crucial role during this public health crisis. Among Christians, positive emotions are known as the “fruit of the spirit.” Islam provides believers with the hope that perfect happiness, peace, tranquility, security, and freedom from fear will be present in Paradise, and those who do good deeds and have faith are guaranteed to have a good life here on earth and an everlasting life in Paradise. For Jews, Psalms 91:2–3 promises protection for those who take refuge in G-d during epidemics: “I will say of the lord who is my refuge and my fortress, my G-d, in whom I trust, that He will deliver thee from the snare of the fowler, and from the noisome pestilence (widespread infection).”³ Buddhists believe that they are responsible for a harmonious state of body and mind through self-cultivation. The Medicine Buddha is described as a healer who cures suffering and disease, both physical and mental. Buddha has often referred to medicine as the most suitable analogy for the Noble Truths: “Know the sickness, Abandon the cause of the sickness, Aspire the cure and Rely upon the medical treatment,”⁴

Several regions in the brain are potentially associated with religious/spiritual behavior, including the

medial frontal cortex, orbitofrontal cortex, precuneus, posterior cingulate cortex, default mode network, and caudate.⁵ Possible mechanisms via psycho-neuro-endocrine pathways have been suggested.⁶ Some of the neurobiologic findings may result from the process of neuroplasticity, which enables religious people to cope better with negative emotions and be more resilient in the face of various psychopathologies.⁵

Coronavirus disease 2019 pandemic and quarantine hospitalizations began in Israel in mid-March 2020, and only 3 weeks later (April 8), Jews were preparing for Passover. Jews religious and secular observe the Passover Eve celebration which reflects the values of freedom and family gathering. Under quarantine conditions, neither freedom nor family togetherness was possible. For religious Jews, this celebration is particularly important, and almost all of our religious patients had hoped to rejoin their families for the holiday. As it became clear to all that this would be impossible and that skipping the Passover Eve would be depressing for patients, the Rabbi suggested and the authors were delighted to help to celebrate the event within the corona department.

Organizing dinner in quarantine became a “therapeutic goal.” Owing to limited public space within the department, the corridor was used as a “dining” space allowing all participants to sit around the table together. Then, each participant was provided with a Haggadah (the formal text), and a special meal containing all the traditional ceremonial elements was served. It was indeed a unique opportunity for

Inpatients with SARS-CoV-2 suffer both the physical impact of their disease and the emotional impact of forced quarantine, which manifests as anxiety and mental distress.¹ Religious people have difficulty in practicing their traditions and commandments in the SARS-CoV-2 department. At the outset of the SARS-CoV-2 pandemic, most patients in our corona department were Orthodox Jews. In the SARS-CoV-2 department, they were often unable to follow their customs and commandments. They were urged not to fast and not to shut down electronic devices (for example, turning off video screens and cameras) on the Sabbath because these were an essential means of communication with medical staff. Many patients, with different religious beliefs, report that their religious and spiritual needs are overlooked in the hospital setting.

Using our belief in the Med-Psych approach, we wanted to recruit every physical and emotional component that could possibly support our patients and accordingly asked the hospital's Rabbi to join our team and become a member of our health care staff. We believe that such support would increase the patient's ability to endure the burdens of SARS-CoV-2.

our patients to be able to celebrate together and for a few hours to detach from their enforced misery. We mention an 87-year-old religious man who was hospitalized for coronavirus disease 2019. Although asymptomatic, he was unable to return home for further isolation owing to a lack of family support. He was hospitalized for 33 days until he became polymerase chain reaction negative, and this celebration helped him to consolidate his self-esteem and anticipate his own freedom and discharge from our corona department, for him it was clearly the most significant day of his long stay.

Summary

Providing patients with the conditions to practice their faith and celebrate related events (e.g., Pass-

over Eve) creates happiness and improves well-being. It remains to be investigated whether preserving the ability to practice one's faith also improves SARS-CoV-2 outcomes.

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References

1. Mader E: Patients with the novel SARS-Cov- 2 disease require a novel standard of Care— Med-Psych. *Psychosomatics* 2020; 61:578–579
2. Wiersinga WJ, Rhodes A, Cheng AC, Peacock SJ, Prescott HC: pathophysiology, transmission, diagnosis, and treatment of coronavirus disease 2019 (COVID-19): a review. *JAMA* 2020; 2019:1–13
3. Koenig HG: Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *J Relig Health* 2020:1–10
4. Sanjay Kalra GP, Priya G, Grewa E, et al: Lessons for the health-care practitioner from Buddhism. *J Clin Endocrinol Metab* 2018; 22:812–817
5. Rim JI, Ojeda JC, Svob C, et al: Current understanding of religion, spirituality, and their neurobiological correlates. *Harv Rev Psychiatry* 2019; 27:303–316
6. Çoruh B, Ayele H, Pugh M, Mulligan T: Does religious activity improve health outcomes? A critical review of the recent literature. *Explor J Sci Heal* 2005; 1:186–191