The Role of Religious Actors in the COVID-19 Pandemic: a theory-based empirical analysis with policy recommendations for action

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A theory-based empirical analysis with policy recommendations for action

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Table of Contents

Preface

The COVID 19 pandemic is a tectonic shock for almost all countries and societies on earth. The economic and socio-political consequences are not yet foreseeable, nor are the long-term psychological effects at the individual level. Within their societies, religious actors take on functions of contingency management and often also of social welfare. At the same time, they are often transnationally networked. Their structural, cultural and institutional characteristics vary among societies, which is why modernisation developments are not easily transferable. Nevertheless, characteristics can be identified that favour a constructive approach to pandemic management. The following study explores this question by examining actors and communities whose activities and statements had a de-escalating or escalating effect. What recommendations for politics and religious actors can be derived from the analysis?

I would like to sincerely thank the authors, Dr Alexander Yendell (Leipzig University), Prof Dr Oliver Hidalgo (University of Münster) and Carolin Hillenbrand (Cluster of Excellence Religion and Politics at the University of Münster), for this excellent collaboration and their commitment to this research project. My thanks also go to my colleagues in the Research Programme "Culture and Foreign Policy", Sarah Widmaier and Anja Schön, who supported the project by providing conceptual and editorial guidance.

Religious actors have strong orientation functions within societies and can thus make an important contribution to crisis management and peacekeeping. This study is the fourth to be published by the ifa research programme on the topic of the peace potential of religions. The three previous studies analysed the peace potential of Abrahamic religions, Asian religious actors and free churches in Latin America and the USA.

As part of ifa's Research Programme "Culture and Foreign Policy", experts examine current issues in foreign cultural and educational policy and formulate recommendations for action for foreign cultural policy actors. International cultural relations must be systematically studied in order to develop viable future strategies for transnational cultural exchange.

Kind regards,
Odila Triebel
Head of the Dialogue and Research Unit "Culture and Foreign Policy"
ifa (Institut für Auslandsbeziehungen)

Summary

The subject of religion and the behaviour of religious actors in the COVID-19 crisis appear at first glance to constitute either just marginal issues or factors which tend to be negative. On the other hand, there is far less public discussion on the key role played by religious communities as civil society partners of governments or the WHO, as agencies providing charitable and pastoral assistance, and as a resource for hope and contingency management so as to successfully cope with the pandemic. This study analyses the ambivalent role of actors in the COVID-19 pandemic within the framework of a theory-based empirical analysis, presents the most important developments, learning effects and problem areas yet to be addressed and finally, based on this, draws up policy recommendations for action.

Executive Summary

The subject of religion and the behaviour of religious actors in the COVID-19 crisis appear at first glance to constitute either just marginal issues or factors which tend to be negative. Without doubt, many people remember that religious services, especially at the beginning of this global infection, often made the headlines as 'super spreader events', whether it was the *Shincheonji Church of Jesus* in Daegu, South Korea, the evangelical churches in the USA or Brazil, the Islamic missionary movement *Tablighi Jamaat* in Delhi and Kuala Lumpur, or the Baptist communities in Frankfurt/Main, Germany. On the other hand, there is far less public discussion on the key role played by religious communities as civil society partners of governments or the WHO, as agencies providing charitable and pastoral assistance, and as a resource for hope and contingency management so as to successfully cope with the pandemic.

This study analyses the ambivalent role of actors in the COVID-19 pandemic within the framework of a theory-based empirical analysis, presents the most important developments, learning effects and problem areas yet to be addressed and finally, based on this, draws up policy recommendations for action.

Objective and Research Question
The objective of this study is to provide an empirical overview of the role, opinions and practices of faith actors during the COVID-19 crisis, in order to evaluate them in a constructively critical manner and to derive recommendations for goal-oriented cooperation between political and religious actors, from the experiences gained so far. The guiding question is how an interplay between political and religious actors can succeed in achieving the best possible management of the Corona pandemic. The results of the study are intended to be broadly applied to different country and religious contexts. For this reason, the study has been carried out on a more general level. It provides a well-founded overview; selected examples are used to recommend concrete steps.

Methods and Data
A mix of qualitative and quantitative methods was used to answer the question. In December 2020 and January 2021, the authors of this study organised two expert workshops together with the Institut für Auslandsbeziehungen ('ifa') which were attended by representatives from religious communities, multi-religious networks, faith-based organisations (FBOs), research institutes and political foundations. In addition, they carried out several guideline-based interviews with further experts. Moreover, they used their own data which originated from a comprehensive quantitative online survey.

As its conceptual foundation, the study draws on a systems-theoretical analysis of the problem as well as explanatory approaches to conspiracy theories, authoritarianism and religion. Religion is understood as a multi-level phenomenon which is regarded on three central levels of analysis: i) the macro-level, ii) meso-level, and iii) micro-level. Using the theoretical preliminary considerations, criteria are derived for 'Best Practices' (= religious actors as part of the solution: crisis management) and 'Worst Practices' (= religious actors as part of the problem: crisis reinforcement). They are listed in the following table.

Criteria	
a) Best Practice	b) Worst Practice
Macro-level: religious actors…	
- work constructively with the WHO to achieve joint objectives	- support state actors in their questionable COVID-19 policy
- work constructively with state actors to achieve joint objectives	- take part in resistance against a reasonable state COVID-19 policy
- as part of civil society, promote control of the pandemic and mitigation of negative impacts	- are unable to carry out their responsibilities and functions under the conditions of restrictive political systems
	- contribute to the exacerbation of religious tensions and conflicts
Meso-level: religious communities and (inter-)religious/faith-based organisations…	
- take part in measures to provide medical education and control the spread of the virus, follow hygiene concepts, disseminate correct information and counter conspiracy theories	- rise above proven scientific findings, spread conspiracy narratives and violate COVID-19 regulations
- provide pastoral and charitable assistance, even under changed conditions, and contribute to the development of viable concepts for the future	- are unable to act, neglect their social/spiritual functions and fail to provide a programme of ethical and visionary orientation
- attempt to alleviate the suffering experienced by the entire population due to COVID-19, incl. disadvantaged groups and religious minorities (→ inclusive & multi-religious approach)	- are concerned only with their own religious group, discriminate against other religions and religious minorities and provoke conflictual tensions
Micro-level: the faith of religious individuals…	
- helps them to deal with the crisis situation, insecurity and stress ("coping with contingency") and release positive emotions (e.g. hope)	- is no help when dealing with the crisis, but instead increases negative emotions (e.g. fear, helplessness, loneliness)

- protects them against (COVID-19) conspiracy theories as 'substitute religions' and lets them link their faith to proven scientific findings	- makes them susceptible to (COVID-19) conspiracy theories, interpretations of the pandemic as God's punishment and to devaluation of other groups of people/religions
- promotes a willingness to help and solidarity with others as well as a willingness to comply with the necessary COVID-19 regulations	- motivates them to violate COVID-19 regulations and reduces their willingness to help and their solidarity above and beyond their own religious *in-group*

Empirical Findings

While the 'Best Cases' examined were similar in tendency and substance, the 'Worst Cases' are more complex and heterogeneous, and raise numerous different issues. It became clear that especially in times of crises such as the COVID-19 pandemic constructive collaboration between representatives from politics, science and religion is a significant issue. In contrast, it proved to be particularly problematic when (powerful) religious actors refused to implement necessary COVID-19 policies. The situation was further aggravated when religious and political actors came together to resist scientific expertise.

Successive learning effects and adaptation processes were observed among most religious actors. At the beginning of the crisis, many religious communities clearly found it difficult to assess the challenges of the COVID-19 virus and understand their own role in this infection. Exceptions were mainly noted among those who could draw on their experience gained from past health crises such as malaria, HIV/AIDS, Ebola virus disease and others. Over time, however, the faithful and the representatives of most religious communities, whether Jewish, Christian, Muslim, Hindus, Buddhists or other religious groups, recognised the signs of the times and provided valuable contributions to the successful containment of the virus.

Only the radical, fundamentalist branches of various denominations, which are often fundamentally opposed to scientific knowledge and methods and tend to place religious authority above all other areas such as science and politics, proved to represent a permanent risk factor. First and foremost they lacked differentiated theological perspectives to create a balance between dogmas of faith and scientific findings, reason and emotion.

Compared to these groups, multi-religious initiatives in particular distinguished themselves as positive trailblazers for controlling the global pandemic (e.g. *Religions for Peace* (RfP), the *International Partnership on Religion and Sustainable Development* (PaRD), the

Joint Learning Initiative on Local Faith Communities (JLI) and others). Instead of being isolated and unconnected, many religious organisations and actors found (new) ways of collaborating. Supported by digitalisation and new social media, they were able to visibly present themselves and network better than in past crises.

Another fundamental insight is that the idea of inclusion or its antipode – the fundamental problem of discrimination against religious minorities – has once again become strikingly more important in the context of the COVID-19 crisis; not because the COVID-19 pandemic has served as a genuine cause for discriminatory behaviour towards religious individuals and groups, but because the crisis has become a catalyst and amplifier of problems which already exist in this sector. Even in normal times, an authoritarian self-image of one's own faith, which is based on exclusive claims to the truth and often combined with a self-declared special status and demarcation from other religious communities is fraught with risks, and this negative potential increases even more in times of crisis. Conversely, multi-religious discourse, mutual rapprochement, but also (if necessary) mediation between the various groups of actors is the conditio sine qua non of [the indispensable condition for] a goal-oriented COVID-19 policy. As a result, any conflicts which may already exist between religions are not further exacerbated, but defused.

What must be regarded as possibly the most important finding of this study is that the fields of work of religious groups on the one hand and representatives of national and international politics and science on the other are complementary. The dialogue which politicians and scientists engage in with religious actors, which can be very time-consuming and complex, promises a balance between cognitive and emotional forces. It is precisely this harmony between knowledge and feelings which is so valuable for successful implementation of anti-COVID-19 measures which curtail individual and societal freedoms and can bring people to their physical and mental limits.

Religious attitudes and resources can prove to be appropriate instruments, at least in their tendency to provide adequate intellectual and supportive orientation on this difficult path. Up to a certain degree, they are predestined to function as a bulwark against the (sometimes religion-like) conspiracy theories, not least because such theories must be addressed in a primarily emotional, emphatic and sociopsychological manner rather than a purely matter-of-fact, rational one. Theoretically, religions already play a significant role in this respect, but have yet to prove their worth in empirical terms.

Policy Recommendations for Action

Based on the analyses carried out and the expert opinions which have been acquired, the study concludes by making recommendations for action with regard to involving religious actors as constructively as possible during such global health crises as the COVID-19 pandemic. Three central fields of action have been identified to achieve the objective of joint crisis management, possible challenges regarding its implementation are stated and solutions to these challenges are provided. Some 'checklists' summarise corresponding suggestions for political actors (e.g. politicians, decision-makers, governments) and for religious actors (e.g. religious leaders, religious communities, FBOs). Depending on the context and application, these suggestions must be fleshed out and adapted. The following diagram presents an overview of the main findings.

Fields of Action					
1. Involvement, dialogue & networking		**2. Religious actors' tasks & competencies in times of crises as well as the prerequisites & resources required for these**		**3. Information processes, conspiracy theories and vaccination hesitancy**	
Challenges					
1) Identification & selection of religious actors 2) Qualities of relationships 3) Actual implementation of agreements in the multi-level structure		1) Financing & the provision of resources 2) Dangers of religious commitment		1) 'Infodemics' and parallel media worlds 2) Nexus of religion & conspiracy theories as well as vaccination hesitancy	
Checklists for political and religious actors for managing global (health) crises such as the COVID-19 pandemic and mitigating their negative impacts					
a) Political actors	*b) Religious actors*	*a) Political actors*	*b) Religious actors*	*a) Political actors*	*b) Religious actors*
1) Dialogue & cooperative structures with religious actors (e.g. *interfaith councils*) 2) Connecting religious actors with experts from the fields of science & health (e.g. joint task force/expert commission)	1) Involvement in political dialogue & cooperative initiatives 2) Collaboration with other religions & experts 3) Communication & participation processes with all religious levels (trickle-	1) Recognising the societal role of religious actors 2) Framework conditions in crises: balance between necessary boundaries & scope for action 3) Provision of resources & financing of religious communities	1) Performing their societal role → 3 sectors: - spiritual/ pastoral - social/ charitable - theological/ visionary 2) Inclusive & multi-religious approach 3) Dealing with problems & radicalisation trends in	1) Central, trustworthy sources of information 2) Presence of religious actors in public media & cooperation with religious media 3) Counter-measures with regard to fake news 4) Social, psychological & pastoral measures	1) Collaboration with public media, spiritual guidance & medical education 2) Information platform with other religious actors 3) Measures against religious conspiracy theories: - inclusive religious beliefs

3) Framework of Engagement 4) Capacity building for religious actors (to implement agreements in the multi-level structure) 5) *Religious literacy* 6) Trust, respect & open-mindedness	down effect) 4) Implementation of guidelines & measures 5) Political & interreligious literacy 6) Trust, respect & open-mindedness	1) Risk management & executive action (if necessary)	their own ranks	with regard to conspiracy theorists 5) Mobilising religious multipliers for joint vaccination campaigns	- integration in (pluralistic) communities 4) Religious education to connect faith & science 5) Support for vaccination campaigns

Conclusion and Outlook

In conclusion, this study makes it clear that religions and religious actors play a significant role, especially in times of crises or pandemics: *religion matters*. Religious actors can make a major contribution in the fight against the pandemic and handling its consequences, but they can also exacerbate the crisis. Thus they should always be taken into consideration by state and international actors and involved in the management of a crisis.

The empirical analysis carried out on the role of religious actors during the COVID-19 pandemic also shows that there is need for further research. This is an exciting and complex subject area, from which important insights for further, probably unavoidable (health) crises can be gained. At the time this study was drawn up, research on the COVID-19 pandemic, focussing specifically on the religious phenomenon, had only just begun. This report can, therefore, serve as a basis and an incentive for further research, especially for more in-depth, country- and region-based studies or case studies of individual religious communities.

1. Introduction

> "Nobody is safe unless all are safe. This is the moral of the unfolding story of the virus."
>
> (RfP 2020a)

1.1 An outline of the problem: religious actors in the COVID-19 pandemic and their significance for foreign cultural and educational policies

When numerous active members of the largest global interreligious network *Religions for Peace* (RfP)[1] gathered online on 1 April 2020 for the virtual "*Global Interfaith Moment of Hope & Solidarity in the Time of COVID-19*" meeting and the religious representatives connected from all over world solemnly committed themselves to "prayer, action, hope, solidarity and comfort" (Bender 2020), many strongly secular people may have regarded this as an expression of latent helplessness. One could ask, what can religious actors[2] achieve in such a dramatic situation as the COVID-19 crisis? At a time in which all hope appears to be concentrated on scientists, doctors and physicians, activity is expected from politicians, health authorities, social welfare associations and nursing staff in particular, and neither solidarity nor the risk of infection makes a difference between religious believers and non-believers? And in which, last but not least, it is important to prevent religious services from becoming super spreader events when they attempt to provide orientation and comfort by bringing congregations together to pray?

Even a second, already somewhat reflective glance which remembers both the traditionally strong presence of religious communities in the social, nursing and welfare sector as well as the enormous experience which religious communities have in the fight against infectious diseases such as AIDS, malaria or Ebola threatens to get entangled in a strongly Eurocentric perspective. For is the role of religious actors, which is undisputedly valuable in this respect, not required first and foremost outside Europe, where in many cases there is no well-functioning government, public or health authority to deal with these important tasks? And has the global COVID-19 pandemic, which to date has affected the industrial nations of the North and West just as much as the poor countries of the South, not been a completely new challenge right from the outset? It is quite possibly the first global health crisis since the Spanish flu, whose catastrophic effects in the shadow of World War I resulted in 50 million deaths worldwide and were only really understood in retrospect. At

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[1] https://www.rfp.org/ [accessed on 2021-01-15].
[2] For an explanation of what is meant in this study by "religious actors" or who is included in this term, see Chap. 1.3.

least, the danger presented by both virus strains may well be of a similar magnitude, despite the lack of comparability between the basic death rates and the medical and hygiene standards then and now (Faust et al. 2020).

The fact that religious communities linked in interreligious or interdenominational networks such as RfP or *Act Alliance*[3] have come together to "pray and act" (Bender 2020) against COVID-19 could thus easily be demoted to a marginal note, at least in strongly secularised Europe, insofar as, in this context, doubts have not arisen from the outset as to the function and competence of religious actors. Furthermore, one of the fundamental motives for carrying out this study is the recognition that such responses would blatantly underestimate the actual relevance, potential and resources which religious communities have at their disposal to successfully fight the SARS-CoV-2 virus. At the same time, however, one must not lose sight of the fact that religious actors can also have great significance from a negative point of view. That is to say, where efforts to achieve goal-oriented and effective involvement of religious communities with regard to measures implemented to control, reduce and, at best, prevent infection fail, one must expect a particularly violent course of the COVID-19 crisis. This study attempts to clarify why this is so.

It is no coincidence that the above-mentioned statements are characterised by the same extremely striking ambivalence which, in the final instance, permeates all the responses to the question posed by the study regarding the role played by religious actors in the COVID-19 pandemic. Accordingly, in their statement dated 19 March 2020, *Religions for Peace* (2020a) pointed out that it only took COVID-19 to uncover the "fragile state of mankind" which has come about despite or perhaps even because of the "seemingly scientific and material progress" which humanity has experienced. The virus, which has been able to spread so quickly especially because of the 'depth' of humankind's global "interrelatedness" , is therefore not only an "existential test" which calls upon all religious actors to perceive their "sense of responsibility", but also a "huge opportunity" to rethink the "greed", "moral deterioration" and "lack of fairness and solidarity" which the community of world religions considers to form the basis of current global interrelationships. The statement finishes with the sentence which was quoted as an epitaph at the beginning of this study and which is intended to encourage humanity to commit to its hitherto neglected "unity of purpose": "Nobody is safe unless all are safe." In their "joint statement" issued less than one week later on 25 March 2020, *Religions for Peace* and *Act Alliance* (2020) also came to the conclusion that:

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[3] https://actalliance.org/ [accessed on 2021-01-15].

> "Medical experts around the world, from the World Health Organization to emergency room doctors insist on the wisdom of avoiding physical contact and avoiding public spaces. We understand how deeply this reality pains so many of us [believers] who need, sometimes desperately, to be in our places of worship, and to serve our communities' spiritual and humanitarian needs. In fact, at few moments in history has humanity needed the sustenance of shared worship as much as it does now. But again, we must remember that medical experts advise against public gatherings, which includes worship services."

The statements quoted above all express, or at the least hint at, the overall ambivalence regarding the role of religious communities in the COVID-19 pandemic which can be condensed into the following three fundamental tensions:

- the critical, socio-ethically motivated distance of religious actors from the technical progress unleashed by the globalised economic and financial systems, whose achievements and insights must nevertheless be taken into consideration in the fight against the virus;

- the emphasis on one's own, universal perspective, which is set in contrast to the real selfishness, injustices and social divisions between people so as to make neither God nor nature, but solely mankind responsible for overcoming this precarious situation;

- the insistence on the energy of religious faith, which provides comfort and orientation, including its independence from all worldly pressures while, at the same time, accepting the fact that public worship during the COVID-19 pandemic can hardly be recommended.

Both statements suggest that religious communities can, on the one hand, develop and/or acquire the strength and resources required to successfully combat the pandemic while, on the other hand, also possessing (negative) potential which may run contrary to precisely this objective. In this context, it is not only evident that religious actors find it particularly difficult to forego human contact but also provides a powerful illustration (thus underlining the extreme seriousness of the situation) that, despite all misgivings, they are making a clear commitment to something which clearly contradicts their true convictions. This outlined ambivalence, however, is most apparent insofar as the wordings quoted above remain open, at least subjectively, to the dangerous (and, for a successful anti-COVID-19 policy, for several reasons counterproductive) opinion that the pandemic is God's 'punishment' (see Chap. 3.3) for mankind's sinful behaviour.

At the same time, it is precisely this ambivalence towards COVID-19 displayed by the religions, which most certainly should not be underestimated, which draws attention to what are probably the greatest strengths religious faith can offer to achieve a fundamental improvement in the situation. To this end, the focus should be less on the manifold scientific and medical or legal and political challenges of the COVID-19 crisis and more on how it can be overcome in social and, in particular, psychological terms. What is de facto 'revealed' in the statements by *Religions for Peace* and *Act Alliance* which were decoded earlier is the skill, long since developed and cultivated by religious communities, of constructively dealing with the underlying ambivalences and ambiguities which are symptomatic of a crisis situation. From a sociological and psychological point of view, religions and religious communities, irrespective of their specific orientation, are most definitely suited to making a significant contribution to dealing individually and collectively with uncertainty as well as things which are rationally and scientifically inexplicable. Even under secular conditions, religions thus represent a central resource in coping "contingency" (Lübbe 1998; Luhmann 1982, 2002; see Pickel 2017), i.e. with the openness and uncertainty of human life experience as well as the unsolvable paradoxes experienced and observed therein. If religions, therefore, place the pandemic in a larger context of meaning, then from the point of view of non-believers they may have missed the (medical) core of the problem; on the other hand, they help believers to cope with the severity of this challenge and personally rise to it.

Although in their fundamentalist and authoritarian-dogmatic forms religions themselves are clearly prone to suppressing ambiguity and diversity and not tolerating alternative opinions and convictions (Roy 2011), yet in the course of their long history, the (world) religions[4] have, however, certainly been quite capable of tolerating contradictions between individual beliefs, religious conviction and empirical-scientific knowledge, or between theory and practice. Despite popular prejudice, Islam can be attested a particular historical affinity with and tolerance of ambiguity as well as in its handling of plurality. In the scientistic climate of the largely binary coded scientific world of (supposed) 'right' and

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[4] Without, at this point, being able to decisively address the complex problem of defining what makes a (world) religion, this study focuses on the religious communities which, based on the number of their members and how they have spread transregionally, are generally regarded as the five world religions: Christianity, Islam, Hinduism, Buddhism and Judaism (cf. Ebeling 2010; Tworuschka and Tworuschka 2017). A narrower concept, which is limited to the three universal religions of Christianity, Islam and Buddhism, for example, has been negated in view of the relevance of the Jewish and Hindu religious communities to the question, while a broader terminology which – following Max Weber's sociology of religion (2011) – also includes Confucianism and Daoism (cf. von Glasenapp 2005; Wehr 2002) or the Baha'i religion (Hutter 2016) among the world religions, has been avoided for pragmatic reasons of research.

'wrong' it is precisely this ability to engage constructively with knowledge-related uncertainties, ambiguities, open questions and missing answers as well as the resulting difficulty in assessing risks which seems to have been lost to a certain extent (Bauer 2018).

Especially in the COVID-19 crisis, however, such a (religious) ability to tolerate ambiguity and to deal with contingency would be even more important, since science and politics in this context have produced a series of very ambiguous, to some extent even highly contradictory statements and findings (including statistics which can be interpreted divergently). This has caused massive uncertainty among quite a few people. Thus, during the course of the pandemic, very different, even contradictory perspectives were circulated – not only by conspiracy theorists, but also by serious scientists – regarding the actual danger of the virus, the mortality rate and excessive mortality, the reasons for contamination and paths of the infection, the necessary special protection for risk groups, tolerable incidence rate and the significance of the R value, the necessary scope of lockdown measures, the use of (fabric or FFP2) masks, the period required to develop a safe vaccine, the possibility of achieving herd immunity, etc. In itself, this would not be a particularly unusual process for scientists researching a new field which provides no real precedents or empirical values (as were previously only available in Asia in the best case). However, in an exceptional situation such as the COVID-19 crisis, including the temporary suspension of fundamental rights during its course, the restriction or prohibition of numerous contacts and encounters and, not least, the existential fears and psychological burdens associated with this, there is only a certain amount of patience for *trial and error*.

In the context of the COVID-19 pandemic, the (socio)psychologically challenging lack of clarity inherent in the situation has been further exacerbated by the so-called 'prevention paradox' (Rose 1981). What the British epidemiologist Geoffrey Rose described at the beginning of the 1980s, using coronary heart disease as an example, namely that the vast majority of individuals with only a low risk of serious illness in the short- or medium-term very rarely perceive extensive preventive measures with a long-term overall benefit for society as a direct improvement of their own health, applies also for the SARS-CoV-2 virus (Martius 2020): even if prevention shows measurable success, people often lose the feeling for existing danger and have doubts about the initial necessity of the measures taken. A further variation of the prevention paradox would be successful immunisation which, as incidence rates sink, also reduces the public's awareness that they are actually dealing with a highly dangerous infectious disease. Consequently, in such a social climate the (unreal) feeling can spread easily that the sporadic side effects of vaccinations are worse than the disease actually being fought. At this point, then, fundamental tolerance of

ambiguity and the ability to cope with contingency are required, both of which can be promoted through the positive influence of religion and religious communities.

Apart from providing intellectual and moral orientation as well as comfort and psychological help in a both physically and mentally extremely distressing situation such as the COVID-19 pandemic, religion and religious communities can, from a political point of view, generally be regarded as very effective agencies for communication, interaction and providing information. Thus, especially in times of crisis, religious networks are important allies for preventing a communication breakdown or possibly panic and desperation. They can, instead, organise and even guarantee the distribution of important news and messages. Social media alone are often not able to do this, because they are more likely to result in a more fragmented public and the barely controllable circulation of uncertain or even fake news. In contrast, religious actors are greatly trusted and have generally unquestioned authority among the population, particularly in countries outside Europe. The social networks, charities and communication structures which they maintain make them exceptionally suitable for making an essential contribution to a coordinated but complex strategy in the fight against infectious diseases, including management of the social consequences these cause. Outside of urban areas, in some African, Asian, Middle Eastern and Latin American countries they may even be the only actors who have the ability to reach the population living there. But even in Europe, it has become clear, e.g. during the European refugee crisis, that state institutions profit from the support and experience of religious networks, especially in such exceptional situations – or even that they depend on them (e.g. Pickel and Hidalgo 2019).

All this makes religious actors, in general, valuable cooperative partners of national and international organisations and public authorities in the fields of policy and global governance such as economic and intercultural cooperation, poverty, education and environmental policy, or even peace and security policy (e.g. Haynes 2007, 2011, 2016; Werkner and Hidalgo 2014). This is a role which becomes even more important in a global pandemic. However, for such a cooperation to function also or especially in a difficult crisis situation, it is vital that the corresponding necessary structures and communication channels are established in advance, not only because there might not be any time to do so during the crisis itself, but also because doing so often creates an initial mutual trust which is urgently required for a successful collaboration.

Already in 'normal' times, religious actors are regarded as the target groups and partners of foreign policy initiatives as well as cultural and educational activities. In addition to the direct purpose of such undertakings, developing and implementing projects and cultivating permanent contacts in cooperation with these actors has the medium- to long-term benefit of being able to fall back on established structures during international crises. Such structures could be a key factor in the success of goal-oriented medical and political measures; if they are not in place, the chance of failure becomes much more probable. At the same time, the course of the global COVID-19 crisis to date as well as the ambivalent role religious actors have played and will continue to play in it provide valuable findings as to which mistakes must be avoided in future, which hurdles must be anticipated and which difficulties must be overcome in the context of a collaboration between and with religious actors. The COVID-19 pandemic once again proves that the best learning opportunities are provided by actual crises.

1.2 Objective and structure of the study

The main objective of this study is to provide an empirical overview of the role, opinions and practices of religious actors during the COVID-19 crisis, in order to evaluate them in a constructively critical manner and to derive recommendations for goal-oriented cooperation between political and religious actors, from the experiences gained so far.

The study and its findings are intended to be broadly applied to different country and religious contexts; for this reason, the study has been carried out on a more general level, i.e. it offers a well-founded overview without being able to go into great depth on numerous issues. Selected examples are used for concretisations. More in-depth analyses of individual countries or religious communities or detailed case studies are, however, beyond the restricted scope of this study and could become the subject of subsequent research projects. The Authors would explicitly like to note that the religious actors and specific country contexts considered here should not be understood as unified entities; they are in themselves very plural and diverse. Thus the general view taken in this study is by no means intended to pave the way for generalisations; instead it is meant to serve as a starting point and framework for more in-depth, specific analyses of individual religious communities, nations or organisations.

The guiding question is how an interplay between political and religious actors can succeed in achieving the best possible management of the Corona pandemic. To address this question, after giving some conceptual, theoretical and methodological preliminary remarks (Chap. 1.3), the Authors identify three central, partly interdependent analysis levels (macro-, meso- and micro-level) (Chap. 2.1), outline the underlying theoretical and

conceptual approaches (Chap. 2.2 and 2.3) and develop criteria for 'Best' and 'Worst Practices' (Chap. 2.4). These criteria are then used in the empirical section to categorise significant examples from various countries and regions along the three levels of analysis (Chap. 3.1, 3.2 and 3.3). This creates an overall perspective which, on the one hand, reflects and recognises the resources, positive potentials and capacities for problem solving offered by religious actors to overcome the COVID-19 pandemic. On the other hand, it identifies the contrasting issues and neuralgic points where the communications and actions of religious actors themselves became a problem and were an obstacle to successfully overcoming the crisis. In the summary of the findings and insights thus gained (Chap. 3.4), an attempt is made to systematise the relevant examples, which can be condensed into the preliminary contours and categories of a theoretical reflection.

On this theoretical and empirical basis, the study then formulates policy recommendations for (foreign and cultural) policy actors on the one hand and religious actors on the other. When doing so, an ideal constructive collaboration with religious actors in a crisis situation such as the COVID-19 pandemic is outlined, taking into account possible hurdles and challenges, but also recommended solutions (Chap. 4). The line of argumentation is rounded off with a conclusion and an outlook on the need for further research which results from this study (Chap. 5).

1.3 Conceptual, theoretical and methodological preliminary remarks

This study is meant to offer a broad overview of the positions, attitudes and practices of 'religious actors' on the macro-, meso- and micro-level (see Chap. 2.1) who, in terms of their self-perception and/or the perception of others, exhibit a content-related or formal, structural or organisational, identity-theoretical or financial connection to 'religion'. In line with international standard terminology or categorisation (see e.g. ACT Alliance et al. 2020; UNHCR 2014; WHO, not yet published) the term 'religious actors' is used to describe individual believers, religious leaders at different levels, religious communities as well as *Faith-Based Organisations* (FBOs). The latter refers to (non-governmental) organisations based on faith, which usually concentrate on peace-building, developmental or humanitarian activities (e.g. *Islamic Relief*[5], *Bread for the World*[6], *Misereor*[7], *World Vision International*[8], *Caritas Internationalis*[9], etc.).

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[5] https://www.islamic-relief.org/ [accessed on 2021-01-15].
[6] https://bread.org/ [accessed on 2021-05-04].
[7] https://www.misereor.de/ [accessed on 2021-01-15].
[8] https://www.wvi.org/ [accessed on 2021-01-15].
[9] https://www.caritas.org/ [accessed on 2021-01-15].

In general, this study refrains from making a sharp distinction between a substantial and functional concept of religion or other conceivable distinctions (Pollack 2017). The main reason for this is that the study examines in more detail the phenomenon of conspiracy theories (see Chap. 2.3 and 3.3), a research subject which first and foremost exhibits analogies to the phenomenon of 'religion' (Blume 2020), however at the same time distances itself from a too broadly functional concept of religion, since this would inevitably have gone beyond its scope. The advantage of such a flexible terminological approach is immediately obvious: it takes a closer look at all religious actors – both the traditional as well as the non-traditional ones and the leading representatives and lay people situated at the local, regional, national and transnational levels – without extending the scope of this research to esoteric, spiritual and ideological groups whose affiliation with a religion is at least controversial. This also suggests that constructive collaboration with this spectrum of religious actors is not only possible in the COVID-19 crisis, but – at least up to a certain point – also necessary.

Both qualitative as well as quantitative methods (e.g. interviews with experts, group discussions, a quantitative online survey, statistical regression models) were applied to answer the research question and carry out the collection and evaluation of empirical data. Numerous sources have been consulted: apart from their own investigations, the Authors have used in particular the online resource repository[10] of the *Berkley Center for Religion, Peace, and World Affairs* at *Georgetown University Washington* (which includes a commented collection of links and information on religion and COVID-19) as well as the information platform of the *Joint Learning Initiative on Faith and Local Communities* (JLI)[11]. Furthermore, they have carried out several guideline-based online interviews with experts

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[10] https://docs.google.com/document/d/1FLxwvN6ICTxWWYOwRiv9sBLgf7v0vstsSzV7_o_1-B8/edit [accessed on 2021-02-27].
[11] https://jliflc.com/ [accessed on 2021-01-15].

(among others, Katherine Marshall[12], Sally Smith[13], Stefan Sengstmann[14], Olivia Wilkinson[15], Philipp Öhlmann and Ekkardt Sonntag[16]). In addition, they organised two expert workshops in cooperation with the *Institut für Auslandsbeziehungen* (ifa) in December 2020 and January 2021 which were attended by representatives from religious communities, multi-religious networks, FBOs, research institutes and political foundations. The corresponding findings have been included in particular in the empirical analysis in Chap. 3 and represent an essential basis for the recommendations for action which are derived from them and set out in Chap. 4. Questionnaires were also used for this purpose which the participants of the workshops answered in writing prior to the online events. If reference is made in the section on empirical analysis to specific statements and examples given by the experts, then they are quoted anonymously using "EXP1", "EXP2", etc.

Furthermore, the Authors of this study are in close contact with and, to some extent, integrated in the network of experts which is currently advising the World Health Organization (WHO) with regard to the integration of religious actors during the COVID-19 pandemic. For example, they are developing a joint *Framework for Engagement of Faith Actors in Health Emergencies*.

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[12] Katherine Marshall is a senior fellow at the *Berkley Center for Religion, Peace, and World Affairs*, where she directs work on religion and global development. She is also a professor of the practice of development, conflict, and religion at the *Walsh School of Foreign Service*. Besides, she is co-founder and Executive Director of the *World Faith Development Dialogue (WFDD)* and Vice President of *the G20 Interfaith Association*.

[13] Sally Smith is an independent consultant to the WHO and the *Anglican Alliance* on global health, development, religion, community engagement and HIV issues. Before that, she worked for UNAIDS *(Joint United Nations Programme on HIV/AIDS)* for 14 years. She is also a Visiting Lecturer in the *School of Medicine Leeds Institute of Health Sciences* at the *University of Leeds*.

[14] Stefan Sengstmann is the Director of the Technical Advisory Group at *World Vision Germany*.

[15] Olivia Wilkinson is the *Director of Research* at the *Joint Learning Initiative on Faith and Local Communities* (JLI).

[16] Philipp Öhlmann (head of the team) and Ekkardt Sonntag (researcher) are both members of the Research Programme on "Religious Communities and Sustainable Development" at the Humboldt University (HU) of Berlin. Among other things, they are carrying out a study on the perspectives of religious leaders on COVID-19 within the scope of the project: "Driving forces of the transformation: religious communities as initiators of sustainable development", financed by the German Federal Ministry of Economic Cooperation and Development (*Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung* / BMZ).

The findings and empirical analyses, in particular at the micro-level in Chap. 3.3, also come from primary data which has been collected by Carolin Hillenbrand at the Cluster of Excellence "Religion and Politics" at the WWU Münster in cooperation with Alexander Yendell at the Leipzig Research Centre Global Dynamics since July 2020. This is a comprehensive quantitative online study which examines the effects of the COVID-19 pandemic on people's social, political and religious attitudes and behaviour in Germany (Hillenbrand 2020).

2. Theoretical Concepts

The study draws on the conceptualisation of three central levels of analysis (Chap. 2.1), a basic systems-theoretical approach (Chap. 2.2) as well as theoretical approaches for conspiracy theories, authoritarianism and religion (Chap. 2.3) to theoretically derive the criteria for 'Best' and 'Worst Practices' within the context of the role of religious actors during the pandemic (Chap. 2.4).

2.1 Religion as a multi-level phenomenon: the macro-, meso- and micro-level

A global study of the role of religious actors during the COVID-19 pandemic is a very complex undertaking. To systematise the reactions of religious actors and structure the study, the Authors applied the standard differentiation of three levels of analysis as used in the social sciences and empirical research on religion: the macro-, meso- and micro-level (Barman 2017; Dobbelaere 2004; Herzog et al. 2020). "Religion" is understood as a multi-level construct: religious actors act on different levels, whereby it must be noted that although it is analytically useful to differentiate between them, in reality they are interconnected and the boundaries are blurred (Herzog et al. 2020). This study examines the role of religious actors in the COVID-19 pandemic using these three levels; on the one hand, to illustrate the complexity of and links between many actors. On the other hand, the analytical separation of different levels achieves a necessary degree of complexity reduction for the purpose of working out structures and patterns. Fig. 1 illustrates these three levels of analysis, which are hereinafter specified in more detail with regard to the religious sector.

Macro-level

At the macro-level, social, cultural, economic and political contexts are taken into account. Generally, this level refers to the (national) state as the unit of analysis. Thus, large social institutions and (sub-)systems depending on the degree of functional differentiation and modernisation of the societies, are typically located and analysed at this level. This includes, for example, the political system, the health, economic or legal system, but also religion as a subsystem in a country and its relations with the state (Herzog et al. 2020; Tyrell 2006).

Meso-level

Organisations, groups and networks are typically located at the meso-level. Derived from the subsystems at the macro-level, these include, for example, political parties and unions, hospitals and doctors' surgeries, firms and corporations, courts and the police; for the religious sector they include the religious communities. These various organizations are in exchange with one another, follow their own logics and binary codes based on systems theory considerations (see Chap. 2.2), and must negotiate for themselves how they deal with the COVID-19 pandemic as an organisation in exchange with and perhaps also in competition with other organisations. These organisations are not restricted by national borders, especially with regard to religious communities; on the contrary, they can transcend these and structure themselves transnationally or act internationally.[17] Examples of central actors in the religious sector include multi- or interreligious[18] organisations (*Religions for Peace*, *KAICIID*[19], etc.) as well as faith-based organisations (FBOs) (*Islamic Relief, Bread for the World, Caritas Internationalis*, etc.) (Herzog et al. 2020; UNAIDS 2009).

Micro-level

Finally, at the micro-level, the focus is on the individuals who make up the organisations (meso-level) and ultimately also the subsystems (macro-level). Individuals have varying mental and economic preconditions, social situations, attitudes, convictions and ideologies, including religious ones. Individuals are influenced by the macro- and meso-levels; however, through their actions and their varying social roles there is also communication of individuals towards the other levels, especially when they join together in institutions and organisations, for example with regard to similar patterns of attitudes, cultural and religious backgrounds as well as political convictions (Herzog et al. 2020).

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[17] In this study, the Authors do not differentiate the transnational level as yet another independent level of analysis, because on that level (with regard to the religious sector) organisations, networks and communities of the world regions can be located, which already form the subject of research at the meso-level (e.g. interreligious organisations, FBOs, etc.). In order to avoid strong overlaps, they are mainly considered and analysed within the framework of the meso-level.

[18] For the purpose of this study, the terms "multi-religious" and "interreligious" are used synonymously: It primarily refers to the cooperation between different religious actors. Further differentiation (as is usually made within the context of religious practices such as inter- or multi-religious prayer) is unnecessary in the within the scope of this study. (see e.g. Abu-Nimer and Smith 2016; D'Costa 2017).

[19] https://www.kaiciid.org/ [accessed on 2021-01-15].
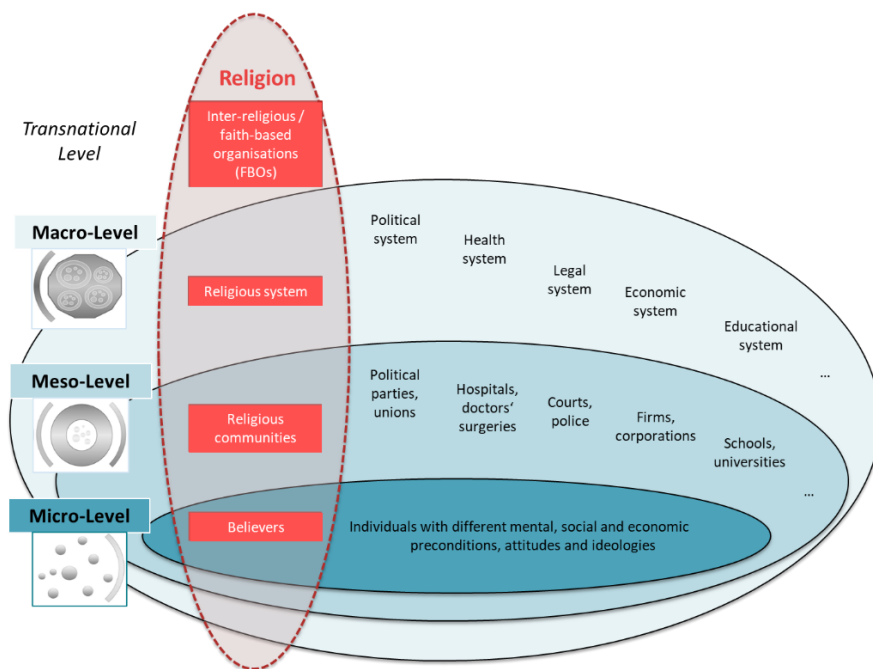
Fig. 1: Religion as a multi-level phenomenon
Source: Own research following Dobbelaere (2004); Herzog et al. (2020); Tyrell (2006).

2.2 Religion and the diagnosis of the COVID-19 crisis in the web of social (sub-) systems

As already stated at the beginning of the outline of the problem in Chapter 1.1, the COVID-19 pandemic, which has impacted virtually the entire planet in terms of its effects and cost, the victims it has claimed and the preventive measures it has prompted, can and must be regarded as a health, socio-economic and political crisis of our global society, possibly even as the first such crisis to be immediately recognised and fought to such a dimension.[20] There is no doubt that the consequences of this global crisis have resulted in regionally very diverse characteristics, challenges and fields of conflict; however, this can only be briefly touched on within the scope of this study. Since the principle focus of the study is a general overview including individual cases which are comparable to a large extent and from which at least rather generalisable insights and lessons can be derived (see Chap. 1.2), the theoretical section starts by providing at least a rough global diagnosis of the situation of religious actors in the COVID-19 crisis. This should help to place the

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[20] In 1918, the first criterion was missing for the Spanish flu; for climate change the second one.

ambivalent role of religious communities and organisations as actors and those affected by the crisis in a larger context, so that the criteria used for 'Best' and 'Worst Practice' can then be understood intersubjectively.

A systems-theoretical analysis[21] of the undertaking described above, which compares the situation *before* the crisis with the most important changes *during* the crisis, can be used for this purpose. This approach will illustrate why religious actors, both in their self-perception and in an unbiased observation, are predestined for an ambivalent role during the crisis, which can both contribute significantly to containment of COVID-19 infections and alleviation of the suffering caused by the disease as well as to exacerbating this situation. The Authors deliberately refrain from depicting the finer points, details and internal problem areas of the systems theory (e.g. the complexity of the structural link between subsystems or that the prioritisation of social subsystems, which can be observed precisely at the beginning of the COVID-19 crisis, contradicts the basic diagnosis of its horizontal or lateral functional differentiation, which is typical of the modern era; see Stichweh 2020). At this point, the approach based on Niklas Luhmann (1984) is used merely for illustrative purposes.
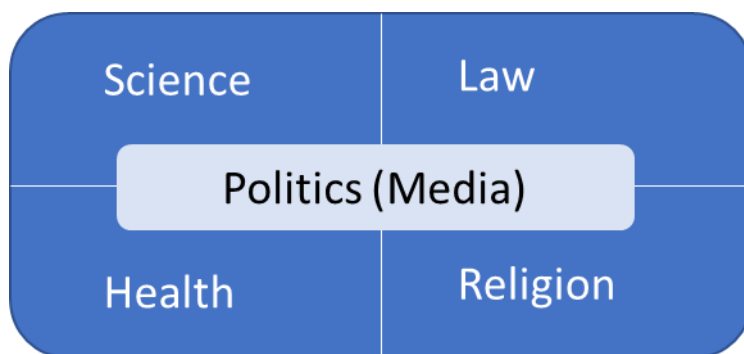
Fig. 2: Systems theory-based crisis analysis: the normal case and the initial event

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[21] The following illustration was significantly inspired by two online lectures held by Rudolf Stichweh on 12 November 2020 on the topic of "The COVID-19 pandemic and the sociological differentiation theory", which was the kick-off for the lecture series on "Science and the Public in the COVID-19 Crisis" at the Center for Philosophy of Science (Zentrum für Wissenschaftstheorie) at the WWU Münster in the winter semester 2020/21, as well as on 23 February 2021 on the topic of "The COVID-19 pandemic, functional differentiation of society and the system of religion", which opened the online lecture series on "Consequences of the COVID-19 pandemic for religion, religiosity and religious communities" of the Section for the Sociology of Religion at the German Sociological Association (Deutsche Gesellschaft für Soziologie / DGS). However, when evaluating the role of religion in the pandemic, the Authors deviate significantly from Stichweh's reflections.

In this connection, Figure 2 first illustrates the (systems-theoretical) 'normal case', which applies in particular for Western democracies, while leaving out numerous other social subsystems, especially the economy, education or art. Politics is clearly at the centre of society, because it also generates collectively binding decisions for all other social subsystems, which it can thus control to a certain degree. This forces those subsystems to adjust accordingly. Internal and external communications between *all* subsystems are organised by the (mass) media. In this 'normal' constellation, the legal system is structurally coupled with the centre of politics. On the one hand, it provides the instruments for the binding decisions which politics makes, while on the other hand it also sets limits to politics through the independence of procedural rules and, above all, by setting constitutional norms which political power may not exceed. In comparison, science represents a system which remains relatively independent (key word: freedom to research and teach) even if it provides politics with advice and support in several fields and, in return, is provided with a legal framework within which it operates. In this relationship, the health sector merely represents one subsystem among many. In addition, empirical data shows that it is increasingly influenced by economic considerations and, as a largely privatised sphere, has established itself at best as a subordinate 'policy field'. In this scenario, religion enjoys a kind of special role: as already implied in the outline of the problem in Chapter 1.1, it has the overall social function – possibly as a 'civil religion' (Luhmann 2004) – of processing the social, intellectual and existential uncertainties which continue to arise in a complex modern society based on the division of labour (key word: coping with contingency). Religion thus provides a form of orientation with regard to meaning and values, even for those who are not 'believers' in the theological sense and, at best, are influenced by a religiously impregnated 'culture'. Not least the difficult and (at any rate for the time being) unavoidable confrontation with mortality – one's own as well as that of family members, friends and living beings per se – ensures that while the topic of religion is changing, contrary to earlier prognoses in the sociology of religion it is not disappearing.

On the other hand, as Fig. 3 shows, the crisis caused by the COVID-19 pandemic – at least in democratic societies – is characterised by the fact that now suddenly it is not politics, but rather the previously more subordinate subsystem of health and (intensive) medicine, hygiene and the prevention of disease which is moving to the centre of society. This subsystem now characterises the system which is forcing all the other subsystems to implement what are, in part, extreme adaptations (e.g. the economy and science to produce masks, vaccines, further medical materials, to develop secure test procedures, etc.). Thus, in the context of the COVID-19 crisis, the principle of "every life counts", which was by no means practised before with such consistency, has resulted in the health system being

able, at least temporarily, to set itself up as a (double) benchmark for the concept of "systemic relevance". With regard to the lockdown introduced (in the course of the exponentially accelerating infection) in most countries, this characterised not only the social actions which were deemed essential for ensuring the recording of infected persons and the care of those infected, but also those who, despite all the health risks, were defined by the responsible decision-makers as socially vital and thus excluded from the measures. In many cases, politics, which saw itself driven by the new dominance of the health system, reacted by implementing extreme over-regulation and, in some cases, doubtful PR strategies. The latter justified drastic measures on the basis of an insinuated certainty regarding the danger of COVID-19 which, even today, is not supported by medical knowledge and research, which continues to be contradictory. As a result, the (mass) media only fulfilled its (overarching) function of organising communication and providing well-balanced media coverage to a limited extent. During this phase, it presented itself as a system which had unresistingly subordinated itself to the temporary hegemony of the health system. Within the scope of the pandemic the (classic) media system has, at least to some extent, been superseded by digitalisation. Due to its ability to replace a physical presence with a virtual one and under the pressure of the planned containment of COVID-19 infections the latter has quickly developed into the basic communicative currency of all social subsystems. Such subsystems (e.g. the economic, educational and artistic systems, and also professional sports, science, law, the media and, last but not least, politics) have been subjected as far as possible (and perhaps even permanently) to the logic of physical distance, which promotes digitalisation and corresponds with the top priority of protecting health. Especially in the subsystem of media and social communication, this has tended to result in a problematic increase in fake news, echo chambers and filter bubbles, which make the factual exchange of information more difficult.
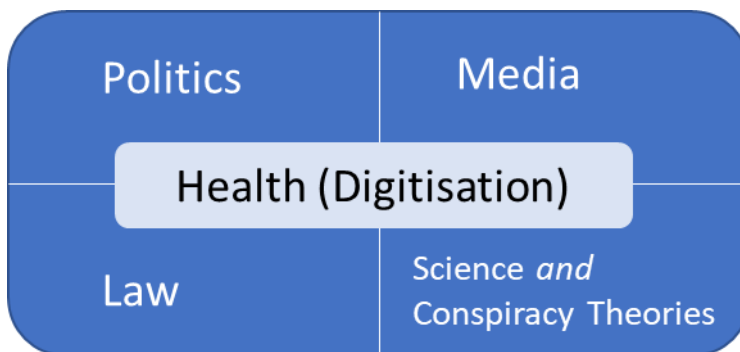

Fig. 3: Systems theory crisis analysis: the global COVID-19 pandemic

Apart from that, the new social role of politics, which is dedicating itself, its resources and funds completely to the top priority of health (as well as its 'sidekick', digitalisation) described above, is causing growing tension – which should only be noted here as an aside – with the legal system, which has overturned/been forced to overturn numerous hastily adopted regulations for health protection, some of which did not have sufficient legal basis or for which there was no factual requirement.

What is much more important for this study, however, is the fact that the system of science in Fig. 3 now suddenly finds itself in a position which is noticeably similar to that of the system of religion in the initial event, while the latter appears to have disappeared completely. This is because, during the COVID-19 crisis, many people (or at least significantly more than was previously the case) have focused their hopes of finding constructive ways to deal with this situation of uncertainty, mortality and the more or less direct threat to their own lives on scientific research and its potential to find a medical cure, *rather than* pinning these hopes on religion. Today, especially in the secularised European democracies, religion is frequently regarded as lacking the ability and competence to make a valuable contribution in the fight against an exceptional health situation such as the COVID-19 pandemic. Instead, crisis conditions are resulting in the growing popularity of conspiracy theories similar to religion[22] . This essentially well-known phenomenon, already common in 'normal' times, promises many people intellectual orientation and a psychologically stabilising way of dealing with existential uncertainties and ambiguities as well as an optimism[23] based on this (Butter 2018). During the COVID-19 crisis it has spread much more quickly than before, at least in part due to the prevailing mode of communications, which is even more digitalised and promotes selective perception (Nocun and Lamberty 2020). It also makes sense that in an extremely exceptional case such as the COVID-19 pandemic conspiracy theories which, like religious faith, are based not on conscious manipulation but on real, subjective convictions, are enormously attractive, especially in light of gaps in knowledge, uncertainties, fears and perceived threats which are sometimes sensationalist. It appears that especially those people who were previously already extremely sceptical towards conventional medicine and biomedical science are now drawing their hope and orientation from the rampant conspiracy theories surrounding COVID-19. These two phenomena or subsystems – science and conspiracy theories – are

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[22] See Chap. 2.3.
[23] However, it should not be overlooked that the subjectively convincing detection of (supposed) conspiracies always holds a theoretical key as to how one could work towards an alternative, better situation.

therefore competing in the crisis to determine how contingency management of this exceptional situation, which is urgently required for socio-psychological reasons, will proceed.

The advantage of such a systems-theoretical analysis, which admittedly remains somewhat exaggerated and rudimentary, is obvious. It is not only capable of adequately capturing the overall social situation to some extent but also provides a fundamental diagnosis of the crisis which does not apportion blame or denounce individual misconduct. It merely identifies the systemic forces, logical connections and social dynamics which are suitable for explaining the presence of the COVID-19 pandemic in a manner which, in the Authors' opinion, is both realistically as well as argumentatively balanced. In any case this allows several different conclusions to be drawn for the topic of religion, which is key in this context. All of these conclusions should prove expedient for the intended review and evaluation of the role of religious actors in the COVID-19 crisis as well as for the derivation of the criteria which are necessary for this.

First, the theory expressed by Rudolf Stichweh himself (2020) – whose considerations have provided key indications for the overall diagnosis presented here[24] – in an article at the beginning of the crisis is self-evident, namely, that the system of religion could be the "biggest loser" in the pandemic because of the risk of infection during traditional religious services and the lack of competence in interpreting the events in a manner that makes sense and promises orientation.[25] In the meantime, although Stichweh sees religious communities and the religious practices they cultivate as having developed a more noticeable resistance and 'long-term guarantee', the specific problem which the crisis implies for religious actors should not, however, be forgotten as a result.

The antithesis to Stichweh's originally very pessimistic view of (world) religions, which tends to take a certainly too Eurocentric view, is that it is precisely existential uncertainty and contingency which have increased as a result of the COVID-19 pandemic

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[24] See Note 21.

[25] In this regard Stichweh (2020) states: "The close social consolidation of the faithful, supported by the physical presence of everyone involved, which is characteristic of many forms of religiosity, has already proven to be a particularly virulent hot spot in a number of cases. What is probably even more significant is that religious variants of interpretation of the crisis triggered by the virus are apparently not available anywhere, yet they plan a relevant role. As far as our reaction to the COVID-19 crisis is determined by the specifically modern 'cult of individuality', this is at any rate a form of quasi-religiosity against which traditional, transcendence-oriented religiosity finds it difficult to fight. And it can no longer play the game of interpreting what has happened as a punishment for wrongdoing. This traditional resource that gives meaning to life was already used up after the earthquake in Lisbon and cost the Jesuit order dearly at the time."

and will operate in favour of religion in the medium and long term (e.g. Foshaugen 2020). Such a point of view could be based on the so-called "existential security thesis" developed by Pippa Norris and Ronald Inglehart (2011), who investigated the global attractiveness of religion (as well as, in contrast, the progress of secularisation under the precondition of social security), particularly along the line of 'uncertainty'. Accordingly, the transfer of expectations of hope and orientation to science and/or conspiracy theories, which was occasionally ascertainable in the COVID-19 crisis, would, at best, be an ephemeral manifestation. To what extent, however, religious actors would have to become much more open to new and digital forms of religious services than in the past is another matter and not part of the present study.

On the other hand, what is possibly most important for this study is the competitive situation indicated in Fig. 3, which is the result of systems-theoretical analysis between religions and religious actors on the one hand and conspiracy theories and theorists on the other as the two central *non-scientific* agencies for contingency management. In this regard, the thesis of Karl Popper (1992) must be called to mind: that modern conspiracy theories are first and foremost the result of secular processes and therefore show structural analogies to certain forms of religious faith, especially superstition. In this sense, conspiracy myths can be regarded as both substitute religions as well as an antagonistic reaction to more differentiated religious convictions and attitudes. Furthermore, this type of ambivalence suggests that not only do religious faith and conspiracy theories exclude each other, but they can also reinforce each other, especially in times of political, social or health crises when faith in representatives and the elite has been fundamentally shaken.

Due to the separability of faith and knowledge which has meanwhile taken root in most religions, but especially because of the historical experience of dealing constructively with contradictions which have resulted from this, it may nevertheless be assumed for the time being that traditional world religions and the religious communities which have emerged from them, or their representatives and believers, are clearly more likely and more often to be in a complementary relationship with the state of scientific research than the representatives of conspiracy narratives. This is primarily because a religious faith can perceive itself as such as well as abstract itself from a scientific theory. In contrast, in a conspiracy theory both of these factors inevitably merge and, normally, representatives 'believe' in particular in the scientific validity of the conspiracy myth (Blume 2020).

Overall, these three religious-based conclusions which have been described suggest that religions in (democratic) societies afflicted by COVID-19 at best continue to play (or

again play) the role which they have already played in the 'normal case' of systems-theoretical analysis. Religious actors are, therefore, not only possible, but at least up to a certain degree also logical partners for governments using domestic and foreign policies to fight the COVID-19 crisis nationally and transnationally with the help of biomedical science, despite some tension which continues to exist, e.g. between religion and science, and which has already been discussed in our analysis (see Chap. 1.1).

Nevertheless, in this connection it cannot be denied that the crisis also holds challenges, especially for religious actors, which may make them part of the problem rather than part of the solution. For example, this would be the case if they could not or would not accept that religious services could become super spreader events, or that in this pandemic the believers of a certain religion are just as endangered as those of a different faith or unbelievers. It would also be counterproductive if religions were to begin blaming others for the infection, to perceive the pandemic as God's punishment, etc., or to create or spread conspiracy myths as a result of attitudes which are esoteric or sceptical of science. Religious interpretations of the meaning of the pandemic which, despite the currently so complicated and nerve-wracking phase, insist that "nature […] reclaims what is hers[]" (quoted from Pezzoli-Olgiati and Hartenstein 2021: 9) furthermore demonstrate yet again how ambivalent the religious perspective can be. The pandemic has shown that much which was previously declared by most representatives of politics and the business community to be completely unrealistic can suddenly become possible and inevitable. This experience may well provide valuable impulses for a more determined fight against environmental destruction in future. However, taking such a fatalistic position represents a very heavy burden in the successful fight against the COVID-19 crisis and the possibility of surviving it as unharmed as possible, both physically and psychologically.

2.3 Conspiracy theories, authoritarianism and religion

The systems-theoretical analysis in Chapter 2.2 has already provided a phenomenological explanation as to why conspiracy theories[26] can be expected to experience a boom during a pandemic such as the COVID-19 crisis. In this regard, it must be feared that the crisis will be aggravated because the accompanying distribution of fake news, the political attitudes connected with this as well as the, in some cases, contemptuous aspects of each conspiracy theory are not only politically polarising and endanger democracy, but also harm the successful fight against the virus.

Here, too, religion plays an ambivalent role, because although religious faiths have the potential to protect against misanthropy and scapegoating and enable constructive management of ambiguity and uncertainty, they can also serve, however, as a vehicle for splitting things into 'good' and 'bad', 'friend' and 'foe' and thus support a world view which is typical for conspiracy theories. It thus not only became clear during the COVID-19 crisis that many people had turned to conspiracy narratives in an attempt to understand the physically and mentally extremely burdensome events of the pandemic and that these theories have spread rapidly through social media, where they became consolidated in filter bubbles,[27] but also that the different forms of religiosity exerted an influence on this (Hillenbrand 2021; Hillenbrand and Pollack 2021, not yet published).

A brief theoretical recourse at this point to the theory of the authoritarian personality will be helpful in understanding what is behind the conspiracy mentality and the effect of the topic of religion in this connection. The conspiracy mentality has a significant affinity with this and is, therefore, also regarded as an element of an authoritarian syndrome in the current Leipzig Authoritarianism Study (Decker et al. 2020). Following Adorno (1950), the authoritarian personality is characterised by unconscious inner conflicts which result

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[26] Regarding the term "conspiracy theories", the Authors follow Butter and Knight (2020) and assume that conspiracy theories generally make secret groups and/or evil, hidden forces responsible for the appearance of (large) events. With regard to the COVID-19 pandemic, there are many different conspiracy narratives, e.g. that Bill Gates launched the virus so as to take over the world with the help of compulsory vaccinations and microchip implants, or that the virus is a biological weapon from China (https://www.br.de/nachrichten/wissen/gates-zwangsimpfung-und-die-biowaffe-aus-china-possoch-klaert,RyIupHo) [accessed on 2021-02-28]. An idea is also in circulation that an attempt by the international financial elite to save capitalism by means of a "great reset", i.e. an (ecological) restructuring of the global system, lies behind the COVID-19 pandemic, and that for this purpose the virus has either been spread or stylised into a danger by means of media manipulation (Astheimer 2020).

[27] For an overview, see e.g. https://www.spektrum.de/news/verschwoerungstheorien-zu-COVID-19/1722088 [accessed on 2021-02-27]; https://www.stuttgarter-nachrichten.de/inhalt.michael-butter-im-interview-das-steckt-wirklich-hinter-den-corona-verschwoerungstheorien.fbc93d40-c511-45c4-a4b0-94fff8634058.html) [accessed on 2021-02-27].

from authoritarian constraints, especially in the family, but also from other socialisation factors (Adorno 1950; Horkheimer 1936). The fundamental idea behind the theoretical considerations was that political attitudes, ethnocentrism and antisemitism are not just rationally explainable attitudes, but that behind them a psychological turmoil comes to light which does not have its origin in real (group) conflicts.[28] The authoritarian personality, which feels weak inside, does not therefore use its aggression to rebel against factual constraints and suppression which it used to face in real life, but instead against weaker personalities and strangers which, in turn, is meant to stabilise its fragile self-esteem. The projection, i.e. the transmission of negative characteristics to scapegoats, is thus an integral element of such an authoritarianism.

Apart from this projection, Decker et al. (2020) also see the reinterpretation of reality as an essential aspect in the conspiracy mentality as an element of an authoritarian syndrome. Reality is adapted here to one's own mental needs in order to achieve control. Egoistic behaviour which shows no solidarity is often one of the consequences of this. Finally, a further symptom of the 'I' weakness of authoritarian personalities which lean towards conspiracy theories is that they divide the world into 'good' and 'bad'.

Decisive for the relevance of the religious theme in this context is Adorno's differentiation between varying types of religiosity to further explain the authoritarian personality. On the one hand, he states that superstition goes hand-in-hand with the dichotomisation or division into 'good' and 'bad', and this in turn with ethnocentrism and antisemitism. On the other hand, he differentiates a type of religiosity which is religious out of social convention and more interested in social prestige. This type corresponds in general to the extrinsically religious type identified by Allport and Ross (1967), which is also susceptible to ethnocentrism and antisemitism. In contrast, other religious people identify strongly with the content and moral codes of their religion and, for example, view the commandment to 'love thy neighbour' as being closely linked to tolerance and acceptance of other religions. This type corresponds to the intrinsically motivated religious (ibid). On the basis of an analysis of a public opinion poll, Huber and Yendell (2019) determined that such a typology functions in connection with right-wing extremism.[29] Yendell (2020) acknowledged that, in Germany, the frequency of prayer and church activities as well as the level of religiosity, among other things, go hand-in-hand with positive attitudes to Muslims,

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[28] Adorno's considerations in this respect go back to the narcissism of small differences in Sigmund Freud's essay on *Civilisation and Its Discontents* (1930), in which he determined that it is often those nations which are actually very similar which become enemies with one another.

[29] Specifically, the authors demonstrated a statistical correlation between religious superstition and right-wing extremist attitudes using East Germany as an example. On the other hand, church activities had a negative correlation with right-wing extremist attitudes.

Hindus and Jews. However, religious exclusivist attitudes have a negative effect. There is a high probability that those who believe their religion is the only true one will derogate, for example, Muslims (Pickel and Yendell 2016; Pollack et al. 2014). In turn, this exclusivist attitude fits the conspiracy mentality, which correlates with the rejection of cultural diversity, dissatisfaction with democracy and right-wing extremism (Decker et al. 2018; Pickel et al. 2020). In the Leipzig Authoritarianism Study, statistical connections were also determined between authoritarianism and a conspiracy mentality, both of which are, in turn, indicators which influence the belief in COVID-19 conspiracy theories (Schließler et al. 2020).

Thus, against the background of the considerations described, the question arises to what extent conspiracy narratives play a role with regard to religious actors during the pandemic and whether a nexus to the rejection of COVID-19 regulations may even exist. The role of religiosity is particularly relevant here for this study. When does religiosity have a negative effect? When is it linked to the conspiracy mentality, to non-compliance with COVID-19 regulations, a lack of willingness to help or the derogation of other (religious) groups? When, on the other hand, does religiosity 'immunise' against the conspiracy mentality and derogation of others, leading to greater solidarity? The extent to which religious attitudes and convictions in the COVID-19 crisis may possibly contribute to the management of existing uncertainties and fears (key word: contingency experiences) or whether, in contrast, they increase negative emotions such as fear and the feeling of uncertainty must also be examined.

Overall, the results of previous empirical studies on the role of religion for the conspiracy mentality remain ambivalent (see e.g. Goreis and Voracek 2019; Hillenbrand 2021; Hillenbrand and Pollack 2021, not yet published; Imhoff and Bruder 2014; Schließler et al. 2020; Seidel et al. 2018). On the one hand, a belief in God or a transcendental (religious) power can protect people against a belief in a conspiracy ideology as an "substitute religion". Conspiracy ideologies often function as a "quasi-religious belief" (Tezcan 2020) which is, however, primarily negative, i.e. it arises without any of the positive visions of deliverance which religions generally entail. On the other hand, there are also structural analogies between conspiracy theories and religions, such as the belief in things which cannot be empirically verified or the functions of a reduced complexity and creation of a social identity or a strong 'we group'. To shed more light on these ambivalent connections, this study regards the abstract construct of "religion" as a multi-dimensional phenomenon on different levels and attempts to take a differentiated view of diverse religious forms, contents and practices and to examine which of them tend to stimulate a conspiracy mentality and which immunise against it (see Chap. 3.3).

2.4 Criteria for Best and Worst Practices

The role of religious actors during the COVID-19 pandemic is a controversial topic which has, at least to some extent, permeated the media as a polarised and polarising discussion. On the one side are the advocates for an unhindered religiosity, who often place religion above other sectors such as science and health, also in the fight against the virus, and who consider any kind of restriction of religious practices to be a breach of religious freedom. On the other side are those with great reservations against religion per se, who believe that it should have nothing to say or contribute during the pandemic and should, instead, subordinate itself or even be completely silent (Berkley Center for Religion, Peace and World Affairs et al. s. l.; Berres and Le Ker 2020; Brüggemann and Lenz 2020).

This study takes a constructively critical and differentiated approach to these aspects, which attempts to adequately reflect the balancing act religious actors face: a balancing act between complying, on the one hand, with the necessary measures to fight the virus and the corresponding restrictions and, on the other hand, continuing religious activities, visibility of religion and performance of their tasks. Adjustments are a key element here. The study starts from the assumption and fundamental conviction that religious actors, as an integral element of (civil) societies worldwide, can and should make a positive contribution, especially in times of a pandemic. The question posed is not 'whether' but 'how' or under what conditions this could be done for the benefit of everyone. Central criteria for 'best' and 'worst practices' are identified which have been categorised in accordance with the three differentiated levels of analysis (see Chap. 2.1) as well as the theoretical preliminary considerations in Chap. 2.2 and 2.3 and grouped exactly along the line of the fundamental question: when were or are religious actors part of the solution ('best practices') or part of the problem ('worst practices') when dealing with the COVID-19 pandemic? Those criteria act as a rough grid or red threat for the subsequent empirical analysis in Chapter 3. They were already the basis for the discussions with experts at the workshops held by the Authors and thus serve as an overall orientation for the fields in which information relevant for this study was researched and systematically evaluated.

It must be noted here, however, that the criteria are initially kept very general to do justice to the objective of this study, i.e. to enable an overview of the role of religious actors which is very comprehensive and broadly applicable to different religions and countries. Depending on the context, the criteria must then be adjusted, specified and spelled out accordingly. Several concrete examples of this are presented in the third subchapter of the empirical analysis.

Generally, the criteria mentioned below are based at all three levels on the overall, higher objective of saving lives, containing the virus, overcoming the pandemic and alleviating its negative effects (WHO 2020a). To this end, specific directives and guidelines on the behaviour of religious actors during the COVID-19 pandemic have already been issued by various institutions as well as FBOs and religious communities themselves, such as the WHO (2020a), the *International Network of Engaged Buddhists* (INEB 2020), *Islamic Relief* (2020), the *Joint Learning Initiative on Faith and Local Communities* (JLI 2020) or the international *KAICIID* Dialogue Centre (2020). These often very comprehensive guidelines have been drawn in turn from numerous resources: both from official guidelines (e.g. from the WHO, UNICEF and IFRC (*International Federation of Red Cross and Red Crescent Societies*)) as well as from faith-specific guidelines issued by religious communities and (inter-)religious organisations. Source material as well as 'lessons learned' and 'best practice' examples from past crises (e.g. Ebola, HIV/AIDS, malaria) were also taken into consideration. A comprehensive overview of these published guidelines and declarations can be found on the *Network for Religious and Traditional Peacemakers* (NRTP) website.[30]

Based on the review and systematisation of these official, widely recognised guidelines and documents as well as on the problem analyses carried out in Chapters 2.2 and 2.3, the following central criteria for 'best practices' and 'worst practices' at the macro-, meso- and micro-level are identified.

Macro-level:
Criteria for 'Best Practices' at the macro-level
1. Religious actors work constructively with the WHO to achieve joint objectives such as to fight the pandemic and alleviate its negative consequences (successful/sensible COVID-19 policy).
2. Religious actors work constructively with the state to achieve joint objectives such as to fight the pandemic and alleviate its negative consequences (successful/sensible COVID-19 policy).
3. As part of civil society, religious actors advocate the fight against the pandemic and alleviation of its negative consequences – also against a (questionable) state COVID-19 policy contrary to these objectives.

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[30] https://www.peacemakersnetwork.org/network-members-and-supporters-offer-guidance-during-covid-19/ [accessed on 2021-01-19].

Criteria for 'Worst Practices' at the macro-level

1. Religious actors support state actors in a questionable COVID-19 policy which contributes to the spread of the virus.
2. Religious actors resist a sensible state COVID-19 policy to control the spread of the virus.
3. Religious actors are paralysed and can no longer carry out their responsibilities and functions under the conditions of restrictive, authoritarian political systems.
4. Religious actors contribute to the exacerbation of religious tensions and conflicts.

Meso-level:

Criteria for 'Best Practices' at the meso-level

1. Religious communities and (inter-)religious/faith-based organisations take the situation seriously, engage in measures to control the spread of the virus, and develop and follow specific hygiene concepts. They recognise scientific expertise and distribute correct information which contributes to medical education and counteracts fake news as well as conspiracy narratives.
2. Religious communities and (inter-)religious/faith-based organisations perform their important tasks for individuals and society even or especially under these changed conditions. These relate to, on the one hand, people's spiritual and pastoral needs and, on the other, specific social and charitable assistance. Furthermore, they make theological or visionary contributions to the development of viable concepts and orientations for the future.
3. It is important to religious communities and (inter-)religious/faith-based organisations that they care not only for members of their own religious group, but in addition that they alleviate suffering in the entire population caused by COVID-19, including disadvantaged groups and religious minorities. In the best case, the commitment of religious communities should be inclusive and multi-religious.

Criteria for 'Worst Practices' at the meso-level

1. Religious communities and (inter-)religious/faith-based organisations do not take the situation seriously; instead, in their claims for faith and truth they place themselves above proven scientific findings, spread conspiracy narratives themselves and violate the necessary measures. Thus they cause religious super spreader events, for example by holding (large) religious services without applying successful hygiene concepts.

2. Religious communities and (inter-)religious/faith-based organisations become quiet, paralysed and unable to act so that they can no longer carry out their social and pastoral functions and fail to provide ethical and visionary orientation.

3. Religious communities and (inter-)religious/faith-based organisations care only for their own religious group, whereas they discriminate against other religions and religious minorities, contributing to an exacerbation of religious conflicts and tensions.

Micro-level:

Criteria for 'Best Practices' at the micro-level

1. People's faith helps them to deal with the crisis situation (key word: "contingency management"). They develop religious *coping* strategies which help them to deal with uncertainties, burdens and stress and to feel positive emotions (e.g. hope, optimism, energy).

2. An individual's faith protects them against (COVID-19) conspiracy theories as 'substitute religions'. Instead, they link their faith to scientifically verified findings.

3. Religious individuals obey the COVID-19 regulations required to manage the crisis and show a willingness to help and solidarity during the pandemic. Their solidarity also applies to those of a different faith or unbelievers.

Criteria for 'Worst Practices' at the micro-level

1. People's faith does not help them to deal better with the crisis situation; instead, they develop stronger negative emotions (e.g. fear, helplessness, loneliness).

2. Religious individuals are susceptible to (COVID-19) conspiracy theories, interpret the pandemic, for example, as God's punishment in the light of human sinfulness and devaluate other groups of people (e.g. members of other religions).

3. Religious individuals do not obey the COVID-19 regulations necessary to overcome the crisis and do not display any willingness to help or solidarity (or only with their own in-group, but not beyond that).

3. Religious Actors as Part of the Solution or Part of the Problem? – Best and Worst Practices

In the third chapter the empirical analysis for this study is carried out. The role of religious actors during the COVID-19 pandemic is examined using the three levels of analysis (macro-meso-micro) and empirical examples are provided for both 'best practices' (religious actors as part of the solution: crisis management) and 'worst practices' (religious actors as part of the problem: crisis reinforcement).

3.1 Macro-level

To achieve a better macro-level understanding of the criteria for 'best' and 'worst practices' as presented in Chapter 2.4, contrary to the meso- and micro-levels some explanations must first be anticipated. This is necessary because these criteria can only be understood in conjunction with the respective actions of state actors, i.e. they can change along the line of the respective context of a specific state COVID-19 policy.

In principle, the assessment of the role of religious actors in the COVID-19 crisis at the macro-level depends on whether or not the behaviour of religious groups supports [or has supported] national and international attempts to successfully control the spread of infection rates, treatment and care of the sick as well as alleviation of the socio-economic and psychological side effects. At the macro-level, this does not so much mean that religious communities provide such support using their own aid resources,[31] but whether they act as cooperative partners of states and international organisations and, if necessary, as mediators of state decisions and initiatives. At best, relevant commissions in which religious communities can/could present their concerns and interests are/were set up for this purpose, allowing religious aspects to also be taken into account along with health, legal, social and economic aspects when deciding on anti-COVID-19 measures.

This fundamental criterion for constructive cooperation between the state and religious actors to manage the crisis must not be viewed separately from several context variables which significantly influence a corresponding assessment. This first includes an estimation of the extent to which the behaviour of religious actors in the crisis is commensurate with scientific expertise and medical necessity as well as, under certain circumstances, the democratic or constitutional legitimacy of the measures taken. It is not a question of compliant obedience to state policy, but rather of the specific nature of a state COVID-19 policy in each individual case, i.e. whether, for example, such a policy is oriented to the

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[31] Instead, this aspect is dealt with in Chap. 3.2 at the meso-level.

recommendations of the World Health Organisation WHO or not. Whether religious communities can earn their merits at all as cooperative partners of the state in the sense of successfully combating the crisis, or whether they achieve the latter more as (civil society) agencies which possibly compensate for omissions, mistakes and errors of state policy, at least to a certain extent, depends on this. Under these circumstances, a position which opposes the state COVID-19 policy could possibly function as a positive indication for a 'best practice', especially if governments deny the problems of COVID-19, distribute fake news, fuel doubts about verified scientific findings, pull out of inter- and transnational structures and regulations, take part in conspiracy theories and/or suspect that foreign powers are behind the 'coronavirus lie', respectively interpret the spread of the virus as a targeted attack by external enemies. The same applies if a government ignores constitutional regulations when taking action or violates the principles of proportionality or equality. Due to the complexity of the interrelationships, any estimation in this respect can, in the end, only be carried out for individual cases.

Furthermore, when evaluating the role of religious actors at the macro-level, the extent to which the type of collaboration (or also non-collaboration) with a state or an international organisation contributes to intensifying existing social and political conflicts or, vice versa, to supporting a permanent cooperation between civil society and religious actors must be taken into consideration. Given that cooperation between a religious community and a certain government would be likely to discriminate other religious communities, this could possibly be counterproductive for social peace in a multi-religious society. Thus, for a 'best practice' at the macro-level, it is decisive in many cases that not only specific religious communities be integrated into the anti-COVID-19 policy, but that as far as possible *all* local religious communities participate, not just to expand the reach of the measures taken, but also to prevent existing interreligious conflicts and to avoid new ones from being fuelled.

Further aspects which are taken into account in Chapter 3.1 when evaluating the behaviour of religious actors in the COVID-19 crisis from the macro perspective, at least marginally, must be understood as concrete steps, confirmations of or even legitimate exceptions to the fundamental cooperative relationships between state and religious actors. This affects, for example, the question regarding the extent to which, when deciding on COVID-19 measures, state governments take the well-being of all social groups into account as far as possible, provide for compensation payments in the event of disproportionate hardship and ensure that their communications reach the broad population. Depending on the degree to which government actions in this respect succeed or fail, they

will be more or less dependent on support from religious communities. Where religious communities (can) voice their opinions on such issues critically, this can also be interpreted as an independent sign for a 'best practice', because it suggests that the state government permits a constructive-critical discourse on the COVID-19 measures which is carried out in the mass media and on social networks. In this case, the role of religious actors could enable some conclusions regarding the stability of democratic structures and the rule of law.

Apart from the context variables just mentioned, which are meant to encourage a very differentiated overall perspective, activities of religious actors which are intended to foil nationally applicable COVID-19 regulations anchored in the constitution and the refusal of such actors to participate in international and interreligious collaboration must be categorised as fundamental 'worst practice' at the macro-level. Here, too, a convincing evaluation can only be carried out in individual cases, and the criteria listed above only serve as a heuristic tool to make the assessments in Chapter 3.1 more comprehensible.

Best practices

To explore the positive role of religious actors in the COVID-19 crisis, a few 'best practices' are described at the macro-level. They are representative of a problem-sensitive, solution-oriented and, last but not least, sustainable collaboration between religious and state actors in the COVID-19 crisis. The contribution of religious actors in containing the virus and alleviating the negative consequences of the pandemic should not be underestimated.

1. Religious actors collaborating with the WHO for a successful COVID-19 policy

The first relevant aspect considered below is the cooperation between the World Health Organisation WHO and diverse religious actors, which evolved after initial difficulties during the first crisis months and then continued to develop further. Thus, the WHO (2020a) published specific interim recommendations for religious communities, religious leaders and faith-based organisations (FBOs) on 7 April 2020, fully aware that religious actors play a "major role" in saving lives and alleviating the suffering of the sick and infected during the COVID-19 pandemic. Accordingly, the WHO acknowledged religious communities as a "primary source of support, comfort, guidance, and direct health care and social service". It also assumed, however, that these communities were the actors which the WHO urgently had to integrate in its strategy, because religious services had to date proven to be predestined venues for super spreader events.

It is a fact that, particularly in the early stages of the COVID-19 pandemic, religious gatherings were comparatively often at least a contributing factor for the rapid spread of the SARS-CoV-2 virus in many countries. Meetings of the *Shincheonji Church of Jesus* in Daegu/South Korea in mid-February 2020, a religious mass event of the Sunni Islam missionary movement *Tablighi Jamaat* in Delhi/India, which started at the beginning of March 2020 and lasted several weeks, a five-day evangelical service in France as well as several other religious events in particular made negative headlines and acquired a reputation of having been the epicentres of the global spread of the coronavirus (e.g. Brüggemann and Lenz 2020). Accordingly, the guidelines recommended by the WHO at the beginning of April promoted an appropriate reaction to the crisis situation and admonished religious actors to promote the exchange of evidence-based information on COVID-19, avoid large group gatherings, carry out rituals, ceremonies and faith-based activities virtually as far as possible, and generally make any decisions on religious services, educational events, pilgrimages and social meetings based on a solid risk assessment which, in addition, should also comply with guidance from national and local authorities. At the same time, the WHO recognised the great potential of religious communities to advance from being a problem to being an important solution, provided religious actors used the trust which they enjoy in many groups to spread important information on the COVID-19 virus, including the practices used to contain it. In return, however, they should also avoid fear and panic as well as the stigmatisation and discrimination of those infected. The WHO also explicitly emphasised that the standard of human rights was to be maintained in all of the measures to be carried out in the fight against the pandemic and, especially in this very difficult phase, great value was to be placed on ecumenical and multi-religious collaboration so as to solve the crisis together peacefully, ensuring that it did not transform into hate and violence. To this end, it was essential that correct information was passed on to the religious communities and misinformation and conspiracy myths were counteracted.

In the further course of the global COVID-19 crisis, the WHO also identified religious actors as important addressees of and cooperative partners for its strategies. To provide positive support for the processes it launched, the WHO convened advisory boards composed of faith-based and secular organisations, religious leaders and representatives from religious communities to work together to find answers to the challenges posed by the COVID-19 pandemic. For example, the WHO formed work groups with experts as well as various civil society and especially religious actors within the framework of the *Communities of Practice* (COP) initiative introduced at the end of 2020 to decide on mutual commu-

nication strategies, encourage research and educational projects, and create a general, official "Framework for Engagement" to define the fundamental principles and responsibilities of a partnership between the WHO, national governments and religious actors during health crises (WHO, not yet published). Furthermore, the WHO organises regular webinars and dialogue events on currently relevant topics, e.g. vaccinations and immunisation strategies, whereby religious actors can ask their questions and raise their concerns, to which health experts reply.[32]

2. Religious actors collaborating with the state for a successful COVID-19 policy
Numerous indices (although conclusive studies and evaluations have not yet been published) indicate that the recognition of scientific expertise as well as the circulation and distribution of correct information based on scientific evidence worked especially well during the COVID-19 crisis when religious actors were integrated into the strategy for fighting the pandemic at an early stage and participated in a positive exchange with other actors, e.g. from politics, science and the health system. The countries in Sub-Saharan Africa in particular had learned a lot from the Ebola crisis and called in religious communities much earlier this time, which turned out to be extremely successful. To some extent, such an exchange even led to written agreements which can stand the test of time. The intended involvement of religious communities in the fight against COVID-19, especially in several African and Asian countries, even proved to be significantly easier than was the case, e.g. for other health crisis with a sexual-moral component such as HIV/AIDS. It was, for example, easier to make it clear to most religious actors that the COVID-19 virus really can affect anyone, irrespective of the possible 'sinfulness' of their (sexual-)moral behaviour (EXP2; EXP6).

In some countries (such as Kenya, Afghanistan, the Ukraine) specific *interfaith councils* have emerged as institutionalised dialogue and advisory forums with regard to collaborations between state and religious actors or – where they already exist – proven to be successful. In Kenya[33], the government was thus not only able to quickly develop guidelines for fighting the virus which also affected practice of believing in God, but was also able to implement them comparatively quickly. In the Ukraine, the All-Ukrainian Council of Churches and Religious Organisations set up there was involved in the negotiations for the anti-pandemic measures finally agreed upon. This made it easier to reach all the religious actors in the country and encourage them to view themselves as all being on the

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[32] The Authors of this study are partly integrated in these developments.
[33] https://www.kbc.co.ke/inter-faith-council-on-national-response-to-COVID-19-inaugurated/ [accessed on 2021-02-28].

same team. This method of approach also helped the individual religious communities, whose members were internally torn between those who denied the danger and those who advocated strict countermeasures, to constructively engage in the discourse from a 'neutral' interreligious position, which subsequently reduced tensions within the course of intra-religious communication. Although such a council also formally exists in Russia, it has not produced any positive results comparable to those in the Ukraine (EXP4; EXP6).

On the other hand, Italy, which at an early stage was already very severely afflicted by exponentially increasing infection and death rates in connection with COVID-19, is a further positive example that collaboration between religious, political and scientific actors is beneficial in the context of the COVID-19 pandemic. When the Italian government decided in quick succession on measures at the beginning of March which, among other things, restricted the freedom of movement of its citizens so as to finally gain control over the practically exploding case figures, religious gatherings and the freedom of public worship were also strongly regulated and temporarily even completely suspended. In this initial phase, the phase of lockdown, the government neglected to involve the religious authorities in its decision-making process. It neither asked for advice nor did it arrange for a real dialogue between both sides. Last but not least it was through the mediation of the "DiReSoM"[34] research group that in the further course of the crisis this changed into a positive situation (Lo Giacco 2020). The group published a position paper for a "Proposal for a safe resumption of religious celebrations in Italy", which then became the basis for a video conference between the Italian Ministry of the Interior, the leaders of sixteen different religious groups and two professors as mediators. After this meeting, just a few days later, minutes were signed which defined the conditions for the safe implementation of religious practices. It must especially be noted that religious communities which had not previously concluded any bilateral agreements with the Italian state were also involved in this situation.[35] This was particularly true for the Islamic community. Thus, the pandemic brought with it a new development, a new impulse for the relationships between the Italian state and the Christian and non-Christian religious communities, which were largely blocked in the previously very hierarchical, bilateral model (EXP7).

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[34] https://diresom.net/2020/05/07/diresom-papers-1-ebook-law-religion-and-COVID-19-emergency/ [accessed on 2021-02-28].

[35] In the Italian constitutional law concerning religions, which is essentially based on the concordat between the state and the Catholic Church of 1984 and provided for the abolition of the Catholic state religion, the legal equality of all religious communities, optional religious education and the self-financing of the church(es) through tax-privileged donations, the state – similar to Germany – subsequently concluded state treaties with the recognised religious communities which define the details in mutual cooperative dealings. With regard to how the Italian state dealt with religious minorities, see also Martino (2014).

Most of the governments in the Middle East acted just as decisively. On 20 March 2020, after holding several discussions, Saudi Arabia closed the Great Mosque of Mecca as well as the Al-Masjid al-Nabawi Mosque in Medina to the public and continued to do so throughout the entire month of Ramadan.[36] Thus, in 2020, the Hajj pilgrimage which began on 28 July was attended by 1,000 selected pilgrims, of whom two-thirds were foreigners living in the kingdom and one-third consisted of security and medical personnel. The previous year, approx. 2.5 million people took part in this pilgrimage. Those who attended in 2020 could apply for a place via an online portal. The government covered all of the costs for room and board. The prerequisite was that all pilgrims had to be in Saudi Arabia at the time the lockdown began, between 20 and 50 years old (i.e. they were not members of the risk group) and showed no signs of the disease.[37] Those admitted were also obliged to follow strict protocols, including staying in quarantine for several days both before and after the Hajj.[38] Religious leaders both in Saudi Arabia as well as Kuwait decisively supported the course taken by their governments and called on faithful Muslims to refrain from attending regular (Friday) prayer in the mosques until further notice was given. The Turkish Directorate of Religious Affairs (the Diyanet) even imposed a national ban on prayer meetings in mosques, including Friday prayers.[39] In Pakistan, President Arif Alvi managed to negotiate a consensus (Ijmā) with the country's leading Islamic scholars (the ulema) which consisted of 20 detailed precautions to be observed during the curfew period within the scope of festive Islamic religious gatherings.[40] Previously, many imams in Pakistan had been strongly opposed to any compliance with COVID-19 measures (see Chap. 3.2) and although subsequently many visible defects remained and regulations were disregarded in practice, the agreement was, as such, a step in the right direction. Finally, in Iran – after some initial hesitation and an outbreak of the disease (see Chap. 3.2) – the Imam Reza Shrine, the Fatima Masumeh Shrine, the Shah Abdol Azim Shrine and the Jamkaran Mosque were all temporarily closed.[41] Friday prayers were also suspended. Iran still continues to be one of the countries most severely affected by the

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[36] https://web.archive.org/web/20200421013131/https://www.reuters.com/article/us-health-corona-virus-saudi-islam/saudi-arabia-suspends-praying-in-the-two-holy-mosques-in-ramadan-tweet-idUSKBN2222VY?il=0 [accessed on 2021-02-26].

[37] https://www.zeit.de/gesellschaft/zeitgeschehen/2020-07/pilgerfahrt-nach-mekka-haddsch-corona-krise-abstandsregeln-fs [accessed on 2021-02-25].

[38] https://www.aljazeera.com/news/2020/7/25/hajj-2020-what-you-need-to-know-about-this-years-pilgrimage [accessed on 2021-02-24].

[39] https://www.dailysabah.com/turkey/turkeys-diyanet-bans-prayer-gatherings-friday-prayers-at-mosques-due-to-coronavirus/news [accessed on 2021-02-25].

[40] https://www.dawn.com/news/1550265 [accessed on 2021-02-24].

[41] https://www.siasat.com/COVID-19-iran-closes-holy-shrines-death-toll-hits-853-1857365/ [accessed on 2021-02-26].

global COVID-19 crisis. There, too, members of the Shia majority complied with the measures without grumbling which, given the theocratic traits of the mullah regime in Iran, is no more a surprise than in Sunni Saudi Arabia, where Wahhabism is the state religion.

3. Religious actors as part of a civil society against a questionable state COVID-19 policy

Furthermore, the 'best' or 'worst' practice of religious groups, as described above, must always be based in the respective political context. Although it is a general problem when religious actors ignore COVID-19 regulations anchored in the constitution and refuse to participate in the collaboration with state authorities, in order to make a relevant assessment of the behaviour of religious actors on the macro-level it is, however, quite decisive what kind of (coronavirus) policy a government actually launches. If, therefore, a government such as that of the Brazilian president Jair Bolsonaro accuses the media, for example, of hysterical 'scare tactics' with regard to COVID-19 and torpedoes the measures taken by local and regional authorities, while at the same time claiming the primacy of the economy over all health considerations,[42] this should not earn the support of religious communities. This was, however, exactly what happened in Brazil. Many evangelicals and Pentecostals supported President Bolsonaro when he excluded churches and church services from the COVID-19 lockdown.[43] In the kind of explosive situation which Brazil thus experienced, particularly in April and May 2020, more autonomous, responsible behaviour on the part of religious groups which goes *beyond* all official regulations would be desirable. The country's Catholic church displayed just such behaviour during the Easter period, calling upon its members to take part in a virtual march for life and online masses,[44] even though Bolsonaro was fighting with all the means at hand to keep the churches open. The Brazilian case thus proves that religious groups are not subjects of the state but, in the case of a failed COVID-19 policy, at best prove themselves capable of demonstrating a special form of civil courage.[45] The latter is/would be even more in demand if governments react to the crisis with measures which encroach on human rights and democratic regulations

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[42] https://www.rnd.de/politik/corona-krise-in-brasilien-praesident-bolsonaro-beschuldigt-medien-der-panikmache-SYCR7TITPTFUXA7SBLTOQIAFVE.html [accessed on 2021-02-28].
[43] https://www.dw.com/en/brazil-evangelicals-preach-COVID-19/a-53024007 [accessed on 2021-02-28].
[44] https://www.vaticannews.va/en/church/news/2020-06/brazil-coronavirus-bishops-march-for-life.html [accessed on 2021-02-28]. With regard to relieving anxieties which have occurred in connection with current immunisation strategies in Brazil, the Catholic church is continuing this positive civil society commitment in Brazil (https://www.americamagazine.org/politics-society/2021/01/29/COVID-vaccination-disinformation-brazil-catholic-church-239848) [accessed on 2021-02-28].
[45] For more information on the positions of the Catholic church in Brazil in the COVID-19 pandemic, see also Sena da Silveira (2020).

to an unreasonable extent (as could be observed, for example, in Hungary; see below) or even if governments launch fake news and falsify statistics, such as was the case in Turkey, for example, so as not to endanger the tourist business (Hahn 2020).

Perhaps less drastically than in Brazil, but still in a striking manner, the behaviour of religious communities in several African countries can also be cited as 'best practice' at the macro-level. After the meanwhile deceased President of Tanzania, John Magufuli,[46] officially declared the end of the COVID-19 crisis in June 2020[47] – insisting that his country had supposedly experienced no further cases of COVID-19 since May 2020 – and recommended that his citizens pray rather than implement hygiene regulations, the Christian churches did not follow him in his interpretation and, instead, internally enforced adherence to hygiene measures. Only recently, in January 2021, the Tanzanian bishops also warned of a "new wave of infection", which Magufuli also played down (Schmid 2021). In Nigeria, the Catholic Bishops' Conference also proved its civil courage in the fight against the virus, demanding guidelines which went significantly beyond the government's recommendations. In Ghana[48], the 1st Counselor of the West Africa Area Presidency of the Church of *Jesus Christ of the Latter-day Saints*, Elder Edward Dube, urgently called upon the members of his church as well as on all Ghanaians to adhere to government protocols in the fight against the COVID-19 pandemic. In Egypt, the Al-Azhar University did the same thing. At the end of March 2020, the world's leading university for Islamic learning, located in Cairo, explicitly admonished the citizens of Egypt to stay at home and avoid public gatherings, even in mosques.[49]

Overall, it is thus decisive for a 'best practice' at the macro-level that religious groups be brought or invited to fundamentally support the COVID-19 measures decided upon by national governments, supranational alliances and international organisations such as the WHO so as to work together to successfully combat the spread of the virus. It has also become clear that a fundamental criterion for 'best practice' at the macro-level is that, at best,

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[46] In connection with the death of Magufulis on 17 March 2021, the international media speculated whether the president's death had not been caused by heart failure, as was officially announced, but instead by COVID-19 (https://www.srf.ch/news/international/an-COVID-gestorben-tansanias-bulldozer-ist-tot) [accessed on 2021-03-28].

[47] https://www.bbc.com/news/world-africa-52966016 [accessed on 2021-02-28]). The government of Tanzania, however, rejected this outright.

[48] https://www.modernghana.com/news/1006275/adhere-to-government-protocols-on-COVID-19-relig.html [accessed on 2021-02-25].

[49] https://www.egypttoday.com/Article/1/82941/Al-Azhar-fatwa-center-urges-citizens-to-stay-at-home [accessed on 2021-02-25].

different religious communities in national, inter- and transnational as well as multi-religious contexts work together to support global crisis management in peaceful coexistence.

Worst practices

It was determined above that 'best practice' for the role of religious actors in the COVID-19 pandemic at the macro-level is measured either by their willingness to cooperate or by civil society criticism of the relevant state action. This willingness depends on factual necessity, proportionality, rule of law and democratic compatibility of the state measures taken. Conversely, a 'worst practice' at the same level can be defined almost as a mirror image. Here, too, the assessment of the behaviour of religious actors logically depends on what quality has previously been attributed to the (official) COVID-19 policy of a specific state-political actor. The variance of the case studies will nevertheless clearly increase in this subsection.

1. Religious actors as supporters of a questionable state COVID-19 policy

One noticeable 'worst case' scenario is discernible in the context of the United States of America. Although worldwide, but also in the USA itself, numerous religious events have already been identified to date as (potential) super spreaders of the virus (among others, a mass in Arkansas), (then) US President Donald Trump described churches, synagogues, mosques and other churches in May 2020 as such essential and vital facilities that they should be excluded from the COVID-19 measures. Contrary to the lockdowns which had been implemented by numerous governors at the federal state level since March 2020, Trump consequently exerted pressure via the national public health agency CDC (Centers for Disease Control and Prevention) to promptly issue guidelines for an immediate reopening of the churches.[50] Based on this, the churches were reopened in June, but this was not carefully planned and highly risky (Spang 2020). During this phase, numerous evangelical churches expressed a lack of understanding for applicable COVID-19 measures and behaved accordingly, sometimes even displaying this opinion demonstratively in the form of an unmistakable fatalism. They felt vindicated by the position which the US President had taken. Further super spreader events in US churches were the result, e.g. in Keysville/Virginia, when the *Emmanuel Bible Church* celebrated a three-day revival service on the weekend of 20 September 2020, during which numerous participants were infected with the SARS-CoV-2 virus, as a result of which several died in the following weeks.[51] At

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[50] https://www.dw.com/de/trump-will-%C3%B6ffnung-von-kirchen-erzwingen/a-53542071 [accessed on 2021-02-26].
[51] https://www.fr.de/panorama/corona-in-den-usa-gottesdienst-wird-zum-superspreader-event-90074590.html [accessed on 2021-02-25].

about the same time in the autumn, several churches in Massachusetts also turned out to be super spreaders (Lisinski 2020). In Canada, the same was true for the *Blenheim Church* at the end of October 2020 (La Grassa 2020).

What is noticeable on the entire American continent is that in many cases it was the masses, services and meetings of the evangelical churches in North America and the Pentecostal churches and charismatic movements which are currently growing very fast, especially in South America, which mutated into super spreader events. Generally it must be assumed that the risk of transmitting germs and viruses is significantly higher in small, badly aired churches, where a large number of people[52] gather to spend relatively long periods of time together, even if an attempt is made to comply with social distancing and hygiene regulations. In the evangelical as well as charismatic Pentecostal churches in North and South America, there is the added factor that many of the congregations practise a form of piety according to which God alone decides whether someone becomes ill or not. A certain indifference towards plausible cautionary measures thus seems to be inevitable. Furthermore, in this religious environment in particular there are often pronounced apocalyptic tendencies, according to which the coronavirus is interpreted as a sign that the end of the world is now allegedly beginning. At the same time, church members have little faith in the secular world, which most believe to be decadent. Evangelicals appear to be especially susceptible to conspiracy myths. Finally, congregational life in the evangelical, Pentecostal church context holds a status as the "centre of social life" which is hardly imaginable, particularly in modern-day Europe. It is thus even more difficult for these communities to forgo the "singing and praise" which is of "fundamental importance for emotional piety" (Zoch 2020).

If, therefore, one considers the current case figures collected by the Johns Hopkins University (as per 28 February 2021),[53] it is immediately noticeable that the USA, the country in which evangelicalism is most widespread, has by far the highest number of people infected with the coronavirus (28.4 million) and people who have died from it (over 500,000). This is a correlation which, as the examples of China and India[54] show, cannot be explained merely by the high population in the United States. Further research would,

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[52] Contrary to other denominations, the rate of religious service participants in Pentecostal congregations in North and South America is over 70 % in some places.
[53] https://coronavirus.jhu.edu/map.html [accessed on 2021-02-28].
[54] Although India, with over 11 million infected and approx. 156,000 deaths from COVID-19, ranks second and third, respectively, in the world, its population is four times as high as that of the USA, so that in comparison this is clearly put into perspective. China, with its very strict policy of containing the COVID-19 virus, fundamentally falls into another category, as do almost all Asian countries.

however, definitely be required to be able to prove a statistically significant co-responsi-bility of the evangelical churches in this respect since there is still a lack of comprehensive, empirically comparable studies. (Among other things, because the COVID-19 pandemic is still going strong at the time of writing this study.) In addition, correlations must never be confused with causalities. Nevertheless, there are some other indices which could make it more plausible that evangelicalism is a relevant factor at the macro-level.

This is suggested above all by looking at the South American continent, where mem-bership of Pentecostal congregations, as mentioned above, has been rapidly increasing for quite some time. Columbia, Argentina, [55] Chile, Peru or Ecuador, for example, have a dis-proportionately high number of people infected or killed by COVID-19 despite the fact that their average populations are much lower than in other countries. Brazil (where 15 % of the population are now Pentecostals) is the country with the third highest number of COVID-19 infections worldwide[56] after the USA and India and before Russia, the United Kingdom, France, Spain and Italy. It was also the case in Brazil that statements made by leading local evangelicals during the first peak phase of the pandemic appeared counter-productive for an effective containment of the COVID-19 virus.[57] The head of the *Universal Church of God's Power*, Valdemiro Santiago, for example, called the virus "God's punish-ment", while the founder of the *Igreja Universal do Reino de Deus*, Edir Macedo, stated that the pandemic was "the devil's work" but, however, was powerless against those who, be-cause of their strong faith, had no fear of these devilish forces. Silas Malafaia, head of the *Assembly of God Victory in Christ Church* and regarded by many as the spiritual teacher of President Jair Bolsonaro, expressed this differently. Like Bolsonaro, Malafaia regarded the (temporary) lockdown of the economy as causing damage which was far worse than that caused by COVID-19. It was to be feared that declining economic growth would trigger social unrest which would, in turn, claim many more deaths than the virus.

Thus, the main problem in Brazil was that the politically one-sided course pursued by President Bolsonaro was in line with the views of the evangelical forces and both sides mutually supported one another. However, this should not give the impression that the 'worst cases' at the macro-level are merely the domain of evangelicals. Instead, it must once again be brought to mind that the evangelical and Pentecostal groups are each very

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[55] https://www.evangelisch-in-westfalen.de/fileadmin/user_upload/Aktuelles/2015/09_september/15-08-28_Forum_La_Plata_Koehrsen.pdf [accessed on 2021-02-24].
[56] Regarding the number of deaths from COVID-19, Brazil, at over 250,000, even ranks second in a global comparison.
[57] For the following statements, see https://www.dw.com/en/brazil-evangelicals-preach-COVID-19/a-53024007 [accessed on 2021-02-25].

heterogeneous, so that the examples given may not be generalised. Instead, in-depth analyses must be differentiated in more detail and individual case studies and further context factors must be examined more specifically. For example, initial empirical analyses of the African continent have shown that the *African Initiated Churches* represented part of the solution rather than part of the problem and contributed toward alleviating the crisis. Some charismatic religious (Pentecostal) movements also went through a learning process, adapting their initially problematic teachings and behaviour patterns to be increasingly more compliant with COVID-19 regulations (Frahm-Arp 2021; Frost and Öhlmann 2021).

2. Religious actors resist a sensible state COVID-19 policy
It was repeatedly apparent during the COVID-19 pandemic that the interests of religious actors could conflict with those of the state with regard to necessary COVID-19 policies. In some cases, this resulted in resistance on the part of the religious actors. In the Philippines, for example, several leading regional representatives of the Catholic church, such as the Apostolic Vicar of Manila, Broderick Pabillo, spoke out in favour of open churches and against restrictions in public life during one of the peak phases of the pandemic in May 2020, arguing that religion had given people comfort already in earlier natural catastrophes.[58]

In the Islamic world, it was repeatedly clear that radically religious groups such as in Afghanistan or Pakistan, in particular, have gained power in the state which is of such proportions that governmental authorities have hardly any control over them. For example, religious actors in Pakistan defied state guidelines and kept the mosques open without complying with sensible hygiene concepts. Husnul Amin, a professor and scholar for Islam and politics, assessed the situation as follows: "The state has become totally subservient to these clerics. […] It is very difficult for the state to implement what's best for the public good." (Abi-Habib and ur-Rehman 2020; see also Chap. 3.2.) Similar challenges were seen with regard to (ultra-)orthodox Jews in Israel (Stahnke 2021), even if the early decision there to vaccinate almost the entire population made it possible to counteract the

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[58] https://www.vaticannews.va/de/welt/news/2020-05/philippinen-katholiken-wollen-offene-kirchen-zurueck-corona.html [accessed on 2021-02-28]. Here, however, neither the learning effects which then began (for example in July 2020 when, for the first time in its history, a conference of Catholic bishops in the Philippines was cancelled due to the COVID-19 crisis; see https://www.katholisch.de/artikel/25714-06-05-newsticker-corona-und-die-kirche) [accessed on 2021-02-28] nor the increasingly rigorous measures of the Duterte government which were implemented in the course of the pandemic may be ignored (Stromer 2020).

sometimes chaotic (mis-)developments.[59] According to estimates, approx. 40 % of the Israelis infected with COVID-19 are members of the group of ultra-orthodox Jews who resisted, sometimes even violently, the restrictions on public life and especially religious events and festivities such as weddings. For the most part, the state tolerated such behaviour and for a long time even the ultra-orthodox leaders did little to restrain it (Stahnke 2021). The widespread autonomy which the ultra-orthodox Jews had long since pushed through for themselves vis-à-vis the state, proved to be at least ambivalent here. However, not only the majority of strictly religious Jewish congregations barely complied with the COVID-19 regulations; a significant section of the Arabic Muslim population in Israel compared to the rest of the population also exhibited such behaviour and, consequently, had disproportionately high infection rates.

3. Religious actors under the conditions of restrictive political systems

In Hungary, the Fidesz government could not exactly be accused of acting too leniently towards those (religious groups) which did not take the danger of the coronavirus seriously enough; on the contrary. Hungary is one of the rather more negative examples of handling the pandemic, not because of its leniency, but rather because of the harshness with which the government used this emergency for its own purposes. In the fight against the pandemic the Orbán regime thus restricted fundamental rights, in some cases massively and especially for an indefinite period, to an extent which was democratically and constitutionally unjustifiable. This allowed the government not only to divert the focus from its own shortcomings, but also enabled it to govern permanently by decree, suspending all elections indefinitely. In addition, the regime increased its own options for monitoring its citizens, the opposition and, last but not least, civil society organisations and obstructing their radius of action (Magyar 2020). What appeared particularly disconcerting by the standards of a constitutional democracy was a new law which allowed people to be arrested and punished for spreading 'false reports' about the pandemic (Máté-Tóth 2020). Where the status quo of findings is often scientifically controversial, such a regulation opens the door to politically motivated abuse. Although some individual criticism regarding this escalation of an authoritarian course in Hungary also came from religious actors, overall they remained as silent as the rest of the population. The fact that the religious nationalism of the Orbán government (Hidalgo 2020) makes it difficult for religious communities in particular to oppose the government on political issues – even or especially during the exceptional situation of the COVID-19 crisis – could serve as an explanatory pattern here.

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[59] Based on population figures, Israel had the third highest rate of infection after the Czech Republic and the USA (https://coronavirus.jhu.edu/map.html) [accessed on 2021-02-27].

Belarus is a further case study for a not particularly exemplary or successful collaboration between religious and state actors in the fight against the pandemic. President Alexander Lukashenko has been playing down the risks of the pandemic there since the beginning of the crisis so that in Belarus there has never been a lockdown to date and even mass events have been permitted the entire time (Mauder 2020). Dissidents suspect, however, that there is a massive manipulation of the figures behind governmental policies. In reality, the number of deaths from COVID-19 in Belarus must be set up to 15 times higher than reflected in the official statistics.[60] The problem that religious actors face in this respect is not only that they can only speak out as a critical voice at great personal risk in authoritarian Belarus; to make things even more difficult, after the allegedly rigged presidential election in 2020, which once again confirmed Lukashenko in office, mass protests were organised throughout the country, some of which also involved church members (especially from the Catholic church). Also opposing COVID-19 policies in this situation would have been equivalent to trying to achieve the impossible. Thus it was almost surprising that Lukashenko does not appear to have instrumentalised the pandemic to crack down even more rigorously on protesters.

As remarkable as it thus is that the pressure generated by the continuing demonstrations in Belarus finally even changed the attitude of the Orthodox Church in the country, with increasing numbers of its members having in the meantime joined the opposition movement,[61] the explosive political situation in Belarus is currently a great obstacle to a successful COVID-19 policy. In its statement in November 2020, the Bishops' Conference in Belarus therefore concentrated on condemning violence, lawlessness, injustice and inequality in the country, calling on everyone to find a peaceful solution for social conflicts through dialogue.[62] Furthermore, the representatives of the four large religious denominations in the country (Orthodox, Catholics, Muslims and Jews) formulated an appeal in

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[60] https://coronavirus.jhu.edu/map.html [accessed on 2021-02-26].

[61] https://www.deutschlandfunk.de/belarus-proteste-verwandeln-die-kirchen.886.de.html?dram:article_id=486044 [accessed on 2021-02-25]. Initially, the Orthodox Church in Belarus (which, incidentally, is controlled by Patriarch Cyril of Moscow) reacted to the protest movement against Lukashenko with the familiar reflex of stating that a group controlled by the West, which was attacking the 'Russian-Orthodox' identity of Belarus, was behind this.

[62] https://www.domradio.de/themen/renovabis/2021-01-10/renovabis-expertin-zur-lage-belarus-und-zur-rolle-der-kirchen [accessed on 2021-02-26].

support of peace[63] shortly before the Christmas holidays 2020 which was noticeably directed against Lukashenko's attempt to play off the different religious communities against each other. The pandemic continued to remain a minor topic in this regard.

The case of Russia is additionally different. It demonstrates once again how decisive the special political circumstances in a country are for appropriately evaluating the behaviour of religious actors at the macro-level during the COVID-19 crisis. Viewed superficially and without adequate consideration of the contextual conditions, one could certainly identify some positive aspects in the form of autonomy displayed by numerous representatives of the Russian Orthodox Church (ROC) towards the authoritarian regime of Vladimir Putin in the first months of the pandemic. Nevertheless, such behaviour must be regarded as a 'worst case' as specified in this study. Overall, the situation can be seen as quite paradoxical. The noticeable dominance which fundamentalist voices within the ROC have long enjoyed, can and must be regarded as the main reason why its members often enough ignore 'worldly' issues and challenges. The self-perception of the ROC, namely that the best way to support the Russian state in its struggle against the supposedly 'decadent' societies in the West was on a mental plane, benefited from this. During the COVID-19 crisis the same position, however, which was 'oblivious to the world', prevented the ROC from dealing appropriately with the 'worldly' problems posed by the virus (Elsner 2020). Many members of the ROC who were fiercely opposed to the restrictions on religious practice which were ordered and even defamed these as an "anti-Christian act of the state" instead suddenly found themselves in opposition to the state, in a manner they would hardly have believed possible before the crisis. Accordingly, during the first months of the pandemic, the members of the ROC actively contributed to the relatively unhindered spread of the virus, especially in the Russian provinces and finally even among the clerics themselves by not complying with hygiene regulations and social distancing. On the other hand, the fact that the state nevertheless hesitated to acknowledge the intransigence of the Orthodox by imposing a general ban on assembly and worship shows the (problematic) weight of the ROC within Russia's political system (Elsner 2020).

A form of antithesis to the close shoulder-to-shoulder relationship between religious and political authoritarianism, which is characteristic of Russia and crumbled, at best temporarily, as a result of the COVID-19 epidemic, can in turn be observed in the (largely) secular-atheist regime of the People's Republic of China. However, almost no reliable information on the role of religious actors during the pandemic in China has been released

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[63] http://www.asianews.it/news-en/Lukashenko-clamps-down-on-churches-and-opposition-51920.html [accessed on 2021-02-25].

to the outside world. Although Fox News has meanwhile reported extensively that China is obviously using the coronavirus as an excuse to continue to push its 'state-atheist' policy of oppression against the religious communities there (including Christians and Uyghurs, and apparently also continues to ban online masses).[64] It currently appears to be more the case that the repressive way in which the Chinese state deals with its religious minorities has hardly been changed at all by the COVID-19 crisis, neither for good nor for bad.

4. Exacerbation of religious tensions and conflicts

Religious tensions in India have been exacerbated by the COVID-19 crisis. The problem in India has always been that politically very contrary collective identities have emerged among the different religious groups, especially the Hindus and Muslims, and often turn into conflicts or even escalate into violence. For multi-religious India with its huge population, now probably almost as large as that of China, the pandemic carried special risks right from the very beginning. After the intense outbreak of COVID-19 in March 2020, one could observe that many Hindus and Muslims accused each other of being responsible for the uncontrolled spread of the virus.[65] It has already been mentioned that, at the beginning of the crisis, the Muslim missionary movement *Tablighi Jamaat* shifted to the centre of the discussion on the COVID-19 epidemic, because a significant number of initial COVID-19 cases in India could be attributed to a religious mass event held by that Sunni religious community. Consequently, the police sealed off the suburb of Nizamuddin in central Delhi, which is mainly inhabited by Muslims, and sprayed the mosque there with disinfectant. Anti-Muslim resentment, which is widespread among the predominantly Hindu population, further intensified this approach (see also Chap. 3.2, Box 13): the hashtag #coronadschihad was then clicked hundreds of thousands of times in social networks (Musch-Borowska 2020a).

Especially the radical Hindu nationalist movement *Rashtriya Swayamsevak Sangh* (RSS), a suborganisation of Prime Minister Modi's ruling Bharatiya Janata Party (BJP), subsequently attracted attention because it defamed the religious leaders of the *Tablighi Jamaat* as scapegoats. Arun Anand, who can be regarded as a kind of 'chief ideologist' of the RSS, often gave the impression that the Indian government could have kept the COVID-19 epidemic under control if the Sunni missionary movement had not held its mass event. The

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[64] See e.g. https://www.foxnews.com/world/coronavirus-china-update-christian-persecution-vom [accessed on 2021-02-26] and https://www.foxnews.com/world/how-has-coronavirus-pandemic-affected-chinas-concentration-camps [accessed on 2021-02-26].
[65] https://www.tagesschau.de/ausland/indien-corona-107.html [accessed on 2021-02-26].

fact that the Islamic community in India largely criticised the meeting of the *Tablighi Jamaat* itself and that all meetings in mosques were subsequently banned by the Muslim organisations was almost forgotten. At the same time, there were also incidents in which Hindus violated the nationwide curfew which has since been adopted as well as the nationwide closure of temples, mosques and churches in order to celebrate their religious holidays.

As a result therefore, India presents a precarious example of how a political, social and medical crisis such as the COVID-19 pandemic can result in further escalation of previously existing lines of conflict which manifest themselves along religious patterns of identity. It would be a fundamental error here to assume that the causes of the conflicts themselves lie in the different religious beliefs. Instead, the path along which religious identities become vulnerable to political conflicts is far longer and more complex (Hidalgo 2018). Nevertheless, the events in India show how important it is to take religious-political conflicts seriously and, if possible, to defuse them. Otherwise, such conflicts quickly become difficult to manage, especially in a crisis situation.[66]

Excursus: the special case of Sweden

To conclude the ('best' and 'worst cases' at the) macro-level, the controversial case of Sweden must be discussed. It is also not unambiguous with regard to the role of religious communities in the COVID-19 pandemic. On the one hand, it can be compared to Brazil, where there were also characteristics for positive and negative manifestations of the problem discussed here but, on the other hand, again in an alternative way. The difficulties of reaching a clear assessment in the case of Sweden are, however, obvious. Contrary to how the situation was presented (or at least suggested) in many media channels in Germany and elsewhere, the social-democratic government of Stefan Löfven is *not* among the actors who, in common with, for example, the presidents of the USA, Brazil, Tanzania or Belarus, would have denied the fundamental dangerousness of the virus itself. Under the influence of Anders Tegnell, Sweden's state epidemiologist, the country only focused on a different, long-term strategy in the fight against the virus, which was, to a greater or lesser extent, significantly different from that of all the other countries in Europe or even worldwide. Tegnell's strategy focused not on stopping the new coronavirus SARS-CoV-2 (thus entering into a foreseeable loop of lockdowns and openings), but on keeping the infection rates

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[66] It is thus a considerable burden for civil peace in India that at least the hardliners within the Hindu nationalist ruling party BJP do not view Hinduism as a religion, but as a superordinate state ideology which all Indians should adhere to, even if they are actually Muslims or Christians.

at a relatively even low level so as to relieve the burden on intensive care medicine, control the socio-economic collateral damage caused by the pandemic, and promote the immunity of non-risk groups. This strategy primarily built on the motivation of the population to tolerate and support minor but differentiated and goal-oriented measures out of an understanding for the situation (and beyond state coercion) in the long term.

This is not the right place to judge the advantages and disadvantages of the way Sweden has been handling the pandemic, nor are the Authors of this study competent enough to do so. What is of interest here is the behaviour of the religious actors, which in turn must be viewed in a differentiated manner. The fact that the Catholic church in particular, especially Cardinal Anders Arborelius,[67] who repeatedly voiced his criticism of the government's course and even expressed his concern in an open letter, proved to be an important oppositional voice during the COVID-19 crisis must be regarded as fundamentally positive. The latter applies even more because Tegnell himself in several interviews and podcasts in June 2020 at least acknowledged the shortcomings in Swedish policy with regard to the protection of risk groups in seniors' residences and nursing homes,[68] i.e. he named exactly the issue which Arborelius emphasised. However, that such criticism, which was so legitimate and important for the democratic discussion, was voiced almost solely by the small minority of Catholics and that the Authors have no information whether representatives of the Evangelical-Lutheran majority church of Sweden also became publicly involved is, on the other hand, not really a positive aspect. The risks of taking Sweden's path (which is, to date, responsible for a significantly higher number of deaths due to COVID-19 when compared in particular with its neighbours Denmark, Finland and Norway) should instead at best have been addressed by all religious actors.

The gravest deficits in Sweden, however, related to a further issue, namely epidemic control measures in the poorer suburbs of Stockholm where many migrants live and where there were an exceptionally large number of victims. In this regard, the Muslim-Somali diaspora was a particularly negative case in this regard, accounting for 40 % of the

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[67] https://www.domradio.de/themen/weltkirche/2020-07-02/gemischtes-fazit-schwedischer-kardinal-zum-schwedischen-corona-sonderweg [accessed on 2021-02-24]. For Arborelius, it was always a question of balance, which is why he did not forget to mention the generous financial support provided by the Swedish government for the victims and those affected by the pandemic. See https://www.katholisch.de/artikel/25458-kardinal-arborelius-kritisiert-schwedischen-sonderweg-gegen-corona [accessed on 2021-02-24].
[68] https://www.spiegel.de/politik/ausland/coronavirus-in-schweden-toedlicher-corona-irrtum-a-00000000-0002-0001-0000-000171667091 [accessed on 2021-02-25]. See also https://sverigesradio.se/avsnitt/1518764 [accessed on 2021-02-27].

reported COVID-19-related deaths in the Stockholm area by April 2020, despite representing only a small group of 0.7 % of the city's population. If one follows the research of Speckhard et al. (2020), this disproportionately high level of infections is also related to the fact that the religious community of Somali Muslims in Stockholm hardly expressed itself with regard to the COVID-19 pandemic and the hygiene regulations and social distancing that were consequently to be complied with, and in some cases also spread misinformation. In Sweden, the responsible role played by religious actors in the context of the COVID-19 crisis, which this study emphasises and which has also been confirmed using numerous positive examples, obviously did not function well enough.

3.2 Meso-level

With regard to the meso-level, empirical examples are presented below, first for 'best' and then for 'worst practices' of religious communities and (inter-)religious/faith-based organisations. In this subchapter about the meso-level, complementary example boxes are used, in order to elaborate on and concretise specific examples.

Best practices

When the COVID-19 pandemic brought the world to a standstill at the beginning of 2020, forcing it to apply measures such banning personal contacts and lockdowns, religious communities in many parts of the world were also initially paralysed. They were themselves affected by the measures and impact of the virus and found themselves confronted with numerous changes and challenges in their daily lives. For example, they could no longer carry out their religious practices, activities and rituals in the normal way. In many countries, even the places of worship were shut. The religious communities thus had to reorientate themselves and find creative ways of being available for people under these changed circumstances and continuing to carry out their important social responsibilities. After an initial phase of shock and reorientation, many of them achieved this. Processes for adapting to the new situation were developed fastest wherever religious communities and organisations had already gained experience from other health crises and where good structures and relations between political and religious actors already existed. For example, religious communities in Sub-Saharan African countries were able to draw on their experience with the Ebola crisis, quickly switching to crisis mode and remaining capable of acting (Marshall 2020; Marshall and Wilkinson 2020; Sonntag and Öhlmann 2020; Sonntag et al. 2020). Numerous 'best practices' of religious communities and faith-based organisations can be identified around the world, of which selected examples are presented below, structured according to the criteria derived in Chap. 2.4.

1. Observing the necessary measures and hygiene concepts as well as disseminating correct information

During the COVID-19 pandemic, many religious communities took the situation very seriously and accepted scientists' expertise. Accordingly, they were willing to accept measures for containing the virus and follow specific hygiene concepts (ACT Alliance et al. 2020; CCIH and JLI 2020; Marshall and Wilkinson 2020; Sonntag and Öhlmann 2020; Sonntag et al. 2020). To this end, some religious communities and (inter-)religious organisations such as the *World Council of Churches*[69] (WCC 2020), *World Vision* (2020), *Islamic Relief* (2020), *INEB* (2020) or *KAICIID* (2020) developed enhanced guidelines and specific regulations for carrying out their religious practices (see Chap. 2.4). For example, the *Joint Learning Initiative on Faith and Local Communities* (JLI) distributed extensive guidelines in collaboration with the United Nations Children's Fund *UNICEF*[70] and *Religions for Peace* (RfP), categorised in three areas: 1) adapting religious practices and rituals, 2) communicating to end misinformation, discrimination and to install hope, as well as 3) helping people who are at risk (JLI et al. s.l.).

With regard to current measures for immunisation, some religious communities are leading by example, such as the head of the Catholic Church, Pope Francis, who had himself vaccinated in public and spoke out clearly. According to the Pope, everyone must be vaccinated for ethical reasons, "because an infection would endanger one's own health, one's own life, but also the lives of others." Anything else would be "suicidal denialism".[71] The Church of England already published a document at the beginning of December 2020 on the willingness of churches and religious buildings to provide space for vaccination centres:

> "It is admirable that so many churches and cathedrals have suggested that they may be able to provide space for vaccination centres as part of the national response to COVID-19. Where this is possible to do it will be a great act of service and witness" (Church of England 2020).

In addition, the inclusive, multi-faith movement Faiths4Vaccines[72] has brought together local and national religious leaders and medical professionals to increase vaccine confidence and readiness in religious communities and advocate for rapid and equitable vaccine distribution.

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[69] https://www.oikoumene.org/ [accessed on 2021-01-15].
[70] https://www.unicef.org/ [accessed on 2021-01-15].
[71] https://www.stern.de/news/papst-franziskus-ruft-zur-impfung-gegen-das-coronavirus-auf-9559756.html [accessed on 2021-01-20].
[72] https://faiths4vaccines.org/ [28.03.2021].

With regard to challenges such as 'infodemics' (see Chap. 4.3), information overload, fake news and conspiracy theories, there were some 'best practices' by religious communities and organisations which actively opposed false information, even among their own ranks, spreading instead correct, evidence-based information as well as promoting medical-hygienic education (ACT Alliance et al. 2020; CCIH and JLI 2020; KAICIID 2020; Sonntag et al. 2020). Specific examples of this include the extensive information and awareness campaign of the *Sarvodaya Shramadana Movement* in Sri Lanka or the powerfully effective media presence of the Evangelical-Lutheran Church in Papua New Guinea, which are explained in greater detail in Boxes 1 and 2 (EXP1; EXP2).

Box 1: The *Sarvodaya Shramadana Movement* in Sri Lanka

The *Sarvodaya Shramadana Movement*, a renewed Buddhist NGO in Sri Lanka, started an awareness campaign for the population during the COVID-19 pandemic. It translated official information such as material from the WHO and the government regarding COVID-19 regulations into the national languages as well as visual forms (pictorials) and distributed them widely, not just via social media, but also right down to local communities in rural areas and isolated villages. The NGO also enabled 'reverse' communication, collecting information from these areas and passing it on to the government to ensure that policy makers were aware of the needs and circumstances of the local people. *Sarvodaya* thus acted as a link between the population and the government. Furthermore, it provided support for both the government and society. For example, it opened its religious training centres as quarantine centres and was active in supplying food and health and social welfare services. It thus ensured the care of the elderly, risk groups and orphanages, among others. In addition, *Sarvodaya* worked closely with other civil society organisations to contain the negative effects of the pandemic, as well as with international organisations such as the British Asian Trust. This religious movement therefore provided a platform in the pandemic to link different social, religious and political groups and actors to one another and coordinate assistance. It acted as a bridge between many actors both within and outside Sri Lanka (EXP1).

Box 2: The Evangelical-Lutheran Church in Papua New Guinea

In Papua New Guinea, the Evangelical-Lutheran Church proved to be an important, competent supporter of the measures required during the COVID-19 pandemic. To a high degree, it used digital communication and was extremely visible in both religious as well as non-religious media, allowing it to reach many people. Technically supported by the church's communication centre, Bishop Dr Jack Urame, for example, as well as further religious functionaries provided both spiritual relief and comfort as well as medical-hygienic education and assistance via podcasts, radio programmes and audio conferences, making contact and encouragement even under these difficult conditions possible. Thus the church was able to contribute towards easing the situation as well as to a reflective, enlightened and professional approach to the pandemic (EXP2).

2. Fulfilling important tasks (pastoral/charitable/theological) for individuals and society, even in times of crisis

Religious communities, (inter-)religious organisations and FBOs performed important duties for people and society in many ways, even or especially under changed conditions. To systematise these reactions, three central dimensions can be identified with a view to 'best practice' examples: the spiritual/pastoral sector, the social/charitable sector and the visionary/theological sector (based on an JLI (2020); Marshall and Wilkinson (2020)).

In this regard, it must be noted that the actions of religious communities may be very different, depending on context and self-perception. Not all of them can and want to take on responsibilities in society. Some religions focus more on the private, individual sphere and the spiritual sector (e.g. various Asian religions), while others concentrate more on community and social work. Religious communities are also active in quite different social, political and economic contexts. Those which are located in democracies where religious freedom is guaranteed, can perform and develop other responsibilities than religious communities which find themselves in political systems in which they are suppressed (EXP1; EXP2).

Against this background, empirical 'best practice' examples are presented below for the meso-level using the three dimensions named.

a) Spiritual/pastoral sector

After an initial 'state of shock', many religious communities and churches became active and creative so as to continue to address people's mental and spiritual needs and provide pastoral care. Depending on the legal regulations, religious services were sometimes still allowed to take place face-to-face and hygiene concepts were developed for this purpose (social distancing, compulsory masks and the provision of disinfectant, prenotification of attendance, limiting the number of attendees, no singing and similar regulations). However, in many places religious services were shifted to digital space. Many religious communities streamed their church services, taped them and transmitted them via different media such as radio, television or the internet. Furthermore, special religious ceremonies, nights of prayer as well as COVID-19 prayers were offered (Bawidamann et al. 2020; Sonntag et al. 2020). This also applied for numerous religious festivals which took place during this time (e.g. Passover, Easter, Ramadan, Christmas, etc.). Religious communities found creative alternative offers which, on the one hand, did not endanger the health of people and society but, on the other hand, continued to give a structure and orientation as well as providing something familiar in these times of uncertainty. For example, in many places Muslim communities broke their fast during Ramadan in a virtual form, e.g. via live functions of Facebook, Skype or different forms of video conferences, enabling Muslims worldwide to link to one another (Ouchtou and Knipp 2020). The initiative of the *Jewish Experience e. V.*, a registered association in Germany, can be cited as an example from the Jewish community. On the occasion of *Purim Mitzvah*, when it is customary to give gifts of food – *Mischloach Manot* – they organised activities in which Jews sent each other safely packed, kosher food and Purim greetings as special presents.[73]

Drawing on the religious language of their traditions of faith, religious communities were able to spread positive messages, give hope, comfort and support, and strengthen empathy and resilience among their believers. This enabled them to make positive contributions to people's mental health and provide psycho-social support. In this connection, personal pastoral call services were set up with a 24-hour hotline, for example, and telephone chains were organised so that, with the help of a snowball system, all of the community members could be contacted one after the other, stayed in touch with each other and gave each other courage and strength. To some extent, new forms were also developed for the ritual support of the sick and dying. One example of so-called *Facetime Dying* is explained in more detail in Box 3 (KAICIID 2020; Sonntag and Öhlmann 2020).

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[73] http://www.jewishexperience.de/ [accessed on 2021-02-27].

Box 3: 'FaceTime Dying' as a final digital good-bye

The difficult hours of death, which are often accompanied by a religious ritual such as the anointment of the sick (formerly 'extreme unction'), mutual prayers or simply just a calming touch, are especially difficult to carry out in times of the COVID-19 pandemic and the required physical distancing. Clerics in the USA, for example, used possibilities to care for the sick and dying in the last moments of their lives via FaceTime and Zoom, say prayers, give blessings over the telephone and even administer the Christian sacrament of extreme unction via FaceTime. For example, Reverend Peter Walsh spoke last rites to a member of his congregation infected with COVID-19 via a mobile phone held by a hospital employee in a hospital in *New Canaan*: "I told [him] I loved him, that he was mightily loved by his whole community. That he was a great man." In another hospital in Orange County, Sondos Kholaki, a Muslim chaplain, entered a patient's room in protective clothing and contacted their family by mobile phone so they could say their good-byes (Zauzmer 2020).

b) Social/charitable sector

Many religions have a long tradition of commitment in the social or charitable sector. Religious actors take on a large part of welfare state care, especially in countries in the Global South – depending on context even as much as 70 % in the health care sector (UNAIDS 2009). Where such structures were well institutionalised and established, they were able to quickly switch to crisis mode and provide numerous support services. This refers especially to the projects and activities of faith-based organisations (FBOs) in the humanitarian sector such as *Islamic Relief, Misereor, Caritas Internationalis, World Vision International, Bread for the World*, etc. But also local church communities launched new initiatives, e.g. in the fields of health care, neighbourhood help and distribution of food, clothing, protective and hygiene supplies such as disinfectant or masks. Furthermore, they also provided financial support for people in need during the pandemic (ACT Alliance et al. 2020; Sonntag and Öhlmann 2020; Sonntag et al. 2020). Two 'best practices' for the country contexts of Thailand and Jordan are described here in more detail in Boxes 4 and 5.

Box 4: Buddhist temples in Thailand provide soup kitchens

In the COVID-19 pandemic, Buddhist temples in Thailand came to the aid of the needy. Almost 1,000 soup kitchens, known in Thai as *rong than*, were set up in Buddhist temples or close to them in Bangkok and all 76 provinces in the kingdom to cook food for low-income earners and others suffering economic hardship. According to Narong Songarom, Director of the Office of National Buddhism, 270,000 people were helped from the outbreak of the pandemic until 13 May 2020. Making use of the largest temples across the country, 10.9 million Thai baht (US $340,000) were spent on preparing meals. Narong also

made it clear that the temples were aware of the necessity of adhering to the strictest hygiene standards to prevent any accidental transmission of the coronavirus to people when distributing food or waiting in lines. Thailand's Prime Minister Prayut Chan-o-cha said that Wat Rakhang Khositaram, a riverside temple near the Grand Palace in Bangkok, could serve as a model: "The temple takes care of more than 1,000 people every day. […] A *rong than* is not only a place to help poor people, it is also a channel for the well-to-do to make donations." (Whitaker 2020)

Box 5: New Islamic case law on zakat levy in Jordan
One particular contribution of Islamic jurisprudence during the pandemic was the change in the parameters for the annual almsgiving known as *zakat*. The Al Iftaa, a top Islamic body responsible for issuing religious edicts in Jordan, stated that it was permissible to give donations from one's latest income (instead of only from savings) and to donate even before Ramadan (instead of only during Ramadan). Both measures increased the potential for more donations so as to react to increased needs caused by the pandemic. The resolution stated: "In light of the corona virus pandemic, where a substantial proportion of the community is sitting idle and has no money to cover the basic needs of survival, we are of the view that the wealthy should hasten to pay the Zakah of their wealth before its due time and not to delay it till Ramadan" (Iftaa' Board 2020) (Sonntag and Öhlmann 2020; Sonntag et al. 2020).

c) Visionary/theological sector
In addition, religious communities play a special role during global (health) crises: to reflect theologically on what has happened, analyse the problem and develop viable and sustainable concepts, orientation, solutions and visions for the future. During the COVID-19 pandemic, it took some time until theological, religious, visionary voices were raised. Existential issues such as contingency management, guilt, reconciliation or reflections on the values of solidarity and empathy with regard to the COVID-19 pandemic were increasingly addressed in various formats such as webinars, roundtables, lectures, dossiers[74] and publications (Hillenbrand 2020, 2021; The Lutheran World Federation 2020).

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[74] https://www.uni-muenster.de/Religion-und-Politik/aktuelles/2020/aktuell/PM_Umfrage_Religion_Politik_Corona.html [accessed on 2021-01-14].

Furthermore, measures for containing the pandemic were also increasingly theologically based and religiously justified. This once again gave them a different weight with a correspondingly higher level of authority and a strong willingness to observe them. For example, the Ulema Council of Afghanistan (the council of religious leaders) used a religious argument to state that not following the government's guidelines could lead to a loss of life. Thus it was 'haram', i.e. forbidden by Islamic law (EXP3). In addition, international networks and initiatives (such as JLI, UNICEF, RfP and others) collected religious texts, teachings and traditions which could be especially applied to the COVID-19 pandemic and forwarded or distributed them to their manifold members and partners (JLI 2020; UNICEF et al. 2020a, 2020b). Box 6 holds a selection of these materials.

Box 6:   Religious texts, teachings and traditions which can be applied to the COVID-19 pandemic

In the Jewish tradition, Talmud principles warn against the danger of transporting diseases from one place to another (Taanit 21b); emphasise the need to stay at home in times of plague and maintain social isolation (Bava Kamma 60b, Ketubot 77b); and provide strict guidelines on maintaining hygiene, especially on washing hands and feet regularly (Shabbat 108b).

The Christian Bible states that knowledge of and education on diseases can help us to learn how to avoid them and that lack of knowledge can lead to death: "My people are destroyed for lack of knowledge" (Hosea 4:6).

The Venerable Phra Paisal Visalo, a respected monk in the Forest Tradition of Theravada Buddhism, teaches: "The mindful hand-washing helps to make us more careful and gives us more opportunities to be mindful in our daily lives." (JLI 2020).

For more teachings from religious traditions with regard to health and crises, see e.g. UNICEF et al. (2020a, 2020b).

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3. Inclusive and multi-religious approaches

Inclusiveness and multi- religiosity are important criteria for enabling the activities of religious communities to develop positive effects, also for society as a whole (see Chap. 2.4). Instead of being isolated and unconnected, different religious organisations found ways of collaborating. United in their mission to fight together against the coronavirus, multi-religious initiatives were given a fresh impetus. Supported by digitalisation and new social media, they were able to visibly present themselves and network better than in past crises (ACT Alliance et al. 2020; JLI 2020; KAICIID 2020; Marshall and Wilkinson 2020). For example, the partners of the global, multi-religious initiative *Faith and Positive Change for Children, Families and Communities* (FPCC)[75] reacted very quickly to the COVID-19 pandemic. This partnership was officially launched by *UNICEF*, *Religions for Peace* and the knowledge partner *Joint Learning Initiative on Local Faith Communities* (JLI) in October 2019. It includes leading representatives from the world's religious and spiritual traditions (Baháʾí, Buddhists, Christians, Hindus, Islamists, Jainists, Jews, Sikhs, Zoroastrians and indigenous spiritualities) as well as interreligious youth and women's networks and members from international, faith-based organisations. In February 2020, they agreed to immediately shift the focus of their joint work plan to include global, multi-religious responses to the global crisis (FPCC s. l.; UNICEF et al. 2020a). One resultant product was, for example, the multi-religious *Faith-in-Action COVID-19 Initiative*, which was launched in April 2020. This was the kick-off for a global partnership for multi-religious events and the mobilisation of communities to counteract the COVID-19 pandemic. This partnership initiative calls on religious communities throughout the entire world to join forces with governments, UN bodies and broad civil society organisations. For example, it was a historical moment when UNICEF Executive Director Henrietta Fore and 13 of the most senior religious leaders from RfP signed a joint statement and sent out a global call for action with regard to COVID-19 (RfP and UNICEF 2020).[76] A further example of collaboration between various religious communities and faith-based organisations (FBOs) at different levels – (trans-)national, regional, local – were the initiatives and activities of the multi-stakeholder partnership *PaRD*[77] ("International Partnership on Religion and Sustainable Development"), which are described in more detail in Box 7 (PaRD 2020, s. l.).

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[75] https://www.faith4positivechange.org/ [accessed on 2021-01-15].
[76] Final evaluations and assessments of the actual success and reach of these and similar initiatives are still pending (at the time of this study was drawn up).
[77] https://www.partner-religion-development.org/ [accessed on 2021-01-15].

Box 7: The multi-stakeholder partnership *PaRD*

The "International Partnership on Religion and Sustainable Development" (PaRD) is a multi-stakeholder partnership which brings together state actors with diverse civil society and faith-based organisations. PaRD has different work-streams on the topics of health, gender equality, water, environment and climate action as well as sustaining peace. During the coronavirus period, the health work-stream became particularly active. Among other things, it promoted the exchange of information and multi-stakeholder dialogues. For example, a dossier was drawn up to spread information on the responses of religious actors to COVID-19 (Dossier: Religion in times of COVID-19) as well as a podcast for the Geneva Peace Week in November 2020 with regard to (financial) challenges of local religious and faith-based organisation in different regions during this time of crisis. Furthermore, PaRD organised several webinars, virtual conferences and roundtables on current topics such as possibilities for funding COVID-19 measures (PaRD Annual Forum sessions on COVID-19), on visions of a just world post-COVID-19, especially with regard to religion, sustainable development and gender justice (Visioning a Just World Post-COVID19) or on immunisation strategies, fake news and possibilities for cooperation between the WHO and religious communities/organisations (Vaccination, Fake News and the role of Religious Actors). Furthermore, PaRD attempted to connect its members, especially local religious actors, with other relevant actors, e.g. from government authorities and multilateral organisations, so as to exchange information and coordinate ongoing initiatives and COVID-19 strategies. Mutual learning took place and possibilities for collaboration were explored (PaRD 2020, s. l.).

In addition, religious communities collaborated actively at the local level, e.g. on joint information and awareness campaigns, to distribute essential goods to the needy as well as to provide (material) support services, especially for the most vulnerable population groups (ACT Alliance et al. 2020; JLI 2020; KAICIID 2020). Here, 'best practices' include, for example, the *Interfaith Fellows* of the project *Southeast Asia*: *Advancing Inter-Religious Dialogue and Freedom of Religion or Belief* (SEA-AIR), which is funded by the EU and implemented by the *Network for Religious and Traditional Peacemakers* (NRTP)[78]. During the pandemic, the *Interfaith Fellows* carried out supportive initiatives as reactions to COVID-19 in their individual country contexts in South and South-east Asia (e.g. the Philippines, Thailand, Indonesia, etc.). For example, they distributed hygiene supplies, masks, disinfectant

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[78] The *Network for Religious and Traditional Peacemakers* (NRTP) acts as a bridge builder between grassroots peacemakers and global actors and promotes the positive role of religious and traditional actors in peacebuilding processes. It unites more than 50 organisations worldwide: https://www.peacemakersnetwork.org/ [accessed on 2021-01-15].

and personal care products and carried out fundraising to distribute basic supplies during lockdowns. Directly at the grassroots level they transmitted correct information, created an awareness of fake news, strengthened values such as solidarity and compassion, and organised psychosocial help, especially for children (NRTP s. l.a; SEA-AIR et al. s. l.).

The *OMNIA Institute for Contextual Leadership*[79] *Interfaith Peacemaker* (IP) teams in Nigeria, Sri Lanka and Bangladesh are further positive examples for successful interreligious collaboration at a local level during the COVID-19 pandemic. These interreligious peace activists come from different sectors (e.g. religious leaders or laypeople, traditional leaders, women's groups, local political actors) and are trained and by the global training and advisory programme OMNIA (s. l.). Box 8 describes their work in detail for the country contexts of North Nigeria and Sri Lanka.

Box 8: *Interfaith Peacemaker* **Teams in times of COVID-19 in northern Nigeria and**
Sri Lanka
In the federal state of Gombe in North Nigeria, the *OMNIA Interfaith Peacemaker* Teams co-operated with the *Gombe College of Nursing*. Together with the students from the health sector, they visited numerous villages where they advocated the implementation of the necessary COVID-19 measures, e.g. through information campaigns, medical education and humanitarian aid. This interreligious peace work thus enabled the rapid spread of correct information, the adjustment of religious meetings and practices, the coordination of solidarity initiatives as well as material aid for those people most at risk.
The *Interfaith Peacemaker* Teams in Sri Lanka, on the other hand, worked with *Cargills Food City*, a large food chain, to jointly produce bags with dry rations, which they then distributed to needy families. After they realised that the lockdown would last longer or be re-peated, they searched for a more sustainable solution and promoted the cultivation of home gardens, especially in the villages, where many people have a small backyard or a piece of land. They cooperated with the *Sustainable Harvest International* organisation, passing on its techniques to achieve a quick harvest on small plots of land (Act Alliance et al. 2020; Premawardhana 2020).

During the COVID-19 pandemic, representatives from different religions worldwide repeatedly emphasised universal values and ethical principles such as 'no harm', solidarity, compassion, the 'golden rule' as well as the preservation and protection of human life as unifying elements of the different religious traditions (WHO 2020a).

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[79] https://www.omnialeadership.org/ [accessed on 2021-01-13].

When taking specific action, these values were expressed in the fact that religious communities in many places not only cared for their own members (in-group), but generally helped people in need, regardless of their origin, gender or religious affiliation, and functioned as advocates for particularly vulnerable population groups (e.g. ethnic and religious minorities, migrants and refugees, people with special needs, women and children). In Kenya, for example, the partners of the *RMP* ("Religious Minorities Project") such as *Islamic Relief Kenya*, the *Supreme Council of Kenya Muslims*, the NGO *Muslims for Human Rights* and *Tangaza University College* reoriented their activities when the pandemic broke out. In their endeavours to deal with the problems which resulted from the COVID-19 crisis, they reallocated funds to fight the virus. The RMP partner *Muslims for Human Rights*, for example, set up special radio programmes together with diverse religious leaders (e.g. Muslims, Christians, members of African traditional religions) as well as local community representatives, government officials and others. The goal was to sensitise the public to COVID-19 and to raise awareness. The topics they discussed varied greatly: from education to safety measures to correcting misinformation regarding the coronavirus, from general promotion of human rights during the pandemic to pointing out inequalities and violations of human rights (e.g. collective punishment and arbitrary arrests of marginalised communities and minorities, among others) (NRTP s. l.b).

The *Interreligious Council of Peru* (IRC-Peru), a multi-religious platform consisting of 27 different religious communities and organisations, represents a further 'best practice'. When reacting to the COVID-19 pandemic, this Council placed special emphasis on supporting asylum seekers, refugees and migrants (especially those who had fled from the neighbouring country of Venezuela over the past few years). It managed to provide almost 8,000 people (approx. 2,000 families) from this population group "with essential emergency response materials, including food, hygiene kits, and rent vouchers" for those who were in danger of losing shelter (RfP 2020b).

In addition, there are numerous examples of various religious communities joining forces to hold interreligious coronavirus prayers and prayers for peace. For example, on 14 May 2020, the *High Committee for Human Brotherhood*[80] and Pope Francis invited humanity to a day of prayer for the end of the COVID-19 pandemic. The plan was for members of all religions and denominations to pray together, fast and perform acts of charity on that day, a goal which was achieved in many places.[81] Religious communities understood that they were all 'in the same boot' and helped each other, even as far as sharing their

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[80] https://www.forhumanfraternity.org/ [accessed on 2021-01-10].
[81] https://religion.orf.at/v3/stories/3002167/) [accessed on 2021-01-15].

places of worship. It was, for instance, a historic moment when the Protestant Martha Church in Berlin-Kreuzberg opened its doors to people of a different faith, namely for Muslims' Ramadan prayers.[82] Another example of 'best practice' is the *House of Religions*[83] in Bern (Switzerland), which unites eight religious communities and five places of worship under one roof. When religious celebrations were no longer allowed in churches, mosques, temples or synagogues in Switzerland, a large interreligious celebration was aired from the *House of Religions* and broadcast by Swiss radio and television stations.[84]

The religious communities also assisted each other financially to some extent, whereby they were able to profit from transnational networks. This enabled them to provide a global response to a global pandemic. For example, the *Leipzig Evangelical-Lutheran Mission*[85] collected money to support its partners overseas in their work against COVID-19, because an important source of income, namely from collections during services, had been lost. The Mission also supported its partners within the framework of international councils in which they participated (EXP2). In Box 9, the *Multi-Religious Humanitarian Fund* (MRHF) is briefly introduced as a 'best practice' for a global, multi-religious fund.

> **Box 9: The *'Multi-Religious Humanitarian Fund'* (MRHF) for the COVID-19 pandemic**
> *Religions for Peace* (RfP) managed to launch its own, multi-religious humanitarian fund relatively quickly (in April 2020) as a reaction to COVID-19. It supports multi-religious collaborations and programmes dealing with COVID-19 and encourages creative interventions to strengthen awareness for safety measures, promote resilience, fight discrimination in both word and action, and serve the needs of those persons or communities which are most at risk. Interreligious platforms receiving funds must present a track record of collaboration and/or the provision of humanitarian services (RfP 2020c, s. l.). The Secretary General of RfP, Professor Azza Karam, explained the background of this fund as follows: "The world is facing an unprecedented crisis brought about by COVID-19, and religious actors are first responders in humanitarian crises. Religions for Peace is determined to support the multi-religious humanitarian efforts in these crisis times because we know that multi-religious collaboration in times of crisis, guarantees social cohesion at all times" (RfP 2020c).

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[82] https://kath.net/news/71763 [accessed on 2021-01-15].
[83] https://www.haus-der-religionen.ch/ [accessed on 2021-01-14].
[84] https://www.srf.ch/audio/radiogottesdienst/interreligioese-feier-aus-dem-haus-der-religionen-in-bern?id=11752608) [accessed on 2021-01-15].
[85] https://www.leipziger-missionswerk.de/ [accessed on 2021-01-15].

Worst practices

In addition to the 'best practices' of religious communities and organisations which have been identified at the meso-level, negative scenarios and events repeatedly became apparent during the COVID-19 pandemic, contributing to a deterioration of the situation. In this regard, the following 'worst practices' are explained by way of example, systematised on the basis of the criteria mentioned in Chap. 2.4.

1. Violation of necessary measures, religious super spreader events and the spread of conspiracy narratives

Religious communities and religious organisations were found to be not only part of the solution, but in various cases also part of the problem if, for example, they did not take the situation seriously, placed their claims to belief and truth above proven scientific knowledge or violated the necessary measures and hygiene regulations. For example, so-called religious super spreader events (see Chap. 3.1) such as the mass events of the Sunni-Islamic missionary movement *Tablighi Jamaat* in Malaysia at the end of February 2020 or the *Shincheonji Church of Jesus* in South Korea in the middle of February 2020 made the headlines (Berres and Le Ker 2020). In Iran, the epidemic particularly spread from the city of Qom, a stronghold of the Shiite clerics. The city's Fatima Masumeh Shrine initially remained open, with large numbers of people continuing to touch and kiss the relics.[86] Further coronavirus hotspots included Pentecostal, evangelical and free churches in Brazil, the USA or other places, which continued to place great value on physical encounters and singing (Brüggemann and Lenz 2020).

Depending on the situation and context, there were different reasons for violations of COVID-19 regulations on the part of the religious communities. Especially at the beginning of the pandemic, the main reason was still a lack of knowledge and awareness on the part of those responsible. Another reason was the financial hardships of the religious communities and clerics. According to one of the experts, for example, the situation of some clerics in the Russian countryside is extremely precarious. They are completely dependent on the money given by the faithful during the holy liturgy to continue to care for their usually large families. Often they saw no other possibility than to continue the liturgy and offer rituals (EXP4).

Finally, certain religious beliefs and doctrines could themselves stand in the way of fighting the COVID-19 virus which, given that they are anchored in an absolute transcendence (God), wield great authority among their believers. This is true, for example,

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[86] https://www.zdf.de/nachrichten/politik/coronavirus-iran-100.html [accessed on 2021-01-20].

for absolutist-exclusivist claims to the truth of their own religion (vis-à-vis to other religions as well as other disciplines) or for religious beliefs which are sceptical of or even contrary to scientific and technological knowledge. Thus, arguments were brought forth that the pandemic was 'God's punishment' in the light of human sinfulness, that infections were specific, purposeful punishments from God, and that people would have to convert to overcome the pandemic. Simply attending religious services and believing in God would protect people from being infected with the coronavirus, and nothing bad could come from 'holy things'. These religious beliefs were not necessarily specific to a certain religion or denomination. Instead, they could be identified at the edges of all faiths (above all among the fundamentalist/radical groups) (Hillenbrand 2021; Hillenbrand and Pollack 2021; KAICIID 2020).

Furthermore, a discrepancy between agreements concluded at the religious executive level and the reality in local communities was sometimes noticeable. One example of this is the Orthodox Church of Russia. While the executives of the church supported the restrictions imposed by the state and medical experts, responsibility for specific actions and practices lay at the local level. Accordingly, the situation was very different, ranging from parishes which shifted all their religious activities to the digital sphere to parishes which carried out 'business as usual' or even encouraged their congregations to go to church more often and kiss the icons as 'effective' measures against the virus (EXP4). Many bishops and especially monasteries in the Orthodox-Christian world were extremely reluctant to modify their liturgical traditions under epidemic conditions. What was especially problematic was the practice of holy communion on a common communion spoon, which many Orthodox clerics regard as an indispensable traditional practice. A prominent example of this was the funeral service for the head of the Serbian Orthodox Church in Montenegro, Bishop Amfilohije, in November 2020, who died of COVID-19. Several thousand of the mourners who attended ignored the safety regulations for COVID-19, and shortly thereafter Patriarch Irinej of Belgrade also died of the coronavirus (Brüggemann and Lenz 2020; EXP4).

Similar problems and polarisations can be seen with regard to the latest developments concerning COVID-19 vaccinations. Reluctance, opposition and misinformation are spreading around the world, including religious communities, whereby the motives for such scepticism towards the vaccines are manifold. In accordance with the underlying research interest, the focus of this study lies on *religiously* motivated reservations. The Muslim world, for instance, is discussing the extent to which the vaccines are religiously pure and therefore permissible under religious law; or impure and unlawful, for example, with

regard to the possible use of pork products as a stabilizer. Studies for Indonesia show, for example, that some Muslims would not be prepared to accept vaccinations with these ingredients even if the Muslim authority were to issue guidelines that permitted them (Milko 2020; Necsutu 2020; Panagiotidis 2021).

Box 10 describes the case of Pakistan as an example for specific violations of COVID-19 measures by religious communities. Reservations regarding vaccinations are described in Box 11 using examples from within the Christian Orthodox churches.

Box 10: Resistance to closed mosques in Pakistan

While clerics and governments throughout the entire Muslim world were implementing Ramadan under lockdown conditions, closing mosques and telling the faithful to pray at home, many powerful imams in Pakistan defied the measures taken by the state. Despite specific guidelines for religious communities issued by the Pakistani government, they kept mosques open, publicly invoking the faithful to ignore the anti-pandemic measures and go to the mosques to pray, arguing that their belief in Allah would protect them from the coronavirus. No disease could harm a Muslim who prayed regularly – only unbelievers would be afraid of the pandemic. Furthermore, some prominent clerics and leaders of religious parties signed a letter in which they demanded that the government exempt mosques from closing during the holy month [of Ramadan], as otherwise they would call down God's wrath and that of the faithful on themselves. In April, the government gave in and signed an agreement which kept mosques open during Ramadan (under certain conditions which were then only inadequately observed). Reports spoke of vain attempts by the police to prevent mass gatherings in front of and in the mosques (Abi-Habib and ur-Rehman 2020; Musch-Borowska 2020b).

Box 11: COVID-19 vaccination hesitancy within Christian Orthodox churches

Opposition among bishops and congregations to the coronavirus vaccination is found within Christian Orthodox churches. In Moldova, for example, the Orthodox Church already publicly condemned the possible use of a vaccination against COVID-19 in May 2020, echoing a popular right-wing conspiracy theory. It described this as a "satanic plan". In a press release, one cleric stated: "The global anti-Christian system wants to introduce microchips into people's bodies with whose help they can control them, through 5G technology." The statement issued by the Church continued: "[The] vaccination introduces nanoparticles into the body that react to the waves transmitted by 5G technology and allow the system to control humans remotely. [...] The Church also warned Moldovan Prime Minister Ion Chicu that if he did not lift restrictions on gatherings in churches sooner than

the planned date of June 30 he would be struck off the prayer list. 'Otherwise we will take the canonical and moral right to exclude you from remembrance in the Church's prayers. Do not fight against the Church, for it is Christ who defends it,' the Church said." (Necsutu 2020).

In Greece, at the beginning of 2021, the Bishop of Kythera called on people not to be vaccinated because the vaccine was produced from the cells of aborted foetuses. In Cyprus, Bishop Neophytos Masouras of Morphou stated: "I will not become a genetically modified product of the new world order." The coronavirus vaccination made people lose their sense of taste and become ill, like genetically modified tomatoes (Panagiotidis 2021).

2. Religious silence and lack of performance of societal role

With regard to their important responsibilities for individuals and society, some religious communities, especially at the beginning of the pandemic, were paralysed, reluctant or incapable of acting. The faithful, who hoped for more support and continuous assistance, began to raise their voices. There was a lack of innovative concepts and solutions, especially with regard to the ethical and visionary orientation (EXP4; Tilman 2020). The case of the Russian Orthodox Church, which is described in Box 12, demonstrates how a gap in theologically based social and health ethics can turn into a gateway for conspiracy theories and magical interpretations.

Box 12: A paralysed Russian Orthodox Church

A scientific expert for the Russian Orthodox Church (ROC) gave the following assessment at our roundtable: since the ROC is very diverse, the answers to and interpretations of the COVID-19 pandemic varied accordingly. Although the Church generally recognised that it was responsible for the spiritual needs of the faithful during this time of crisis, beyond the sacred liturgy it had provided few ideas or instruments to respond to their needs. Due to the ban on a joint liturgy, which plays a decisive role in Orthodoxy, the Church was faced with an existential challenge which left it paralysed, particularly at the beginning of the pandemic. Apart from prayer, the Church had little to offer society and did not know in what setting it should talk to people about the pandemic. For example, it could not present any strategies, visions or theological concepts as to how a society could function sustainably or what 'building back better' could look like. Fully developed social, bio- and health ethics were lacking. Generally, there was very little theological reflection on social or medical-ethical issues. The pandemic was, at best, understood as a challenge for the individual's spiritual life and was attributed to human societies having given up God's saving patronage. Thus, the response to it should be a reassessment of our human life and

our principles as well as strong personal and mutual prayer. Greater visions for coping with or overcoming the crisis were not discernible (EXP4).

Consequently, the lack of serious analysis and exchange with science (mainly with medicine) led to the Russian Orthodox Church's inadequate ability to act and react during the crisis. This created a vacuum which was filled by fundamentalists and magical approaches in the liturgy. Where religious communities were unable to offer theological interpretations and orientation patterns, a fertile breeding ground for conspiracy theories was created (EXP4).

3. Discrimination against religious minorities and exacerbation of religious conflicts

In some contexts, especially those which were already fragile and characterised by religious tensions, monoreligious reactions as well as theologically exclusive teachings of the religious communities during the COVID-19 pandemic became apparent. For example, some propagated a 'theology of salvation' for the faithful in their own community (ingroup) and simultaneous punishment for all others, claiming that the virus had been created as a punishment for 'the sinners'. This narrative often went hand-in-hand with an a creation of an exclusivist identity ('we' versus 'the others') as well as with the social construction of out-groups (e.g. other religions or religious minorities) which, in turn, were assigned with blame and identified as scapegoats. This contributed to discrimination and stigmatisation, polarisation and conflicts, thus endangering social cohesion. Specifically, this was manifested, for example, in anti-Semitic or Islamophobic attitudes and patterns of behaviour as well as in the denial of equal access for religious minorities to public health and social care or to social aid in a specific country. Such developments were identified in Iraq, Pakistan, Uganda, India and Turkey, among others. More details on the situation in the latter two countries are provided in Boxes 13 and 14 (Brüggemann and Lenz 2020; KAICIID 2020; Morthorst 2020; Wilson 2020).

Box 13: Discrimination against religious minorities in India

The precarious situation of religious minorities in India worsened significantly during the COVID-19 pandemic. Among other things, Muslims were accused of spreading the coronavirus, which resulted in negative propaganda in the social media. Instead of addressing the misinformation which was being circulated, for example, prominent politicians from the governmental party *Bharatiya Janata Party* (BJP) called for a boycott of businesses operated by Muslims. Thus, Muslims not only had to fear for their livelihood, but were also subjected to serious social stigmatisation. This led, for instance, to a refusal to provide

them with coronavirus tests and treatment. The propaganda was also linked to acts of violence against Muslims (e.g. in Kadarakoppa in the state of Karnataka or in Harewali near New Delhi).

In a similar manner, COVID-19 measures represented an additional burden for the Christian minority. Sanitary workers, half of whom are Christians (a result of the caste-based division of labour in the Hindu system) were, for example, forced to work without adequate personal protective equipment. In addition, misinformation in India regarding COVID-19 had an effect on the religious practices of minorities, including funerals. For example, a mob consisting of local Hindu residents prevented the burial of a Christian doctor in the cemetery set aside for Christians, claiming that the burial of the body would infect the neighbourhood. Due to the threat from the mob, the family had to bury the body near a remote crematorium which had been set aside for Hindus (Arockiasamy 2020; Nazeer 2020).

Box 14: Antisemitism in Turkey

The spread of the coronavirus in Turkey was accompanied by the spread of various narratives which attempted to place the blame for this on the Jews. Reports on the responsibility of the Jews for this global catastrophe and their control over large pharmaceutical corporations were aired and covered in the media, thus reaching a large part of the Turkish population. On the pro-government television station ATV, for example, a Turkish 'expert' stated: "Whoever spread the virus, will find the cure. Israel already made a statement that they found a vaccine." The anchorman followed up: "They found the vaccine... Whoever is the source [of the vaccine], they and their accomplices spread the virus, you say, right?" The 'expert' confirmed: "Absolutely! Israel has already said that they will make the vaccination available commercially in the foreseeable future." Antisemitic comments and hate speech popped up continuously on various social media, especially among religious conservatives and pro-Erdogan government factions (Fishman 2020; Wilson 2020).

3.3 Micro-level

The COVID-19 pandemic makes heavy demands on people. They are subject to health risks and thus frightened; accordingly, they must accept restrictions and may suffer from economic losses. They may also suffer from stress due to social isolation, a lack of feedback from the outside world and professional restructuring, and have to deal with additional burdens which come from caring for their children, home schooling, etc. A further problem also causes a high degree of uncertainty: in many countries and individual regions, the measures and strategies connected to the virus threat are changing with the

space of just a few weeks. This situation is further complicated by the fact that new and sometimes competing research results and expertise are constantly being discussed in public and these controversies create even more uncertainty. The individual must show great tolerance towards ambiguity, and runs the risk of being thrown into crisis themselves. 'Resilience' is often spoken of in this context, namely when individuals cope especially well with the pandemic, manage their fear and deal flexibly with the restrictions.

The following sections discuss how the COVID-19 crisis is dealt with from an individual perspective and what role in particular is played by religiosity. The methodology used in this chapter will thus be somewhat different to that of the two previous levels. The position taken is that of quantitative attitude and survey research, while quantitative-statistical methods will be applied. The comprehensive study on "Our Life in Times of the COVID-19 Pandemic" (LTCP), carried out by Carolin Hillenbrand at the Cluster of Excellence "Religion and Politics" at the WWU Münster in cooperation with Alexander Yendell at the Leipzig Research Centre Global Dynamics, serves as a data basis (Hillenbrand 2020). For the analyses carried out in this study, data from 7 July 2020 until 21 January 2021 were evaluated. A total of 2,373 people were questioned online. It must be noted that this is not a representative survey, because case selection is not based on a random principle. The objective thereby is not to achieve an overview of the German population which is as representative as possible, but to acquire a special insight into different religious groups and types as well to identify possible relationships and patterns between certain religious beliefs which people have, and their social and political attitudes and behaviour. These can possibly be found in general among believers or religious people and can thus be transferred to other contexts (which, however, must still be empirically examined by means of further studies). The added value of these quantitative survey data for this study lies in the fact that they represent a highly topical collection of primary data with a specific reference to the COVID-19 pandemic and which, contrary to other COVID-19 surveys, measures the factor of religion in a highly differentiated manner, namely in terms of the intensity of religiosity or the significance of religion/faith in a person's own life as well as different religious beliefs (e.g. a more inclusive or exclusive understanding with regard to the relationship to other religions or fields such as science), various religious practices (such as attending services or the frequency of prayer) as well as diverse images of God[87] and manifold (religious) interpretations of the pandemic (e.g. as God's punishment, etc.). In doing so, we are aiming to zoom in on different forms of belief in the human 'system' in

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[87] With regard to the images of God there is, of course, the restriction that these can only be related to such religions/denominations in which there is also a firm belief in God or a conception of God.

order to shed some light on the ambivalent role of religion. The following findings described must thus be understood as an initial impetus for research so that the patterns and connections identified can also be applied or examined in further contexts. Even if this study refers to the German context, it is assumed that against the background of the theoretical considerations in Chapter 2.3 the findings can be applied to other contexts since, following Huber (2013), the focus lies more on which 'religious glasses' people wear during their lives and to what extent the centrality of religion in the lives of these people and its positive and negative connotations have an influence on their perception of the crisis and how they deal with it, rather than discussing the specific aspects of their religion. Nevertheless, the findings serve as no more, but also no less than important indications which make it necessary to take a differentiated view of the influence of religiosity in connection with containment of the pandemic.

Some of the findings of the statistical analyses were also presented to the experts who attended the first workshop and discussed with them. It was thus possible to use the findings obtained from this individual survey to identify problems and solutions in the communication with individual religious or non-religious individuals and to develop recommendations for action.

In Chapter 2.4, criteria for 'best' and 'worst practices' at the individual or micro-level were summarised. Among other things, these refer to how the pandemic is dealt with and how the crisis is overcome, compliance with regulations, the inclination towards conspiracy ideologies and solidarity with those of a different faith or unbelievers. These criteria permit the development of a best case scenario which includes, among other things, members of society developing a resilience which helps them to overcome the crisis, complying with hygiene regulations, having little inclination towards conspiracy ideologies, proving to be helpful and supportive during the pandemic, and not building up an authoritarian aggression towards other religious communities. It is assumed that religiosity and certain religious beliefs play a central role. Following the preliminary theoretical considerations in Chapter 2.3, it is presumed that religious forms which have a certain proximity to an authoritarian syndrome, which also includes the conspiracy mentality, are more likely to have an adverse effect. In other words, this form leads to more rejection of COVID-19 regulations, less solidarity and willingness to help and, in the worst case, to prejudices against and the derogation of others, as expressed, for example, in Islamophobia and antisemitism. On the one hand, therefore, we are dealing with a type of religiosity which, following Adorno (1950) as well as Huber and Yendell (2019), is more profound and goes hand-in-hand with solidarity, universalism and tolerance, and another form which is

more authoritarian, punitive and religiously dogmatic or exclusivist and tends to correspond with a lack of solidarity and intolerance. It is further assumed that reinterpretation of reality is part of the religiosity which tends to be more authoritarian and has a negative impact on the assessment of danger with regard to COVID-19 and compliance with the regulations. In addition, following research on religious coping, it is also assumed that individual religiosity has an influence on contingency or crisis management. Some studies have demonstrated that religious faith has at least a minor positive impact on people's well-being during crises. Koenig and Larson (2001) cite an optimistic world view, the significance of values such as forgiveness, compassion and solidarity, and the strengthening of family relationships and social ties as possible reasons for this positive effect. In addition to this positive religious coping, research has also identified negative religious coping, i.e. when religious people feel rejected, for example by God (Herbert et al. 2009), which then tends to have a negative effect on their health.

The following evaluation and analysis of the empirical findings is based on the criteria derived in Chap. 2.4, i.e.:[88]

1.) To what extent do individual religiosity and practice have an impact on people's moods and how does individual religiosity relate to positive and negative emotions during the COVID-19 pandemic (contingency management);

2.) Which individual factors relate to the conspiracy mentality and which roles do indicators based on religion, such as attending services, the frequency of prayer, certain images such as a loving, a punitive or a liberating God, play in this respect;

3.) Which individual and special factors based on religion relate to a compliance with COVID-19 regulations and solidarity and a willingness to help during the pandemic.

1. Religious coping during the crisis
Table 1 presents the correlations between different indicators and emotions based on religion during the pandemic. The question posed with regard to emotions was: "How often have you felt the following emotions during the COVID-19 pandemic?" and "I am and was able to assess the value of hope during the pandemic." It is linked to the self-assessed

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[88] In this subchapter, the following findings are not evaluated on the basis of a strict separation between 'best' and 'worst practices' (as is the case at the macro- and meso-level). The different approach, which employs quantitative statistical methods, means that it makes more sense (and avoids duplications) if positive and negative connections in each model are presented together or compared.

strength of religiosity, frequency of prayer, frequency of attending church services and various images of God, measured by how often persons experience love, security, strength, guidance or life assistance, liberation from an evil power, fear and guild in relation to God, deities, or something divine. On the one hand, calculation of the correlations makes it possible to determine how strong a correlation between two indicators is and, simultaneously, the significance test indicates whether the correlation measured is purely coincidental or statistically significant. The values always lie between 0 (no correlation) and 1 (perfect correlation). The preceding sign indicates the direction of the correlation, i.e. whether it is positive or negative. First, the following can be stated: the correlation between indicators based on religion and emotions during the pandemic is – if it exists at all – more likely to be weak. There is one exception to this, namely the perspective of hope which, generally speaking, has a (medium-) strong positive correlation with the religious factors.

The following picture emerges in detail:

1) Strength of religiosity: the more religious people estimate themselves to be, the more probable it is that they feel the love and care of others, that they can grasp the value of hope during the pandemic and the more optimistic, but also helpless they feel. However, the correlations are only very weak.

2) Frequency of prayer: frequency of prayer is also a rather weak indicator. The more often people pray, the more they tend to feel hopeful and optimistic, but also rather helpless, or vice versa the helpless are those who pray more often.

3) Attendance of religious services: the more often the respondents attend religious services, the more they feel the love and care of others and the more hopeful and optimistic they are. With the exception of the perspective of hope, the correlations are only weak.

4) Images of God: if the respondents feel love with regard to God they tend to have somewhat more energy for new things; they feel the love and care of others more, they are more optimistic and hopeful, feel lonely somewhat less often, but at the same time also somewhat helpless. Furthermore, the respondents who feel secure in God's love tend to have more energy for new things; they also feel the love and care of others more often and they tend to be more optimistic and hopeful, less lonely, but they also tend to feel somewhat helpless. Those who feel that God accompanies them in their life feel the love and care of others somewhat more often, tend to be somewhat more optimistic and hopeful,

but also feel helpless somewhat more often. Those who feel strength in their experience of God tend to have somewhat more energy for new things, feel love and care more often; not surprisingly, they are more optimistic and hopeful and lonely less often. Those who, in relation to God, have experienced deliverance from an evil power more often, also feel less often lonely, helpless and anxious more often. Those who, in relation to God, feel punished, tend to feel the love and comfort of others somewhat less often; they tend to feel lonely, helpless and anxious more often. The feeling of fear in relation to God correlates negatively with the feeling of love and care as well as optimism, and positively with loneliness, helplessness and anxiety.

Table 1: Religiosity in connection with emotions during the COVID-19 pandemic (correlations)

Indicators based on religion		Emotions during the COVID-19 pandemic[a]						
		Energy for new things	Love and care from others	Opti-mism	Loneli-ness	Helpless-ness	Fear	Hope[f]
Strength of religiosity[b]		n.s.	.066***	.038*	n.s.	.048***	n.s.	.235***
Frequency of prayer[c]		n.s.	n.s.	.042*	n.s.	.061***	n.s.	.209***
Attendance of church services[d]		n.s.	.059***	.046*	n.s.	n.s.	n.s.	.297***
Image of God[e]	Love	.059***	.134***	.109***	-.041*	.040*	n.s.	.302***
	Security	.052**	.133***	.118***	-.045**	.037***	n.s.	.319***
	Strength	.080***	.114***	.144***	-.049**	n.s.	n.s.	.285***
	Accom-pani-ment/ Guidance through life	n.s.	.089***	.085***	n.s.	.035*	n.s.	.159***
	Libera-tion from evil forces	n.s.	n.s.	n.s.	.068***	.133***	.084***	n.s.
	Punish-ment	n.s.	-.048*	-.042*	.136***	.138***	.145***	n.s.
	Fear	n.s.	-.047*	-.046*	.141***	.146***	.190***	n.s.
	Guilt	n.s.	n.s.	n.s.	.084***	.131***	.107***	.09***

Source: LTCP, own calculations, correlations Kendall tau-b; [a] question: "How often have you felt the following emotions during the COVID-19 pandemic?" (answer scale between 1=never and 5=always) [b] "All in all: How religious would you say you are?" (not at all religious, not very religious, religious to a medium degree, very religious, highly religious); [c] "How often do you pray?" (never, rarely, several times a year, one to three times per month, once a week, more than once a week, once a day, several times a day); [d] "How often do you take part in masses or other religious ceremonies? (never, occasionally, sometimes, often, always); [e] "How often do you experience ... in relation to God, deities or something divine?" (never, occasionally, sometimes, often, very often) [f] "I am and was able to grasp the value of hope during the pandemic."; ***=p<.001; **=p<.01; *=p<.05; n.s.=not significant.

As expected, negative references in an experience of something divine such as punishment, fear, guilt and deliverance from an evil power are more likely to correlate with negative emotions during the pandemic, while positive images of God which are characterised by love, strength, security and life assistance are more likely to correlate with positive emotions. The feeling of helplessness correlates very weakly with positive images of God, which could be an indication of reverse causality. It could also be the case that the feeling of helplessness experienced by some people drives them to find something which is more positive in God.

It is worth noting that the direction of cause-and-effect is very difficult to determine, because emotions may also be determined by attitudes and perspectives on life and the crisis, and these in turn also shape a certain image of God which the respondents experienced at the time of the pandemic. It is quite probable that there is a psychodynamic between the affective dimension of personality and the individual image of God. However, it must be stated that a positive perspective of God (i.e. loving, caring) is, overall, somewhat more beneficial in terms of emotions during the pandemic than a negative perspective (i.e. judging, punitive). This fact should be taken into consideration because it could be significant for individual communications within religious communities.

2. Causes for the conspiracy mindset, taking religious-based factors into special consideration

Even before COVID-19 and certainly after the election of Donald Trump, the significance of conspiracy theories in the context of a lack of trust in democracy and even anti-democratic, right-wing populist and right-wing extremist behaviour became apparent worldwide. The problem of conspiracy theories also became apparent in the context of COVID-19.

The following section discusses the causes in relation to the inclination towards conspiracy myths.[89] In this context, the focus once again lies especially on the influence of individual religiosity. Contrary to the question regarding the relationship between religion-based factors and emotions during the pandemic, this discussion is not restricted to just individual relationships, but at the same time also examines several factors in two 'multivariate' models, since it is assumed that the conspiracy mentality depends on quite a few

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[89] The theoretical basis for these investigations and the selection of relevant factors which influence the conspiracy mentality were, for example, Goreis & Voracek (2019); Imhoff & Bruder (2014); Lahrach & Furnham (2017); Mancosu et al. (2017); Newheiser et al. (2011); Schließler et al. (2020); Schlipphak et al. (2020); Seidel et al. (2018); Swami et al. (2016).

indicators. Thus, the study differentiates between a dependent variable, i.e. the inclination towards a conspiracy, and several independent variables or influential characteristics which relate to a conspiracy mentality. Two issues are examined in relation to the inclination to conspiracy: on the one hand, which factors influence a 'general conspiracy mentality' are of interest; in a second model, which factors influence acceptance of a COVID-19-related conspiracy are also of interest.

The 'general conspiracy mentality' is also interesting, because as a characteristic it is included in further statistical analyses, namely where solidarity and compliance with COVID-19 regulations are concerned. The conspiracy mentality measured here consists of an index of three statements: "Most people do not recognise the extent to which our life is determined by conspiracies which are concocted in secret." / "There are secret organisations which have great influence on political decisions." / "Politicians and other leaders are merely puppets of the powers behind them." The respondents could give their answers on a scale of 1 (do not agree at all) to 5 (agree fully). The independent variables and influential characteristics included in the analysis were: age, gender, level of education, personal health risk with regard to COVID-19, self-assessed strength of religiosity, service attendance, frequency of prayer, experience of love, punishment and liberation in the experience of God or something divine, as well as "exclusivist religious beliefs", which were covered in the two items: "The only acceptable religion is my religion." and "When science and religion contradict each other, religion is right."

First, a note on the explanatory power of the entire model. The selected indicators make it possible to explain quite a lot ($R^2=0.346$). Table 2 lists the standardised regression weights (beta) of the individual explanatory factors. They enable the strength of the different effects to be compared. Their values range from 0 to 1, and the preceding sign indicates whether there is a positive or a negative correlation. The strongest factor for explaining the conspiracy mentality is the view that if religion and science contradict each other, religion is right. Someone who considers religious interpretations to be more important than scientific explanations is more inclined, therefore, to a conspiracy mentality. The level of education is also significant. The better educated the respondents are, the less inclined they are to a conspiracy mentality. A further important factor is the health risk, which correlates negatively with the conspiracy mentality. It would appear that being at high risk forces people to be rational and renounce conspiracy myths. This could also be the case because people whose health is at risk are confronted with the rationality of the health system and would even like to clearly distinguish themselves from conspiracy ide-

ologies. The religion-based indicators are particularly interesting. The strength of religiosity correlates negatively with the conspiracy mentality. The more religious the respondents estimate themselves to be, the less likely they are to believe in conspiracy myths. The situation is similar with regard to attending religious services. The more often people attend a religious service, the less inclined they are towards conspiracy myths. A deep faith apparently does not go hand-in-hand with the conspiracy mentality, because these are people who tend not to be inclined to reinterpret reality. However, frequency of prayer correlates slightly positively with the conspiracy mentality. This could be based on a generally higher level of fear of conspiracy ideologies. It is not surprising that the experience of being delivered by God from evil powers correlates positively with the conspiracy mentality, which could be an indication of adverse psychological dynamics. The experience of punishment, but also love, in relation to the experience of God correlates slightly positively with the conspiracy mentality. One important explanatory factor is the attitude that one's own religion is the only acceptable one. Individuals who believe this have a very high probability of inclining towards a conspiracy mentality. An exclusivist image of one's own religion apparently fits excellently with conspiracy myths, which in turn fits a division of the world into 'good' and 'bad' and 'we' and the 'others'.

The second model deals with a statement which relates to the pandemic: "There are evil, hidden forces behind the COVID-19 pandemic." It is of little surprise that the results are fairly similar to the model on 'general conspiracy mentality'. The general conspiracy mentality correlates comparably strongly with the statement: "There are evil, hidden forces behind the COVID-19 pandemic," which again is of no surprise (Kendall tau-b=.474***). It can first be said that this model also has a high explanatory power (R^2=0.397). The explanatory factors are very similar to those of the first model. One's own health risk in relation to COVID-19 has a negative influence on agreement with the statement that there are evil, hidden forces behind COVID-19. Otherwise, age correlates positively, education negatively, political self-assessment slightly positively, i.e. the more right-wing a person is, the more likely it is that they will agree with this statement. Indicators based on religion are again very interesting. Here, too, it is apparent that the exclusivist attitude that one's own religion is the only acceptable one has an adverse influence. Attendance of religious services, on the other hand, has a rather immunising character; the frequency of prayer, however, a rather intensifying one, as does the experience of liberation from evil forces by God. The experience of love and punishment in relation to God does not have any significant effects.

Table 2: Causes of the conspiracy mindset (linear regression analysis)

Indicators	Conspiracy mindset[a]	There are evil, hidden forces behind the pandemic[b]
Age	.101**	.106***
Sex (reference: male)	n.s.	n.s.
Education[c]	-.180***	-.138***
Left-right[d]	.064**	.084***
Health risk[e]	-.167***	-.192***
Strength of religiosity [f]	-.164***	-.100**
Own religion is the only acceptable one[g]	.138***	.198***
Religion before science[h]	.211***	.170***
Attendance of church services[i]	-.189***	-.168***
Frequency of prayer[j]	.093***	.135***
Image of God as love[k]	.092***	n.s.
Image of God as punishment[k]	.077***	n.s.
Image of God as liberation[k]	.147***	.247***
N	2181	2183
R²	.346***	.397***

*Source: LTCP, own calculations; [a]Index from the statements: "Most people do not recognise the extent to which our life is determined by conspiracies which are concocted in secret." / "There are secret organisations which have great influence on political decisions." / "Politicians and other leaders are merely puppets of the powers behind them." (Scale of 1=do not agree at all to 5=fully agree); [b]"There are evil, hidden forces behind the COVID-19 pandemic." (Scale of 1=do not agree at all to 6=fully agree); [c]In the following order: no school-leaving qualification, primary/secondary modern school certificate without vocational training, secondary modern school certificate and vocational training, GCSE; secondary school certificate or equal qualification without vocational training, GCSE, secondary school or equal qualification and vocational training, advanced technical college certificate/A-levels without vocational training, advanced technical college certificate/A-levels and vocational training, advanced technical college certificate, university degree, PhD; [d]"We speak of "left" and "right" in politics. How would you generally describe your own political position: where do you see yourself on this scale?" (Scale of 1=left to 10=right"); [e]"How high do you estimate your personal health risk to be with regard to COVID-19 (taking possible pre-existing conditions or similar considerations into account)?" (Scale of 1=not personally affected to 5=strongly affected); [f]"All in all: how religious would you say you are?" (not at all religious, less religious, religious to a medium degree, fairly religious, very religious); [g] "The only acceptable religion is my religion." (Scale of 1=do not agree at all to 5=fully agree); [h] "When science and religion contradict each other, religion is right." (Scale of 1=do not agree at all to 5=fully agree); [i]"How often do you attend mass or other religious ceremonies?" (never, occasionally, sometimes, often, always); [j] "How often do you pray?" (never, seldom, several times a year, one to three times a month, once a week, more than once a week, once a day, several times a day); [k] "In relation to God, deities or something divine, how often do you experience..." the following were queried individually in each case: love, punishment, liberation (never, rarely, sometimes, often, very often); p<.001; **=p<.01; *=p<.05; weighted regression (beta)*

Both models emphasise the significance of religion-based factors in relation to the belief in conspiracy myths. In particular, it is a drawback when people believe that their religion is the only acceptable one and religious explanations are more significant than scientific ones. Attending religious services tends to make people immune. The more often they attend services, the less inclined they are to believe in conspiracy myths.

In this connection, it is also problematic if people believe that the pandemic is God's punishment for the sins of mankind. The survey also included a statement for respondents on their position on this: "This pandemic is, in particular, a divine punishment in the light of human sinfulness." (Answers: scale of 1=do not agree at all to 5=fully agree). A regression model which includes the conspiracy mentality as an influential characteristic and the same indicators as the previous model shows that whether or not people agree with this statement depends in particular on an image of God as punishment, religious exclusivism, the conspiracy mentality, the experience of being liberated by God from an evil power, and a person's age (Table A1 in the Appendix).

But how does agreeing with the statement that the pandemic is God's punishment given human sinfulness relate to other indicators which, at least in democracies, are dangerous for the system and could even lead to intergroup conflicts? Will the belief in God's punishment prove to be an indication of the valorisation of one's own group and the denigration of others? This statement first correlates with the belief that Bill Gates was responsible for the pandemic and that evil, hidden powers are behind the pandemic (see Table 3). What is problematic is that people who believe in God's punishment are not inclined to regard democracy as the best form of government, regard their own religion as the only acceptable one and are inclined to be anti-Semitic and Islamophobic.

Table 3: Connection between faith in the pandemic as God's punishment and a conspiracy mindset, support for democracy, religious exclusivism, antisemitism and Islamophobia

Indicators	Items	Kendall tau-b[a]
COVID-19 conspiracy	There are evil, hidden forces behind the COVID-19 pandemic.	.346***
	Bill Gates is partly responsible for the COVID-19 pandemic.	.274***
Democratic support (COVID-19)	Democracy is the best form of government for handling crises such as the COVID-19 pandemic.	-.121***
Religious exclusivism	The only acceptable religion is my religion.	.287***
Antisemitism	Jewish influence is still far too great even today.	.214***
Islamophobia	Muslims should be forbidden to immigrate to Germany.	.202***

*Source: LTCP 2021, own calculations; n=2373, [a]Correlation with: "This pandemic is, in particular, a divine punishment in the light of human sinfulness." (Scale of 1=do not agree at all to 5=fully agree); p<.001; **=p<.01; *=p<.05.*

It is not only the belief in God's punishment which correlates with the denigration of Muslims and Jews, but also the conspiracy mentality and the index formed from the answers to the three conspiracy items, which do not relate to COVID-19 (see Table 4).

Table 4: Connection between conspiracy mindset, Islamophobia and antisemitism

Statement	Conspiracy mindset
Muslims should be forbidden to immigrate to Germany.	.287***
Jewish influence is still far too great even today.	.214***

*Source: LTCP 2021, own calculations, (Scale of 1=do not agree at all to 5=fully agree); p<.001; **=p<.01; *=p<.05.*

The findings illustrate that certain doctrines and the belief in conspiracy myths, which may be described as part of an authoritarian syndrome, are not only problematic because they result in too little objectivity with regard to COVID-19 and non-compliance with the COVID-19 regulations, but also because they go hand-in-hand with antidemocratic attitudes and Islamophobia and antisemitism. Interreligious conflicts are, therefore, inevitable here.

3. Influential factors with regard to attitudes towards COVID-19 regulations and helpfulness / solidarity during the pandemic

This section examines the influence of different indicators on attitudes towards the COVID-19 regulations as well as the helpfulness and solidarity during the pandemic. Once again, linear regression analyses were calculated. The same indicators as before were used in the analysis, i.e. the sociodemographic indicators such as age, gender, education, as well as political self-assessment on a left-right scale, the individual health risk in relation to COVID-19, the conspiracy mentality and indicators based on religion such as self-assessed intensity of religiosity, religious exclusivism (one's own religion is the only true religion and always right, even if it conflicts with science), the number of times a person attends services, frequency of prayer, and the experience of love, punishment and liberation with regard to God. The regression analyses are provided in the Appendix (Table A2).

Model 1 deals with the influence of these indicators on the question of the extent to which respondents find it all right to violate COVID-19 regulations. The findings may be summarised as follows: The strongest influential factor is the conspiracy mentality. People who are inclined towards this are far more likely to accept violations of COVID-19 regulations. The second strongest factor is one's personal health risk in relation to COVID-19. The higher the respondents estimate their health risk to be, the more they are of the opinion that violations of regulations are not acceptable under any circumstances. The other factors only have a weak influence. They can be summarised as follows: someone who has experienced God as punitive, who does not believe that religion is always right in a conflict between religion and science, who does not believe that God would liberate them from an evil power, and who believes that their religion is the only true one does not accept violations of regulations. Women tend to be somewhat less willing than men to accept violations of regulations. Surprisingly, the level of education correlates negatively, but again this is only very weak.

Model 2 analyses the influence on the question whether people are complying with legal regulations more often during the pandemic than they did before. This depends in particular on the conspiracy mentality. The more pronounced this is, the less people are complying with legal regulations. As expected, one's own health risk plays a role in the second factor. A further factor is religious exclusivism, which has a negative effect on compliance with regulations. Experiencing God as punitive leads to more compliance with regulations. Women and people with a lower level of education comply more with legal regulations; however, the education factor is of minor significance.

Model 3 analyses the influential factors in relation to the frequency with which respondents violate COVID-19 regulations. In particular, these factors depend on the degree of the conspiracy mentality, which correlates positively with violation of regulations and, as expected, negatively with the health risk. The intensity of religiosity also plays a role: the more pronounced this is, the less a person violates regulations. Religious exclusivism and the experience of liberation from an evil power by God correlate positively, i.e. both are adverse in relation to compliance with regulations.

Model 4 considers the question regarding greater solidarity/willingness to help during the pandemic. These correlate especially with a loving God, a higher age, higher health risk and rejection of the statement that one's own religion is the only acceptable one. Furthermore, left-wing people are more supportive than right-wing. However, this correlation is also only weakly pronounced. It must be noted that this model has little explanatory power because the value for the explained variance is very low (R^2=0.020). This is probably because the dependent variable "More solidarity/willingness to help in times of COVID-19" is extremely skewed, i.e. only very few respondents indicated that they were less supportive and willing to help. This could be due to statistical distortions: the phenomenon of social desirability, for example, is typical for quantitative survey research.

Model 5 analyses influences on a willingness to help during the past few weeks. This also depends on a loving image of God as well as a person's age, but also on the frequency of attending religious services. The older a person is and the more often they attend church services, the higher the probability that the respondent is willing to help. Here, too, the model offers little explanatory potential (R^2=0.038).

The calculation result in the following overall view: as expected, the conspiracy mentality is a decisive factor in relation to compliance with regulations. The less pronounced this is, the more people will comply with regulations. It is not surprising that compliance

with regulations depends on the individual person's health risk. Religious exclusivism is particularly noticeable with regard to indicators based on religion. It is a drawback when people believe that their religion is the only true one. This correlates significantly with violations of regulations. The willingness to help during the COVID-19 pandemic is not explained well in our models. However, the most significant factor here is the experience of love in relation to God. A loving image of God thus has a positive effect.

It was to be expected that financial donations (see Model 6) were particularly dependent on age and level of education. Admittedly, the frequency of attending religious services also plays a role here. This stands to reason, since people normally donate during religious services.

Overall, it must be noted that, at the individual level, a person's religious values and attitudes can play a significant role in times of pandemics, whether with regard to their personal crisis or contingency management, their patterns of behaviour towards others or their responsiveness to emerging conspiracy narratives. "Religion matters" remains an important finding, even if its role is ambivalent. This is why it is so important to obtain, on the one hand, a more in-depth insight into the sometimes divergent effects of diverse forms of faith and practices (and this study has shown the need for further research here) and, on the other hand, to strengthen the positive potential and counteract dangers as early as possible. Religious inclusivism, experiences with God which are characterised by love and benevolence, as well as social religious practices such as attendance of religious services and thus the social embedding of the faithful in a religious community (which, in the best case, is as open and plural in itself) are on the positive side. Especially in uncertain times of crisis, this can give people hope, support and a sense of belonging and create a social identity, in turn ensuring that no vacuum is left behind which conspiracy theories then promise to fill. In contrast, negative tendencies are recognisable in strongly delimiting exclusivist religious beliefs regarding the superiority of one's own religion, claiming it is the only true one, as well as with regard to punitive, judgemental references to God and a purely private practice of piety.

The discussions at the second workshop with the invited experts were based on these findings. Topics covered included what, in the experts' opinion, was problematic for (religious) individuals during times of crisis such as the COVID-19 pandemic, and which preconditions were the most important for the faithful to follow the 'best practice' criteria. The experts believed that 'worst case' scenarios arose especially from poverty. It was more

difficult for people below the poverty line to comply with regulations. Furthermore, members of religious communities had particular problems with trusting in the government's measures if their religious community had previously been or was currently being suppressed by the state. Thus several experts agreed that recognition of their religious community by the state is fundamental for religious people. A lack of education was also regarded as problematic, because this can lead to a lack of knowledge of the dangers of COVID-19. But also a lack of religious education, for example regarding the rituals of different religious communities, could lead to prejudices and conflicts. What was seen problematic was a situation in which education of the population was carried out by religious fanatics and extremists who abused this social function for the purpose of spreading propaganda.

The resource named most often was trust. Apart from interpersonal trust, trust in the government was regarded as especially important. Furthermore, good collaboration between the state and religious communities was mentioned as a trust-building measure. The correlation with the online events necessary to achieve *social distancing* was described as providing an opportunity for members of religious communities to network worldwide. The promotion by religious communities of a sense of unity and a willingness to help was also cited as important. Communication would then also be transmitted from the religious communities to society, for example when members of religious communities helped the poor. To educate the members of a religious community on the dangers of COVID-19 and the necessity of hygiene measures, one religious community, for example, carried out virtual meetings with doctors from the community. Such individuals are held in high regard within the community, enabling important persuasive efforts to be undertaken in connection with the necessity of hygiene regulations. To deal with conspiracy narratives and fake news in connection with COVID-19, some experts believed that it was important for religious leaders to discuss fake news with members of their religious community. In addition, one religious figure of authority stated that it was important to confront members of the religious community with pictures of sick people so as to achieve a stronger feeling of concern and thus more supportive courses of action.

3.4 Summary of findings

In the empirical part of this study, the authors systematically classified and analysed the almost unmanageable volume of information they received and reviewed from numerous countries and regions on the role of religious groups and actors during the global COVID-19 pandemic. A differentiated perspective was taken to enable a balanced assessment of relevant examples and their comparison under different aspects so as to then learn from the diverse and, to some extent, divergent experiences of the past year.

In the light of the findings now gained on the three levels (which the Authors attempted to keep separate during analysis, despite some duplications and without denying that, in practice, they overlap permanently) the first overarching result which can be noted is: if one considers the 'best cases' it is noticeable that they are inclined to be similar in tendency and substance and thus provide a relatively coherent picture. The exception to this are those cases in which religious actors have, in different ways, acted as a critical corrective measure to a specific state strategy or non-strategy in the fight against COVID-19. On the other hand, the 'worst cases' are more complex and heterogeneous, i.e. they can hardly be uniformly classified, which is not really surprising when one considers the variety of problem areas dealt with. Instead, it can certainly be judged as an insight that constructive collaboration between religious and political-state actors in the pandemic can be outlined along the line of reasonably clear categories, while at the levels where things fail a case-by-case analysis with meticulous consideration for contextual conditions and variables may possibly be the only option.

Thus, all things considered, the criteria determined for 'best' and 'worst cases' at the macro-, meso- and micro-level have proven to be successful as a benchmark for a systematic perspective, even though the more 'large-scale' the object of investigation was, the easier they possibly were to apply and prove. That is to say, use of the theoretically derived criteria certainly made it easier and intersubjectively more comprehensible to work at the macro- and meso-level than at the micro-level, where the high degree of individuality of each person and the diversity of their psychological, social, economic and religious characteristics and preconditions make a truly coherent profile with robust assessments even more difficult. Nevertheless, it was especially at the micro-level that precisely those ambivalent patterns of attitude and behaviour which were previously included at the macro- and meso-levels in the description of actions carried out by religious actors could be isolated and, up to a certain degree, connected to (divergent) religious convictions. And even if, within the scope of this study, there is a long way to go to causally relate the levels

which have been differentiated to one another, the findings at the micro-level help to illustrate the double-edged role of religious actors at the macro- and meso-levels and make them accessible for (at least hypothetical) explanations.

If the relatively uniform bundle of 'best cases' as well as the rather more complex field of 'worst cases' are broken down in more detail, it is first possible to confirm the view (which is only superficial at first glance) that, especially in the COVID-19 pandemic, the constructive collaboration of all the actors involved (as well as, in particular, between representatives from politics, science and religion) is of particular importance. It becomes all the more problematic, however, when groups of actors from politics and religion, for example, join forces to defend themselves against scientific competence. In other words, alliances between political and religious actors which serve to undermine scientific expertise or deny its relevance and importance are already questionable in 'normal' times. In a crisis such as the COVID-19 pandemic they are extremely dangerous in every respect. This is confirmed by the shoulder-to-shoulder relationship which governments have entered into with religious actors in certain countries (especially in the USA or Brazil) for precisely this purpose of determinedly refusing to fight the pandemic based on the – admittedly variable – state of research. If politics and religion mutually assure each other in this manner, instead of exercising doubt and caution against the background of their own genuine competences, they are acting irresponsibly together. However, religious groups have also caused grave problems in this respect, because their political power has meanwhile assumed such proportions that they can hardly be controlled by the state or local state structures which are possibly only weakly developed (e.g. in Pakistan or Afghanistan).

Based on empirical data, successive learning effects were observed among most religious actors. If, at the beginning of the crisis, almost all religious communities obviously found it difficult to assess the challenges of the COVID-19 virus and, in this connection, to understand their own role for the occurrence of infection (not to mention reacting suitably or setting up self-initiative groups), the faithful and representatives of most religions – whether Jewish, Christian or Muslims, whether Hindus, Buddhists or other religious groups – recognised and internalised the signs of the times. One problem for the successful containment of the virus, which was heavily reliant on the cooperation of the diverse religious communities, remained first and foremost the radical, fundamentalist branches of different religions and denominations, which are often fundamentally opposed to scientific knowledge and methods (Altemeyer 2003; Altemeyer and Hunsberger 1992 and 2004). In their self-perception it is often such groups which are generally inclined to place the authority of their own religion above all other sectors such as science and politics, as

was previously addressed in Chapter 3.3 at the individual level. There is also what appears to be a precarious group dynamic at the meso- and macro-levels. In their (often recent) historical development, such fundamentalist groups have to date developed only few approaches and resources to strike a balance between dogmas of faith and scientific knowledge, reason and emotion by means of differentiated theological education (Roy 2011). In such a difficult situation as the COVID-19 crisis, this makes them a factor which is hard to calculate and even less possible to control.

An above-average affinity to conspiracy theories also became evident for the same groups, even if that insight (or hypothesis?) would need to be underpinned by further studies. In the same context, an authoritarian portrait of a punitive God (and simultaneous scepticism towards state authorities), exclusive claims of truth as well as an unwillingness to self-relativise, fatalism and apocalyptic tendencies also proved to be obstacles to a determined fight against the pandemic, governed by rules and including all of the relevant groups. In contrast, the image of a loving God who stands, above all, for love of one's neighbour, is used as a basis for such resources for helpfulness and solidarity. Their retrievability is ultimately indispensable for motivating religious actors positively in the crisis.

Despite all the ambivalence which, with regard to the role of religious actors, focuses – at least to a certain degree – on specific membership of a group (or could, at least, be focused on this for a while), the personal characteristics of both believers and non-believers must not be neglected. Naturally, membership of a specific religious group does not determine the individual or even collective course of action in any way. What applies beyond the crisis in order to understand the actions and attitudes of religious actors is not negated by the crisis. Thus, only the increasing or decreasing probabilities, tendencies and regularities which can be established for individuals and groups should be reproduced and interpreted. In the end, however, it is always one's own personality, subjective risk assessment and private relationship with faith which plays the decisive role in determining how the faithful of a certain denomination, those of a different faith or unbelievers will behave in a difficult crisis such as the COVID-19 pandemic. The explanatory power of the variable 'religion' should not, therefore, be overestimated in this respect. However, this study shows that the role played by personality means that religion or religiosity must be viewed in a differentiated manner in order to prevent all members of a religious community from being placed under a general suspicion. An exclusivist faith and an overall negative experience of God are particular hindrances in the context of conspiracy myths, but also in the

context of solidarity and compliance with hygiene regulations, while attendance of religious services, for example, as well as a loving image of God can have a positive effect. The positive feedback which people experience in their religious practice is more likely to correlate with what has been described as a 'best case'.

Furthermore, a basic insight is that the idea of inclusion or its antipode – the fundamental problem of discrimination against religious minorities – has once again become strikingly more important in the context of the COVID-19 crisis, not because the COVID-19 pandemic could or should serve as a genuine cause for discriminatory behaviour towards religious individuals and groups (as is the case, after all, for many other problems), but because the crisis has, also in this respect, become a catalyst and amplifier of problems which already exist in this sector. Even in normal times, an authoritarian self-image of one`s own faith, which is based on exclusive claims to the truth and often combined with corresponding complaints of marginalisation and ostracism by other religious communities, is fraught with risks, and this negative potential increases even more in times of crisis. Conversely, multi-religious discourse, mutual rapprochement, but also (if necessary) mediation between the various groups of actors is the conditio sine qua non of [the indispensable condition for] a goal-oriented COVID-19 policy, which does not further exacerbate any conflicts which may already exist between the religions, but defuses them. And even if this study confirms once again that collaboration with one religious community may be easier than with another, the objective must always be to involve all of them as positively as possible.

The very complex and, to some extent, time-consuming and cost-intensive (COVID-19) political dialogue with religious actors can nevertheless draw strength from what is possibly the most important finding of this study, namely the complementarity of the range of responsibilities of religious groups, on the one hand, and of representatives of national and international politics and science on the other. Such a cooperation promises a balance between cognition and emotion, knowledge and feeling, and thus the two decisive forces required during the COVID-19 crisis to implement and carry out such drastic measures which, on the one hand, bring individuals and societies to their limit and, last but not least, suspend the core of freedom, at least temporarily, and, on the other hand, must simply be endured.

Models have shown that religious attitudes, forces and resources for this extremely difficult path are suitable, at least in their tendency, for providing adequate intellectual and emotional orientation. This makes them predestined, at least up to a certain degree, to

act as a bulwark against conspiracy theories. Not for nothing do the latter bear a resemblance to 'substitute religions'. The necessity of addressing conspiracy narratives and myths in a primarily emotional, emphatic and sociopsychological manner rather than a purely matter-of-fact, rational one already theoretically ascribes a role to religion in this respect, but empirical data has yet to prove that religion is equal to this task.

Overall, the general empirical overview of the role of religious actors during the COVID-19 pandemic provided in this study also highlights the need for further research. This is a complex subject area which should be focused on further by means of differentiated analyses such as nationally and regionally based studies or case studies of individual religious communities. At the time this study was drawn up, research on the COVID-19 pandemic, focussing specifically on the religious phenomenon, had only just begun. This report can, therefore, serve as a basis and an incentive for further research.

As a final conclusion, however, the empirical-analytical part which this study was able to achieve emphasises the following once again: Religion matters – especially in the fight against COVID-19. For where international and national collaboration between politics, science and religion, has clearly not been effective, the number of infected people and victims has been the highest. Although the role of religious actors may often have been more indirectly of significance, that still does not make it any less important.

4. Recommendations for Action for Political and Religious Actors

This chapter presents possible fields of action and recommendations for action in relation to the role or involvement of religious actors during global health crises such as the COVID-19 pandemic. The overall objective which guides the Authors' recommendations for action is to overcome the crisis and alleviate its negative effects. To achieve this, recommendations for action – based on theoretically and empirically well-founded analyses and cumulative expertise – are given for two target groups: on the one hand, for political actors (politicians, decision makers, governments, diplomats, etc.) and, on the other hand, for religious actors (religious leaders, religious communities, FBOs, etc.).

In accordance with the objective on which this study is based, areas of action are again initially identified in a general and comprehensive way so that they can be widely applied in different national and religious contexts, whereby the internal diversity and pluralisation of religious (and in this case also political) actors and contexts cannot be emphasised often enough. Thus this chapter deals with a broad set of recommendations for action which, depending on the social, religious and political context, must be adjusted and specified. Drawing on this 'pool' of recommendations, it must be determined in each individual case which ones can best be implemented how and when, before selecting and specifying them accordingly.

Three main areas in which actions may be carried out are presented hereinafter and, in a second step, potential challenges with regard to their implementation as well as proposed solutions to address these challenges are set out for each area. Figure 4 provides an overview of the structuring of the areas of action (including challenges), which forms the basis of Chapter 4 and will be explained in more detail thereafter.

Fields of Action		
1. Involvement, dialogue & networking	**2. Religious actors' tasks & competencies in times of crises as well as the prerequisites & resources required for these**	**3. Information processes, conspiracy theories and vaccination hesitancy**
Challenges		
1) Identification & selection of religious actors 2) Qualities of relationships 3) Actual implementation of agreements in the multi-level structure	1) Financing & the provision of resources 2) Dangers of religious commitment	1) 'Infodemics' and parallel media worlds 2) Nexus of religion & conspiracy theories as well as vaccination hesitancy

Fig. 4: Overview of fields of action and challenges

4.1 Involvement, dialogue and networking

Religious actors represent an integral element of civil societies in countries around the world and are regarded as central actors in a foreign cultural and educational policy. Thus, political decision-makers should involve religious actors, especially in a crisis situation such as the COVID-19 pandemic, as soon as possible and strengthen dialogue and collaboration with and among them so that forces can be joined and global health crises can be mastered together. This can be achieved, for example, through *roundtables* or specific networks and platforms. Generally, it must be taken into consideration that in times of crisis (and especially when it is necessary to ban personal contact) it is more difficult to build up new relationships and dialogue structures. It would be better to fall back on existing structures, mechanisms and institutions. For this reason, cooperation should take place not only ad hoc and selectively, but continuously and by means of systematic plans and steps to involve and network with all partners. This could be carried out using institutionalised dialogue and advisory forums and mechanisms of consultation, deliberation and decision-making processes. Accordingly, religious representatives should be involved beyond acute crisis management, so that they can assist in drawing up, for example, plans for reconstruction, visions and changes for the period after the pandemic as well as in ensuring a permanent and effective health care system, especially in local contexts at a community level and for the most vulnerable population groups. To this end, *interfaith councils* or similar bodies would appear to make sense, as they have already been established in some countries. For that it is advisable to take a state's political structures into consideration and, if necessary, set up counterparts at a decentralised level (regional, local, etc.). Special offices for religion in the foreign policy sector (such as the Division for *Religion and Foreign Policy* at the German Federal Foreign Office, the American *Office of Religion and Global Affairs,* which existed from 2009 until 2017, and others) can provide positive contributions for constructive collaboration. In addition, networking and coordinating these bodies at a global or transnational level can be an important component.

Furthermore, a central issue in the context of global health crises is that religious representatives are linked not only with political, but also with other relevant actors and experts, e.g. from the fields of health and science, but also from civil society. For example, medical, academic, political, social and religious actors could be brought together in the form of a commission of experts or a task force to jointly discuss necessary measures, find innovative solutions and better coordinate their own initiatives. The advantage is that sensitisation, education, an exchange of information and mutual learning can take place simultaneously. If religious actors know and learn to better understand the reasons and inter-

relationships behind the pandemic it will be easier for them to understand and accept restrictions on their religious freedom and practice which may, under certain circumstances, become necessary. Based on a shared level of knowledge and mutually defined objectives, religious actors can become creative themselves and take on responsibility for suitable measures in the field of religious actions to avert the negative consequences of the pandemic. The principle of *ownership*, i.e. that religious communities must react not only to given measures which affect them directly, but also pro-actively assist in defining them, enabling them to make them their own, promises a higher degree of acceptance and willingness to implement them. Under this condition, one can hope for a so-called 'trickle-down' effect, in which the religious actors involved act as multipliers in society and the agreements can be communicated right down to the grassroots and the communities.

Challenges and solutions

Several central challenges and internal problem areas, which could result from the procedure described above, are focused on below. They are concretized in the required brevity and possible solutions are pointed out.

1. Identifying and selecting religious actors

First, one of the main challenges is to identify and select those religious actors with whom it is important, possible and promising to collaborate and secure their cooperation. Which religious communities in a country/region/city should be taken into consideration? Who are good representatives and contacts?

Identifying the actors who take part in dialogue processes is, naturally, dependent on context. This requires a precise knowledge of the 'religious map' of a country. As this is generally dynamic, it is imperative that it be continuously analysed.[90] Knowledge of the prevailing state-religion relations and existing lines of cooperation vs. conflict is also helpful. Furthermore, the diversity within religions and religious groups must always be taken into consideration as well as their different dynamics and positions. In general, the principles of equality and representativity must be observed when selecting actors so that no religious community feels discriminated. This means that not just a few or the majority religions should be involved, but especially representatives from religious minorities as well as often groups which are often underrepresented, such as women or young people. The criterion of representativity refers to the fact that religious representatives from different

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[90] Act Alliance et al. (2020), for example, can provide relevant information and criteria for identifying and selecting relevant religious actors.

geographic areas of a country as well as from different levels (e.g. local, regional, national, global) must be taken into consideration.

Overall, a good balance must be found. On the one hand, collaboration should focus on more moderate, liberal religious groups which can mobilise the broad centre of their groups so as to make better use of the positive potential of collaboration. On the other hand, however, it should not just be 'preaching to the converted' but also undertake to include the somewhat more problematic groups.[91] This can, of course, only be done under certain preconditions: collaboration based on reciprocity must be desired by both parties; binding rules of cooperation must be established; consequences must be drawn if boundaries are crossed. This must be weighed up for each individual case.

For example, for Germany this could mean that collaboration could be extended beyond the previously established large (Catholic and Protestant) churches, namely, to include religious minorities and especially the increasing groups of Muslims and evangelical and free churches. Concerning the latter two groups, an additional challenge to their integration is that they are yet more heterogeneous and less institutionalised. Therefore, it is even more important to identify strategically important actors and authorities who, on the one hand, can act as good multipliers for their own religious communities, but on the other hand are also willing and able to collaborate with state or political actors. These manifold religious actors should be brought together with political decision makers and health experts and an appropriate advisory body established, which can be accessed quickly and efficiently in times of crisis.

2. Qualities of relationships

The success of collaborations between political and religious actors stands and falls not only with their institutional framework and composition, but also with the quality of the relationships and the attitudes of those involved. On the one hand, experience shows the danger of instrumentalization, e.g. when where religious actors felt that they were not being taken seriously, but instead misused for political objectives or politicised. On the other hand, hindrances such as the intention to proselytise (missionary work/evangelism), contradictions between scientific findings and religious dogma as well as religious identity conflicts can make collaborations with religious actors more difficult.

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[91] In the interviews with the experts, they reported from their experience that approx. 80 % of the resources should be used for strengthening the religious centre, and approx. 20 % for the prevention of religiously more extremist groups.

Relationship qualities such as a dialogue on an equal footing, mutual respect, including acceptance of differences, transparency, an honest interest in others and the common cause as well as a basic understanding of each world and value concepts are decisive to meet these challenges.[92] How can this specifically be achieved? First, the continuity of relationships is essential, ensuring that religious actors are not only brought on board when they are urgently needed. Instead, a serious collaboration with them should be politically and structurally desired and correspondingly communicated and displayed. The time factor is extremely important here, especially where the building up and maintaining of mutual trust are concerned. Trust is the essential basis for dialogue and trust-building measures should include time for encounters. Thus, it must be ensured that phases for reciprocal building of trust are always included and, if necessary, investments are made in workshops on team building or 'non-violent communication' (NVC).

Furthermore, religious literacy on the part of political actors is necessary to achieve these relationship qualities. Such religious competence includes a minimum of understanding for the basic principles of faith, the history, traditions, practices as well as contemporary manifestations of religions in each country and which forms of interaction and communication are appropriate in each case. This enables contact to be made through framing, which corresponds to the framework of understanding and existing structures. Religious literacy on the part of the political actors can, for example, be achieved by means of appropriate training and workshops and by integrating appropriate contents in the formation of political functionaries and diplomats.

On the other hand, a certain *political literacy* on the part of the participating religious actors must also exist, which again can be established or enhanced by means of appropriate (further) education programmes. In addition, an interreligious literacy is also important here, for example to counteract hindrances such as the attempt to proselytise or the dynamics of religious conflicts. Resources for intercultural training, communications workshops or programmes to foster inclusive identity are well invested and can create essential preconditions for successful collaboration at a later stage. The establishment of positive, friendly intergroup contacts represents a key factor for reducing prejudices.

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[92] These initially basic qualities of relationships should be specified, defined and clearly communicated or agreed upon when applying them in the respective context or specific case (e.g. what does a 'dialogue on an equal footing' mean for the actor, when or in which situations do they feel 'instrumentalised', etc.).

Another strategy which has proven to be successful in this context is to first focus on what is common to all, i.e. to start with shared interests and goal perspectives as unifying elements (e.g. "We are working together against our common 'enemy', COVID-19, and have a mutual interest in ensuring that as few people as possible come to harm or die."). Theological differences and questions of truth should, however, take up less space. Furthermore, it would be especially advantageous to secure the cooperation of people with a double function or 'multiple identities' for the partnership, i.e. those who are already a member of a religious community and, at the same time, have a high level of expertise in the relevant (health) issues thanks to their profession (e.g. doctors, virologists, scientists). They can speak in 'several languages' (religiously, scientifically, politically, …), which is very helpful for committee work. Such people must be identified and mobilised.

3. Actual implementation of agreements in the multi-level structure
Finally, there remains the challenge that mutual agreements must be worth more than the paper on which they are written. That is to say, they should not remain mere lip service, but also be practically applied. There is also the danger that, within the framework of a political and religious multi-level structure, dialogue is only carried out at the macro-level and has only an insufficient impact at the other levels (meso and micro).

A systematic approach and continuous review, reflexion and evaluation of the outcomes are essential for ensuring that collaboration between political and religious actors shows visible and long-term effects. To this end, creating a formal, written framework as early as possible can be a useful initial step. For example, minutes or agreements should be signed. There are already very good examples of such frameworks of engagement which can be used as orientation.[93] What essential points should such a framework of engagement include?

1. commonalities and areas of mutual interest should be identified
2. mutual objectives, principles and values should be defined for the collaboration
3. the roles and responsibilities of each partner should be defined
4. specific measures and operational activities for achieving the objectives should be spelled out
5. the rules of the game and boundaries of collaboration should be clearly stated
6. possible dangers arising from this collaboration should be pointed out and specific strategies for preventing or solving them should be suggested

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[93] Examples include DFID (2012); UNAIDS (2009); UNFPA (2009); UNHCR (2014).

When creating such a framework, the process is as important as the end product. Actors from different genders, age groups and regions should consult with each other and reach a decision, whereby it is important to take the multi-level structure of religion explicitly into account and, as far as possible, include all levels. Past experiences show that often too little attention is paid to the local level. Thus the new *COVID-19 Global Risk Communication and Community Engagement Strategy* (RCCE) published by the WHO (2020b) explicitly included the criteria "*people-centred*" and "*community-led*". To this end, representatives from the local community level could be integrated in the (national) advisory body. In addition, drafts could be made publicly accessible (online) as a basis for discussion so that individual believers are given the possibility to participate and contribute their ideas and suggestions. Furthermore, the subsequent communication strategy is decisive for determining success. Documents must be visualised, presented comprehensively for all levels of education and distributed as widely as possible so that they can be published, discussed and implemented in local communities.

A stronger involvement at the local level must always go hand-in-hand with corresponding *capacity building*. For example, appropriate training sessions could enable local religious actors to implement the strategies for action agreed upon (e.g. how religious practices can be modified in accordance with hygiene regulations or how individuals can be motivated to change their behaviour). An internal analysis of conflict is recommended here, i.e. that religious communities themselves identify the opportunities and risks in implementing the agreed framework of engagement in their own local communities (e.g. where there is a hostile atmosphere from the grassroots or a lack of willingness to implement the framework, and for what reasons, and how this could specifically be counteracted).

Depending on the political structure of the state, collaboration between politics and religion should also be institutionally embedded at further (regional/community) government levels. For example, practice-oriented establishment of relationships and structures of dialogue at the community level between government representatives, experts, religious community representatives and umbrella associations would make sense. Listening to one another, engaging in dialogue and answering questions locally could reduce concerns and strengthen mutual trust, especially in those places where resistance and critical voices are to be expected. A sufficient basis of trust is the key to good communication, ensuring that information is accurately circulated and legal measures are followed. Depending on the context, feasible and not too time-consuming and costly options for such *cross-level* dialogues could be explored.

The recommendations for action with regard to the first sector "Involvement, dialogue and networking" have been summarised for a) political and b) religious actors as a 'check-list' in Table 5.

Table 5: Recommendations for action for political and religious actors (Checklist No. 1)

To manage global (health) crises such as the COVID-19 pandemic and mitigate their negative impacts…	
a) *political actors should*	*b)* *religious actors should*
1) institutionalise dialogue and cooperative structures with religious actors (e.g. *interfaith councils*, roundtables), if necessary at different levels 2) connect religious actors with other relevant actors from science, health, civil society (e.g. commissions of experts, task forces) 3) establish a common, official *framework of engagement* and evaluate its implementation (think: multi-level structure) 4) carry out *capacity building* measures for religious actors to implement agreements 5) develop *religious literacy* 6) show trust, respect and open-mindedness (towards religious world and value concepts)	1) participate actively and sincerely in political dialogue and cooperative initiatives 2) constructively collaborate with the actors of other religions and experts (to achieve mutual objectives) 3) ensure communication and participation processes with all religious levels, up to the local basis ('trickle-down effect') 4) promote the factual implementation of guidelines and measures 5) develop political and interreligious *literacy* 6) show trust, respect and open-mindedness (towards scientific and political expertise)

4.2 Religious actors' tasks and competencies in times of crises as well as the prerequisites and resources required for these

It is important for the next field of action that both political as well as religious actors recognise and understand that religious leaders, communities and organisations can and should take on important responsibilities for society, especially in times of crisis such as pandemics. For the political side, this implies a balancing act when managing crises and developing legal framework conditions. On the one hand, certain cornerstones and boundaries must be set to contain the pandemic (e.g. the necessary hygiene regulations and social distancing). On the other hand, sufficient scope for creativity must be left to enable religious actors to continue carrying out their responsibilities. "Man does not live by bread alone" – people should continue to be given the opportunity to satisfy their spiritual needs, even in lockdown. This makes it decisive that sufficient (financial) resources are allocated to religious actors so that they can fulfil their responsibilities.

On the part of religious actors, this means continuously committing and engaging themselves so that they accept their important role, even if this makes it necessary to carry out certain adjustments, modifications and creative strategies. When recommendations for these responsibilities are given hereinafter, it is again important to take into account the contextuality and heterogeneity of religious communities (e.g. different self-perceptions and political, social and economic framework conditions in which they act; see Chap. 3.2).

With regard to the *spiritual or pastoral sector* (a) religious communities must be able to deal with the tension caused by the fact that, on the one hand, they must abide by the rules for fighting the pandemic and cannot, therefore, carry out their religious practices as usual, but, on the other hand, should still provide pastoral care and thus must find new ways of reaching people and giving them comfort, hope and support in uncertain times. This applies especially for the rituals carried out when important life events occur (birth, sickness, death) as well as for religious festivals which continue to structure the calendar year in many societies and give people orientation, stability and something familiar. A contribution to mental health and spiritual support shall be made, e.g. through messages of courage and hope and to cope with stress and fears.

With regard to the *social or charitable dimension* (b) religious communities should raise their voices in health crises, especially for society's vulnerable groups such as children, women and minorities, including religious minorities. They should regard themselves as important actors in the social services sector and help wherever they are needed. This is especially the case where a poor (welfare) state causes supply gaps. Furthermore, religious communities should see themselves as important advocates with respect to issues of social justice, e.g. where disparities, gender equality and sustainable development are concerned, whereby they should always keep their eye on the intersectionality of the various fields.

Furthermore, governments should understand that, in times of crisis, they have genuine *visionary and theological responsibilities* (c). To this end, they can draw on their long history and experience, e.g. with other epidemics, and learn from them. Specifically, religious arguments, for example, could be presented to give even more weight to hygiene regulations and motivate people to comply with them. The language used should be as simple as possible and reach people at every level of education. Religious actors and theologians could publish articles, offer digital seminars and workshops, network with others, especially at an international level, and promote possibilities for inclusive participation. On the one hand, they should do so within the framework of reasonable modes of reasoning and

argumentation as well as scientifically sound findings; on the other hand, however, they should once again include a deeper, more spiritual dimension as a supplement or counterweight to very technical, 'rationalising' discourses. In this respect, they should especially contribute to the following existential issues in health crises:

- issues on how to deal with grief (e.g. forms of individual and collective bereavement (management) or supporting the grieving under more stringent (lockdown) conditions)

- issues which deal with "why"? (e.g. injustices, dealing with the experience of suffering and death)

- issues regarding responsibility, solidarity and a willingness to help

- issues which deal with guilt (e.g. dealing with guilty feelings or accusations when having infected others) and possibilities for reconciliation

- theological considerations on health and medical ethics, interpretations of the pandemic, the role of God or the faithful in the pandemic

- a reflexion on the relationship between religion and science or religion and politics

- issues regarding individual and collective strategies for coping, for a dignified life in isolation or quarantine[94]

- visions for a future society/'*building back better*' (e.g. what can and should a society or the world be like after the pandemic? What kinds of sustainable models and solutions are there?)

- constructively critical questioning of one's own role (of religious communities/churches, etc.) and positive vs. negative contributions to fight the pandemic and to a peaceful, sustainable coexistence

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[94] For example, lessons can, under certain circumstances, be learned from monasteries and facilities for spiritual exercises or meditation on how one can lead a meaningful life in isolation or 'quarantine', thus maintaining or even improving one's own psychological and mental health, and which strategies and practices for coping can be practiced to achieve this (e.g. meditation, prayer).

Challenges and solutions

1. Financing and the provision of resources

Religious actors are continuously deploring the lack of sufficient provision of resources and financing, especially in times of crisis when, for example, other financial strategies such as donations in religious services no longer work. However, these resources are essential preconditions for ensuring that they can continue to fulfil their responsibilities.

Thus political and religious actors should mutually develop effective strategies and models for the stable and adequate financing of religious communities which are best suited to the context of each country and robust, particularly in times of crisis. On the one hand, this can be achieved through collaborative models with the state, i.e. the state provides a certain financial support in exchange for services provided to society by religious communities (instead of the state).[95] On the other hand, special state aids (such as those that are granted, for example, in the economic or cultural sectors) could also apply for the religious sector. Public funding programmes could also be set up, for which religious actors, among others, could apply with their projects for crisis management, and with the help of which the above mentioned dialogue events and *capacity building* measures, for example, could be financed. At the European level, religious actors could possibly be integrated more strongly in existing funding programmes for civil societies and NGOs (such as the 'Eastern Partnership' (EaP) of the EU). Furthermore, the global pandemic has once again drastically exposed the need for global funds and networks, enabling a redistribution and allocation of funds to those places where they are required the most. Existing initiatives such as the new *Multi-Religious Humanitarian Fund* (MRHF) could be promoted for this purpose or further funding programmes supplemented.

What has, in the context of global collaboration for development, turned out to be increasingly essential in general are flexibility and the localisation of financing, ensuring that adjustments to the current situation are possible especially at the local level of religious communities and that financial resources are available as directly as possible for each of the faith-based organisations or local actors.[96] It is also necessary to make public

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[95] One example of this is the German model of church tax which, even if there are no collections in religious services, guarantees a stable provision of financial resources (for the two large Christian churches in Germany).

[96] "*Localising humanitarian response is a process of recognising, respecting and strengthening the leadership by local authorities and the capacity of local civil society in humanitarian action, in order to better address the needs of affected populations and to prepare national actors for future humanitarian responses.*" (OECD 2017)

funds more flexible, e.g. for religious and church charities and FBOs, so that they can adjust financial support for their partners according to individual needs and, for example, target this to specific COVID-19 needs.

2. The dangers of religious commitment
In times of health crises, the commitment of religious communities can also bring with it certain dangers. For example, this could lead to violations of regulations and super spreader events. Furthermore, religious leaders can express their own claims of truth, thus casting doubt on scientific findings (e.g. through the belief that just kissing holy objects or attending religious services would protect people from being infected with the coronavirus). In addition, the restriction of or ban on contacts (social distancing) and *social media bubbles* can lead, for example, to the formation of religious subgroups, polarisation and tensions, to religious conflicts and fundamentalism.

How can these dangers be dealt with best? First, it is necessary to identify and analyse them within the context of each country. For example, it should be investigated as comprehensively and differentially as possible what – in relation to each health crisis – which religious groups believe and why, and how they react and their reasons for doing so. Depending on the religious map and political context, this can differ greatly. For example, evangelical groups may tend to exacerbate the crisis in one country, while helping to combat it and avert its negative consequences in other countries. Building on the understanding of the respective problem and interests, strategies can then be developed and pursued to counteract these dangers whereby, on the one hand, particularly positive forces should be strengthened and win recognition (e.g. by means of financial incentives); on the other hand, clear boundaries should be set for negative forces, compliance monitored and, if necessary, sanctions imposed for violations.

Special attention should be paid here to initiatives in the interreligious sector, which must be identified and promoted with regard to social cohesion and prevention of religious conflicts.[97] In this respect, linking different strategies and policies with one another would appear to be particularly effective, for example for the general fight against extremism or the promotion of peace, as well as to create synergy effects and here, too, bundle forces in times of crisis.

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[97] Examples include initiatives such as *Religions for Peace* (RfP), *Coexister* (see Chap. 4.3), the *International Partnership on Religion and Sustainable Development* (PaRD), the *Joint Learning Initiative on Faith and Local Communities* (JLI), the *Network for Religious and Traditional Peacemakers* (NRTP), and others.

Without doubt, religious communities themselves also play a significant role in averting the dangers named. Internally, they must address the different trends – up to and including fundamentalism. Instead of looking away, remaining silent or not even remaining in the conversation – which can aggravate the front lines and advance polarisation, these phenomena should be explicitly addressed, both theologically and inner-religiously (e.g. in the context of the COVID-19 pandemic, discussing arguments as to how far it can (not) be interpreted as a punishment by God or whether the attendance of religious services (does not) protect people from the virus, etc.). A dialogue should be actively pursued (if this is still possible) and bridge-building measures should be followed. To this end, understanding and clearly explaining that fundamentalist tendencies are often not the original old traditions, but newer phenomena, which must be critically reflected on and set in relation to the original traditions, has proven to be helpful (see Chap. 1.1 and 2.3). Religious communities can play an active role in the early community integration as a means of preventing radicalisation as well as of establishing resilience and feelings of belonging and identity so as to strengthen social cohesion.

To ensure that religious communities make a positive contribution during global crises and save as many people's lives as possible, they should understand and carry out their social responsibility not only for their own religious group (in-group), but also, if possible, inclusively and interreligiously. For example, they should deliberately include socially marginalised and disadvantaged groups, fight existing stigmas and strengthen interreligious education in their own ranks. Only if religious communities work together with each other as well as with other secular and political actors can the negative consequences of global health crises be averted. Such crises are not the time to argue about theological differences; instead, cooperation for a higher common objective or against the common 'enemy' COVID-19 is called for.

In this context, initiatives such as the *House of One*[98] (which is being built in Berlin) or the House of Religions in Bern, Switzerland, are recommendable and worthy of support. Here, different religions are united under one roof and a good balance is created between the following: On the one hand, each religion has its own area where its congregation can pray and practice its faith. On the other hand, a common space in the middle is available for mutual understanding and encounters. This architecture can also be thought of as the 'architecture' of a multi-religious society. A peaceful, active coexistence of the different religious communities can succeed and bear positive fruit if people can freely live out their

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[98] https://house-of-one.org/de [accessed on 2021-01-20].

own religion and faith, but do not remain side by side (passive cohabitation); instead additional spaces for interaction, encounters and togetherness are needed. In this regard, the international youth movement *Coexister*[99] goes a step further and engages for an active co-existence and togetherness between people of diverse beliefs, convictions and world views, not only between different religious ones, but especially between religious and secular ones, where often the strongest prejudices tend to exist. For example, by the means of solidarity and dialogue events, *Coexister* strengthens intergroup friendships, social cohesion and peace. Such initiatives are ground-breaking for our modern society and must, therefore, be strengthened.

Once again, Table 6 includes a checklist with the recommendations for action for a) political and b) religious actors with regard to the second field "Religious actors' tasks and competencies in times of crises as well as the prerequisites and resources required for these".

Table 6: Recommendations for action for political and religious actors (Checklist No. 2)

To control global (health) crises such as the COVID-19 pandemic and mitigate their negative impacts…	
a) political actors should	b) religious actors should
1) recognise the important societal role of religious actors 2) create smart framework conditions: a balance between the boundaries required to avert the health crisis as well as free scope for action & creativity 3) guarantee the provision of resources for and stable financing of religious communities 4) carry out management and executive actions if necessary (especially strengthen positive religious areas & actors, dialogue efforts, create transparency)	1) carry out their important societal role, especially in times of crisis, → in the following areas: a) spiritual/pastoral b) social/charitable c) theological/visionary 2) act inclusively and interreligiously 3) identify the problems and radicalisation trends which contribute to a more intensified crisis in their own ranks and counteract them

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[99] https://www.coexister.de [30.03.2021].

4.3 Information processes, conspiracy theories and vaccination hesitancy

Since the significance of communication, information, conspiracy theories and vaccination hesitancy, has become very clear, especially in the COVID-19 pandemic, it will be given its own field of action. The chances of succeeding in containing global health crises is namely highly dependent on the information and communication processes which take place, especially in a networked, globalised and increasingly digitalised world in which countless pieces of information (including contradictory ones) are spread widely and extremely quickly. Thus consistent, clear and correct communication as well as the averting of circulating misinformation and conspiracy theories are key factors for ensuring that the necessary measures for managing the crisis receive widespread support and implementation.

This is particularly true in view of the COVID vaccination campaigns that have been gathering pace around the globe, especially since the beginning of 2021. Since the widespread immunisation of the population with the aid of vaccines is the (possibly only) way to contain the Corona virus in the long term, the willingness of people to be vaccinated has proved to be a decisive factor in overcoming the pandemic.

Information and communication processes as well as vaccination campaigns should especially target improved coordination of existing initiatives and actors. Here again, the different levels (macro-, meso-, micro-, incl. the international level) must be taken into account and linked to one another. What is happening at which level should be clearly communicated; examples of 'best practice' can be spread and applied through the exchange of information and experiences.

In this area, it is also important to emphasise once again that information and communication processes can vary depending on the social and political context. For example, countries which allow less freedom of expression and of the press are subject to special restrictions, and in less digitalised, rural contexts other paths of information (beyond the digital formats) must be found.

Challenges and solutions

1. 'Infodemics' and parallel media worlds

Special challenges arise in relation to the information and communication processes required, especially in health crises in a (digitally) networked world. The term 'infodemics'[100] is a blend of 'information' and 'epidemic' and typically refers to a rapid and far-reaching spread of both accurate and inaccurate information about something, such as disease. As facts, rumours and fears mix and disperse (e.g. via the internet, social media, etc.), it becomes difficult to learn essential information about an issue. This leads to an unclear situation with regard to information, manifold fake news, parallel media worlds as well as to a flood of information which overtaxes the individual and their cognitive abilities, respectively. With regard to the specifically religious sector, an uncoordinated parallelism and, to some extent, competition between secular and religious sources of information increase the dangers of the distribution of information which is of questionable truth as well as the formation of religious 'bubbles', which include religious interpretations of the pandemic and arguments contradicting scientific findings.

The following recommendations for action can be formulated to counter these dangers. In view of the flood of information, the plurality of information must be structured and made manageable (without undermining its advantages or restricting rights of freedom). It is important that only a few central, trustworthy sources of information are designated (at a national and, in the best case, also an international level) and made known and accessible to as many citizens as possible. How this can be achieved or implemented in practical terms is, of course, dependent on the country context and existing media structure. Thus the extent to which the state itself is involved in conspiracy theories and which sources are the most trustworthy, and trusted by people at a local level, must be analysed in each case. In some contexts, for example, this may be international authorities such as the WHO, in others more national or local media services.

The creation or designation of a central website involving all relevant, pertinent news agencies (e.g. in a country) and whose agenda is to carry out permanent fact-checking and the correct and comprehensible transfer of knowledge to combat misinformation as well as to deal with conspiracy theories in a factual manner would also be recommendable.[101]

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[100] Merriam-Webster (s. l.) Online definition. https://www.merriam-webster.com/words-at-play/words-were-watching-infodemic-meaning [accessed on 2021-05-19].
[101] A positive example of this is the Norwegian website https://www.faktisk.no/ (EXP5) [accessed on 2021-01-28].

Such a relevant and widely recognised source of information would also be advantageous at the global level. It could be used, among other things, to provide information on the causes, actors and dynamics of fake news, as well as on how best to deal with and counteract fake news. Generally, simple, clear and visual infographics would be useful in this context. Furthermore, a hotline or a 24/7 chat function could be set up, allowing people to pose their questions on the health crisis and receive answers at any time. Emerging conspiracy narratives must be revealed as quickly as possible, and critical inquiries and doubts must be taken seriously and dealt with accordingly. The deeper people are stuck in their conspiracy mentality, the more difficult it is to reach them. For example, to convince people of the seriousness of the situation and the need for the measures which are decided upon, it could be helpful if they felt a direct concern (not only at a cognitive, but especially also at an emotional level). They could be confronted with negative pictures and scenarios of people suffering and dying from COVID-19, or with personal stories, e.g. of people who initially played down or denied how dangerous COVID-19 is, but then suffered from it themselves. In order to change people's attitudes and behaviour, they must come 'into contact' with the danger as directly as possible.

Furthermore, stronger collaboration between religious and public media should take place, e.g. through training or workshops, to achieve a better link between religious and scientifically-based arguments. Key figures include, for example, religious actors who are held in high regard by the (faithful) population. Their potential for trust and the extent of their influence (e.g. in vaccination campaigns) should be used to empower them to communicate on various public media platforms (TV, radio, etc.) and allow their voice to become clearly visible and well heard.

In turn, religious actors who appear in public should be aware of their responsibility to spread correct and non-discriminatory information, to put a stop to questionable theological teachings and to use the media to overcome existing reservations, prejudices or fears against medical treatment, hygiene regulations or vaccinations. Using diverse media channels, they should provide spiritual support, mobilise people to act more responsibly and promote social values and attitudes.

In addition to media cooperation between religious and secular actors, better coordination of the different religious sources of information in a country would also be useful to prevent the formation of religious subgroups and circulation of misleading or contradictory information. One recommendation would be to set up a joint, trustworthy information platform which involves all the religious actors in a country and would have a

high reputation among as many of the faithful as possible. It could be used to collect and systematise information on the role of religious communities in the health crisis, and examples of 'best' and 'worst practice' (incl. criteria) could be identified at different levels, enabling people to learn from these manifold experiences. Since religious actors generally have already had manifold experience with other health crises (e.g. Ebola, HIV/AIDS, malaria) they could also exchange their information and 'lessons learned' in this respect as well. What is important here is a 'multilingualism' in the metaphorical sense: to cover the languages of the different religious milieus (e.g. liberal vs. conservative) as well as the different levels of education. Easily readable and understandable infographics could also be very helpful here, too. Good approaches for this at the international level include, for example, the JLI initiative as well as the online resource repository of the Berkley Center (see Chap. 1.3).

2. Nexus of religion and conspiracy theories as well as vaccination hesitancy
One essential danger becomes apparent when religious beliefs are mixed with general conspiracy theories and then lead to particularly high-profile resistance against measures for fighting the pandemic as well as necessary vaccination campaigns.

Political and religious actors must become aware of the central, but at the same time ambivalent role of religion with regard to conspiracy theories and act accordingly. For example, they should, on the one hand, strengthen those forms of faith, images of God and beliefs which protect people from believing in a conspiracy theory (as an 'substitute religion'). Conspiracy ideologies can indeed fill a spiritual vacuum, especially in contexts which offer few perspectives of meaning and social community experiences. Inclusive religious beliefs, in which not only one's own religion but also other religions and sectors (such as science or politics) can find their place, appear to be especially beneficial for preventing conspiracy theories, as do beliefs based on a loving and compassionate image of God (characterised by love, security, strength and accompaniment/guidance through life).[102] Furthermore, social integration in a religious community and social religious practices such as attending religious service can protect believers against conspiracy theories, on the condition that the religious community is characterised by openness, is composed quite heterogeneously (e.g. with regard to different age groups, social classes and origins) and does not strive to form an isolated subgroup vis-à-vis the majority society. On the other hand, to overcome pandemics it is important that both political as well as religious

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[102] More in-depth research on the nexus of conspiracy theories and certain religious, transcendental and spiritual concepts (beyond the concepts of God) could follow this study.

actors actively confront the forms of belief which fuel conspiracy myths and use arguments to contradict them. This applies, for example, to the teachings of a punitive, judgemental image of God as well as religious exclusivism, i.e. when one's own religion is regarded as the only acceptable or true religion and it is conceded the right to stand above scientific findings.

It must be understood that certain socio-psychological tendencies and phenomena are usually behind such exclusivist beliefs and the belief in conspiracy theories: thinking in black-and-white, dividing the world into good and bad, a lack of tolerance for ambiguity, an authoritarian personality as well as an 'I' weakness. The individual can only elevate themself by degrading others. They need a strong (external) hand. Emotions such as fear and distrust are often behind this. Thus strategies for solutions on a purely discursive, rational or cognitive level are not enough; psychological as well as emotional care and support are also required. This includes, for example, measures (if possible before crises occur) to form a healthy identity, strengthen personality, reduce fear and promote empathy[103], resilience and social trust. They must be specified and tested, depending on context and need.

Thus the nexus of religion and conspiracy theories leads to the recommendation for political actors to support those religious groups and structures which contribute to the prevention of conspiracy ideologies in a society, but also to be vigilant against those who, in turn, launch dangerous conspiracy narratives and, in this regard, to display political skill and undertake efforts to carry out dialogues. To this end, it is, for example, important to create transparency and to have knowledge of what is currently being preached and taught in which religious communities, especially in times of crisis. This, then, is about knowledge of one's own religious landscape, i.e. not shutting one's eyes, but acting effectively. Religious leaders should also (be able to) be held accountable. In this connection, appropriate training of religious leaders and preachers, which does not undermine scientifically proven and generally accepted methods, but instead takes them as a basis (e.g. at theological faculties in public universities/colleges) is, for example, especially worthy of support. A good religious education is important for learning how to deal with reason and science and how to reconcile faith with them. It should be taught as early as possible that

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[103] "We can show empathy when we ourselves have experienced what it is like to receive empathy." (EXP5)

both religious doctrines as well as research findings stand in an ultimate contingency, un-availability and uncertainty. Dealing constructively with the ambiguities and complexity life brings with it must be learned.[104]

Despite the lack of evaluated data on vaccination hesitancy with a specific view to religious actors (at the time of writing this study), the recommendations for action just given with regard to circulating conspiracy theories can (at least for the time being) be applied to them. Empirically, some parallels or overlaps between vaccination opposition and conspiracy mentality have been found so far (e.g., belief in corona conspiracy theories is usually accompanied by a lower willingness to get vaccinated - even though the group of vaccination sceptics is again very heterogeneous and broader and should be followed by more detailed investigations in the course of further developments, especially in connection with the religious factor). As recommendations for action, however, it can be stated on the basis of previous empirical examples that religious communities could lead by example and use their religious trust potential. They could, for example, publicly call for vaccination, religious leaders could let themselves being vaccinated with public attention, and religious buildings could be made available as vaccination centres.

For the side of the political actors, it is again important to involve the religious actors as early as possible in all vaccination and mobilisation processes so that they do not work against but with each other. For example, webinars, dialogue and Q&A formats could be used to address concerns and doubts and build mutual trust. Religious inquiries should be taken seriously, and the answers given to them should be communicated as far as possible to the local level (e.g., through the mobilisation of religious multipliers, the development and expansion of networks, multi-religious information campaigns, etc.). In particular, the potential, energy and (digital) reach of young people could be used here.

Table 7 summarises the recommendations for action with regard to the third sector "Information processes, conspiracy theories, vaccination hesitancy" as a checklist for a) political as well as b) religious actors.

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[104] "The lack of certainty does not undermine the validity of the evidence." (EXP3)

Table 7: Recommendations for action for political and religious actors
(Checklist No. 3)

To manage global (health) crises such as the COVID-19 pandemic and mitigate their negative impacts…	
a) political actors should	*b) religious actors should*

1) designate central, trustworthy sources of information
2) give religious actors a voice in the public media and collaborate more strongly with religious media
3) actively combat emerging misinformation/ fake news
4) promote social, psychological, pastoral and emotional measures with regard to conspiracy theorists
5) partnership/mobilisation of religious multipliers for joint vaccination campaigns
	1) collaborate with public media and combine medial spiritual guidance with medical education
	2) create joint information platforms with other religious actors to ensure clear, coordinated communication
	3) counter religious conspiracy theories by:
	   a) promoting inclusive religious beliefs and the image of a compassionate God
	   b) embedding religious practices in communities which are pluralistic in nature
	4) promoting religious education to link faith with reason or science
	5) support vaccination campaigns (leading by example: publicly vaccinations of religious leaders, provision of religious buildings as vaccination centres, etc.).

Summary

At the end of the fourth chapter, the recommendations for action outlined here can be condensed to the following three rules of thumb:

- Communication, cooperation and coordination between religious and political actors must be promoted to establish trusting relationships and achieve mutual objectives.

- The important role of religious actors with regard to mental and spiritual well-being, social security and sustainable visions of the future are to be promoted and the corresponding prerequisites and frameworks are to be created.

- Permanent fact-checking and a correct and comprehensible transfer of knowledge are necessary to combat misinformation and conspiracy theories.

5. Conclusion and Outlook

To conclude this study, which has summarised and analysed the thoughts and actions of religious actors during the COVID-19 pandemic in a basically casuistic manner, but nevertheless with the help of a systematised approach (Chapters 2 and 3) in order to derive preliminary recommendations for action (Chapter 4), three actually quite simple, overarching insights should be clarified once again. First, in connection with the global COVID-19 pandemic, the topic of religion and faith is, in a number of ways, a relevant factor which determines the success or failure of the fight against the virus possibly more than is generally transparent along the lines of media coverage. Second, to assess the contribution made by religious actors from a positive or negative point of view in the course of COVID-19 measures, it is essential to differentiate this factor and take a closer look at it on several levels. Third and finally, however, despite all the meanings, influences and consequences attributed to religious actors in the context of the COVID-19 pandemic, it must always be pointed out that the topic of religion as a whole is very complex and can, therefore, only be grasped by taking into account the internal and external heterogeneity of religious actors and attitudes as well as interactions with further variables of human behaviour.

From the individual cases collected along the way it is, therefore, only possible to derive generalisable results to a very limited extent. Instead, the findings often represent tendencies which require further examination, especially since the subject of this investigation involves extremely dynamic processes which could not be adequately represented using the general stocktaking approach presented here. A final evaluation was made even more difficult since the COVID-19 crisis is still ongoing and all the statements made here are subject to the proviso that many (contradictory) details are not yet known, let alone processed. Furthermore, a differentiated view of the type of religiosity instead of mere membership of a certain religious community is also required in order to avoid placing individual denominations under a 'general suspicion' of having acted either particularly positively or negatively (and of continuing to do so in future). To avoid stereotypes and prejudices in this respect, a stronger focus has been placed on individual religiosity as, in case of doubt, it is characteristic for the motivation of human action. From this fundamental perspective as well as through the 'learning by example' which has been attempted here, the study was able to substantiate the view that which of the well-known ambivalent potentials of religion further develops during the pandemic is very much dependent on the specific type of belief or action of religious actors.

Against this background, the COVID-19 crisis has, from the perspective of the studies available, also proven to not only be a situation which has resulted in completely new kinds of challenges, but also a catalyst which, to some extent, blatantly exacerbates existing problems. With regard to religion, the latter has, therefore, proven to be an (additional) factor of uncertainty, especially where (for example, in India) interreligious group conflicts have already proved to be a significant obstacle to solidarity-based, community-oriented action, where (for example in Pakistan) religious communities have long presented themselves as protagonists of political and social events which are largely uncontrollable by the state, or where (for example, in Brazil, the USA and Russia) fundamentalist groups as well as those sceptical of science have gained influence and weight in the past. In contrast, the existing structures and communication paths between state, civil society and religious actors have proven by and large to be reliable, especially during the crisis. Constructive collaboration between state and religious actors pays off, especially during a crisis, while, in turn, shortcomings in this sector result in grave consequences at precisely such moments. As a (basic) insight derived from the crisis it should, therefore, be emphasised at the macro- and meso-level that cooperation with religious actors in the field of foreign policy as well as inter- and transnational cultural policy is a hitherto underestimated field in which it should, in any case, be worth intensifying efforts in the service of security, environmental, development and health policy objectives.

Due to the preliminary nature and limited representativeness of this study as well as the methodological approach, there is a considerable need for further research on the basis of these findings. At the macro-level, this primarily concerns the carrying out of relevant area studies on the COVID-19 pandemic to further differentiate and precisely define the role of specific religious communities in individual countries. At the meso-level, for example, further qualitative interviews with (leading) representatives of diverse religious communities would be useful to deepen the insights of the results available so far in a comparative way. Finally, at the micro-level, the limitations of this quantitative study lead to the desideratum that too little is still known about the influence of personality traits on the subjective perception and handling of the crisis by religious actors. Certain forms of faith and images of God are often influenced by other underlying characteristics which have an effect on individual religiosity in an interdependent way. Ultimately, cultural contexts and prevailing forms of faith in non-Western societies, which organise the personal and collective experience of God in fundamentally alternative ways than is the case for religious practices in the Christian-West European environment, should be examined in far more detail than was possible in this study. Furthermore, for a better understanding of the religious dimension of the rampant COVID-19 conspiracy myths, the role of parafaith,

which the study has, at best, only marginally highlighted, should be specified in more detail.

What this comprehensive study was able to achieve overall was a theory-based empirical analysis of the role of religious actors in the COVID-19 pandemic, including a constructive-critical evaluation of the positions, attitudes and behaviours in different country and religious contexts which were presented in an overview. In conclusion, it is hoped that the recommendations for action derived from this study will contribute to ensuring that the interplay between political and religious actors, which is important for successful management of the COVID-19 pandemic, will succeed in the best possible way.

Acknowledgements

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Appendix

Table A1: Factors which influence violations of COVID-19 regulations and belief in God's punishment (linear regression analysis)

	Model 2: The pandemic is God's punishment[a]
Age	-.068***
Sex	n.s.
Education[b]	n.s.
Left-right[c]	n.s.
Health risk[d]	n.s.
Conspiracy mindset[e]	.114***
Strength of religiosity [f]	n.s.
Own religion is the only acceptable one[g]	.143***
Religion before science[h]	.117***
Attendance of church services[i]	n.s.
Frequency of prayer[j]	n.s.
Image of God as love[k]	n.s.
Image of God as punishment[k]	.248***
Image of God as liberation[k]	.044*
N	2175
R²	.225***

*Source: LZCP 2021, own calculations; [a] "This pandemic is, in particular, a divine punishment in the light of human sinfulness." (Answers: Scale of 1=do not agree at all to 5=fully agree); [b] in the following order: no school-leaving qualification, primary/secondary modern school certificate without vocational training, secondary modern school certificate and vocational training, GCSE; secondary school certificate or equal qualification without vocational training, GCSE, secondary school or equal qualification and vocational training, advanced technical college certificate/A-levels without vocational training, advanced technical college certificate/A-levels and vocational training, advanced technical college certificate, university degree, PhD; [c] "We speak of "left" and "right" in politics. How would you generally describe your own political position: Where do you see yourself on this scale?" (Scale of 1=left to 10=right); [d] "How high do you estimate your personal health risk to be with regard to COVID-19 (taking possible pre-existing conditions or similar considerations into account)?" (Scale of 1=not personally affected to 5=strongly affected); [e] Index from the statements: "Most people do not recognise the extent to which our lives are determined by conspiracy which is concocted in secret."; "There are secret organisations which have an enormous influence on political decisions."; "Politicians and other leaders are merely the puppets of the powers behind them." (Scale of 1=do not agree at all to 5=fully agree). [f] "All in all: how religious would you say you are?" (not at all religious, less religious, religious to a medium degree, fairly religious, very religious); [g] "The only acceptable religion is my religion." (Scale of 1=do not agree at all to 5=fully agree); [h] "When science and religion contradict each other, religion is right." (Scale of 1=do not agree at all to 5=fully agree); [i] "How often do you attend mass or other religious ceremonies?" (never, occasionally, sometimes, often, always); [j] "How often do you pray?" (never, seldom, several times a year, one to three times a month, once a week, more than once a week, once a day, several times a day); [k] "In relation to God, deities or something divine, how often do you experience..." the following were queried individually in each case: love, punishment, liberation (never, rarely, sometimes, often, very often); p<.001; **=p<.01 *=p<.05; n.s. = not significant; standardised regression coefficients (beta)*

Table A2: Factors influencing attitudes towards COVID-19 regulations and help / solidarity during the pandemic (linear regression analysis)

	Model 1: Intolerance towards violation of COVID-19 regulations[a]	Model 2: Because of COVID-19 I comply more with legal regulations[l]	Model 3: I violate COVID-19 regulations[m]	Model 4: More solidarity/willingness to help in times of COVID-19[n]	Model 5: Willingness to help during the past weeks[o]	Model 6: Donation[p]
Age	.053**	n.s.	n.s.	n.s.	.054**	.311***
Sex (reference: male)	.039*	-.049*	n.s.	n.s.	n.s.	n.s.
Education[b]	-.080***	-.054*	n.s.	.053*	n.s.	.117***
Left-right[c]	n.s.	n.s.	n.s.	-.065**	n.s.	n.s.
Health risk[d]	.257***	.201***	-.207***	.075***	n.s.	-.052*
Conspiracy mindset[e]	-345***	-.228***	.264***	n.s.	n.s.	n.s.
Strength of religiosity [f]	.083**	n.s.	-.044*	n.s.	n.s.	n.s.
Own religion is the only acceptable one[g]	-.094***	-.101***	.087***	n.s.	n.s.	.074***
Religion before science[h]	-.076**	n.s.	n.s.	n.s.	n.s.	n.s.
Attendance of church services[i]	n.s.	n.s.	n.s.	n.s.	.067*	.145***
Frequency of prayer[j]	-.070***	n.s.	n.s.	n.s.	n.s.	.147***
Image of God as love[k]	n.s.	n.s.	n.s.	.105**	.136***	n.s.
Image of God as punishment	.047*	.072**	n.s.	n.s.	n.s.	-.045*
Image of God as liberation	-.060*	n.s.	.082***	n.s.	n.s.	n.s.
N	2181	2176	2178	2178	2181	2178
R²	.317	.130	.193	.020	.038	.221

Source: LZCP 2021, own calculations; the questions were: [a] "For each of the following points, could you please tell me whether this is not all right under any circumstances?" Here: "Violate public regulations with regard to COVID-19 (restricted contact, quarantine, etc.)" (Scale of 1=always all right to 5=not all right under any circumstances); [b]in the following order: no school-leaving qualification, primary/secondary modern school certificate without vocational training, secondary modern school certificate and vocational training, GCSE; secondary school certificate or equal qualification without vocational training, GCSE, secondary school or equal qualification and vocational training, advanced technical college certificate/A-levels without vocational training, advanced technical college certificate/A-levels and vocational training, advanced technical college certificate, university degree, PhD; [c]"We speak of "left" and "right" in politics. How would you generally describe your own political position: Where do you see yourself on this scale?" (Scale of 1=left to 10=right); [d]"How high

Appendix

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The Role of Religious Actors in the COVID-19 Pandemic

A theory-based empirical analysis with policy recommendations for action

The subject of religion and the behaviour of religious actors in the COVID-19 crisis appear at first glance to constitute either just marginal issues or factors which tend to be negative. On the other hand, there is far less public discussion on the key role played by religious communities as civil society partners of governments or the WHO, as agencies providing charitable and pastoral assistance, and as a resource for hope and contingency management so as to successfully cope with the pandemic.

This study analyses the ambivalent role of actors in the COVID-19 pandemic within the framework of a theory-based empirical analysis, presents the most important developments, learning effects and problem areas yet to be addressed and finally, based on this, draws up policy recommendations for action.

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