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Buddhist Monastery, Amulet, Spiritual Support and COVID-19 Outbreak

Rujitika Mungmunpantipantip and Viroj Wiwanitkit

Abstract

COVID-19 is an important global problem. The disease causes illness and results in anxious state and panic. It also has a lot of socioeconomic impact worldwide. The supports for the affected persons are by several partners including religious unit. The religious unit can play important social welfare role to support the local people. In Indochina, many local Buddhist monasteries act this role. This is an interesting anthropological phenomenon. Many monasteries issue amulet as gimmicks for sale to the donor. The donor buys amulets for spiritual support during frustrate period and the monastery receive money for its welfare function. This is an interesting social sustainability phenomenon.

Keywords: Buddhist monastery, amulet, spiritual support, COVID-19, outbreak

1. Introduction

In late 2019, an emerging infectious disease was firstly reported from Asia. The disease is a novel virus infection. The causative agent is a coronavirus which is presently known as SARS CoV2 [1–3]. The disease is named “COVID-19 [4–10]”. The new disease manifests as an acute febrile respiratory infection. The patient might have no, mild or severe clinical symptoms. In the worst case, the patient might develop respiratory failure and die. At present, this disease already causes problem worldwide. It is declared by WHO as the newest pandemic [11–14]. Now, the disease already occurs in all continents of our world and results in more than 100,000, 000 affected persons. There are already more than 2,000,000 deaths from COVID-19 worldwide (February 2021).

When the outbreak starts, an influx of heaps of patients occurs in several countries and exceeded the facilities limitation of the local hospitals. This leads to the disruption of normal public health system worldwide [15–19]. The disease outbreak becomes an important urgent issue to be managed in any nations. Adding to the medical problem, COVID-19 also causes a non-medical problems. It results in a lot of socioeconomic impact worldwide. The local government has to implement several control measures against the outbreak. A common control measure is the lockdown [20–24]. According to the COVID-19 lockdown policies, an abrupt cessation of normal business and transportations systems occurs and this result in several socioeconomic impacts.

Of several impacts of COVID-19, the impact of mental health status of the general people is an interesting issue. In psychological point of view, there are many specific problem related to the present COVID-19 pandemic. At early stage of the pandemic, the limited knowledge on the disease leads to worldwide panic [25–28]. Due to the stressful situation and the frequent news on outbreak situation, many people get the mental problem. Several people worldwide become anxious state and panic [29]. In a more serious case, a post-traumatic stress disorder might occur [30–33]. In a report from Iran, the survey on local Iranian during the early attack of COVID-19 showed that the prevalence of mental problems among local people in Iran was up to 35% [34]. Many people get problem of anxiety and sleep disturbance [34]. In another study from Spain, the high prevalence of anxiety and depression among local Spanish children was reported [35]. In another report from Brazil, more than 50% of local people had anxiety and the concurrent problem of loss of job and income also occurred in the similar magnitude [36]. Based on those examples of publications worldwide, the mental problem is similarly common among local people in different countries during the crisis.

Although there are many new data on the new disease at present, the problem is still out of control. The disease is still the problem for general world population to control. Psychological care and support to the people under the situation of COVID-19 pandemic is still necessary. It is necessary to have an urgent control of the problem. The help for the affected persons during the outbreak is needed. The supports for the affected persons are by several partners including religious unit. The religious unit can plays important social welfare role to support the local people. In Indochina, many local Buddhist monasteries act this interesting welfare role. This is an interesting anthropological phenomenon. Many monasteries issue amulet as gimmicks for sale to the donor. The donor buys amulets for spiritual support during frustrate period and the monastery receive money for its welfare function. This is an interesting social sustainability phenomenon.

2. Mental health problem due to COVID-19 outbreak

As already mentioned, COVID-ID-19 outbreak becomes the big global public health threaten. The disease has several health consequences. Physically, the viral pathogen can affect respiratory tract and it can result in permanent damage, which might lead to death. Additionally, the disease might cause other non-respiratory clinical presentations. Therefore, COVID-19 has a very wide range of clinical presentation. Regarding mental issue, the disease can result in psychological problems. Several mental disorders are reported as consequences of the new disease. The summarizations on important mental health problem are hereby given.

2.1 Panic

Panic is expressed as an excessive fear. It is usually related to a big serious event. It is usually related to the lack of information and rumor. As already mentioned, the early phase of COVID-19 fulfills with the mentioned problem. Therefore, panic becomes an important mental health problem resulted from COVID-19 outbreak [25–28]. Ahmad and Murad demonstrated that there was a significant Impact of social media on panic during the COVID-19 pandemic [19]. Therefore, it is necessary to have a good system to control fake news on COVID-19 during pandemic.

2.2 Post-traumatic stress disorder

Post-traumatic stress disorder is a psychological problem that is observed in a person getting a serious problem in life. The COVID-19 might be considered as a very serious episode and might cause post-traumatic stress disorder [30–33].

2.3 Depression

Depression is also a possible problem seen during pandemic [37–40]. Shader noted that “COVID-19 pandemic embodies overwhelming stresses—unemployment, death, and isolation, among others” and noted for requirement for managing depression in patients during COVID-19 [37].

2.4 Bipolar disorder

Since bipolar disorder is a variety of depression. It is no doubt that bipolar disorder might be seen during COVID-19 outbreak [41–43].

2.5 Anxiety

Anxiety is also a possible problem seen during pandemic [37–40]. Insomnia is a common complaint of patient during the outbreak [44]. Also, the patient COVID-19 induced anxiety might try committed suicide [44]. Peteet noted that “Growing concerns about anxiety associated with COVID-19 have led to recommendations for effective self-care, and greater availability of mental health treatment [45].” Özdin and Bayrak Özdin noted that the most of patients affected by the COVID-19 pandemic are women [46]. Özdin and Bayrak Özdin also found that individuals with previous psychiatric illness, individuals living in urban areas and those with an accompanying chronic disease were also common groups that had anxiety during the COVID-19 outbreak period [23].

There are many possible mental health problems during COVID-19 outbreak. Not only general people but also medical personnel who have to work hard during pandemic also experience the mental illness [47–52]. Therefore, it is no doubt that there is an urgent need for proper plan for screening and managing mental health problem that occurs during the COVID-19 pandemic.

3. Religion based mental health problem management

there are many ways to manage mental health problem. At present psychologist and psychiatrist might play important role in hospital and public health sections. Nevertheless, the maintenance of the problem might be by the other personnel. In the past, the local wisdom is the classic way for managing of mental health problem. The religion based mental health problem management is a good example of a classical way for managing psychological problem.

Religion is a rooted practice and belief. In anthropology, religion usually exists in an area with a long history. The high level of basic human need is self-actualization and religion is a way to derive self-actualization. Conceptually, religion usually promotes doing good thing. Calmness is usually a principle. Those ways of practice is useful for management of mental health problem. There are some interesting reports on Religion based mental health problem management as presented in **Table 1**.

Authors	Details
Murakami and Campos [53]	Murakami and Campos discussed on religion and mental health and proposed for the challenge of integrating religiosity to patient care [50]. Murakami and Campos concluded that “ <i>religion is a dimension that can contribute positively to the treatment of patients with mental illness, by providing emotional and social continence and teachings on customs, that encourage quality of life</i> [53].”
Turner et al. [54]	Turner et al. studied on mental health care treatment seeking among African Americans and Caribbean Blacks [51]. Turner et al. concluded that “ <i>Strong religious/spiritual beliefs may promote mental health care usage</i> [54].”
AbdAleati et al. [55]	AbdAleati et al. concluded that “ <i>religion could play an important role in many situations, as religious convictions and rules influence the believer’s life and health care</i> [55].”
Thompson [56]	Thompson mentioned that “ <i>spirituality is often limited to recording the client’s religion. This article asserts that religion and spirituality are not synonymous, although spirituality might sometimes be reflected through religious practices</i> [56].”
Ng et al. [57]	Ng et al. studied on religion, health beliefs and the use of mental health services by the elderly [57]. Ng et al. noted for “ <i>lower tendency of elderly people with religious affiliations to seek treatment for mental health problems</i> [57].”
Chattopadhyay [58]	Chattopadhyay studied on religion, spirituality, health and medicine in Indian context [58]. Chattopadhyay concluded that “ <i>Religion and spirituality play important roles in the lives of millions of Indians and therefore, Indian physicians need to respectfully acknowledge religious issues and address the spiritual needs of their patients</i> [58].”

Table 1.

Some interesting reports on religion based mental health problem management.

In modern contemporary medicine, the concept of holistic care deals with physical, mental, social and spiritual care [52–59]. The consideration on religious background of the patient is useful. For managing mental health problem, the management based on religious background is also very interesting [60–62].

4. Amulet and its role in spiritual health care

Amulet is a specific object that is made by religious unit. This is usually aimed at symbolization of holiness. Amulet is usually kept by general people who practice according to the religion. Many local people usually seeks for amulet from famous shrine for keeping and worshiping. It is usually believed on the power of goodness within amulet that can bring health and wealthy. This is an actual classical local wisdom. It is a way for controlling of local people to do a good thing. The spiritual effect of belief is also observable and it is a way for spiritual care according to the holistic concept in modern medicine. There are many reports on amulet and its role in spiritual health care. The important reports are summarized in **Table 2**.

It can see that amulet is commonly used by patients and cousins in several developing countries. The religious background is related to the use of amulet. This can confirm that amulet is a way in religious medicine for spiritual care.

Regarding mental health, the use of amulet is a classical wisdom for managing mental health problem. The usefulness of amulet in spiritual dimension of care is confirmed. Amulet is also a way for expressing religious art [68]. Littlewood and Dein demonstrated on “*simultaneous trust in psychiatrists as well as in the widespread use of healing amulets* [69]” among the patients in London. The long history of amulet use in religious medicine is seen worldwide and the evolution of the system by time is demonstrable [70]. The simultaneous combined use of amulet and modern psychological management is possible and confirmed for clinical usefulness.

Authors	Details
Wiesendanger et al. [63]	Wiesendanger et al. discussed on chronically ill patients treated by spiritual healing including using amulet [63]. Wiesendanger et al. concluded that “ <i>Chronically ill patients who want to be treated by distant healing and know that they are treated improve in quality of life</i> [63].”
Hossain et al. [64]	Hossain et al. studied on patients with acute viral hepatitis in rural Bangladesh [61]. Hossain et al. reported that “ <i>Anicteric patients with reported jaundeesh perceived their illnesses to result from humoral imbalances, most commonly treated by amulets, ritual handwashing, and bathing with herbal medicines</i> [64].”
Lloreda-Garcia [65]	Lloreda-Garcia studied on religion, spirituality and folk medicine and superstition in a neonatal Unit in Catargena and concluded that “ <i>The use of amulets and ritual objects is still common and can express the need for emotional and psychological support</i> [65].”
Venkatrajut and Prasad [66]	Venkatrajut and Prasad studied on use of complementary and alternative therapies among rural TB patients in Nalgonda, Andhra Pradesh in India [66]. Venkatrajut and Prasad found that “ <i>TB patients employed a variety of alternative therapies such as massage, prayer, amulets, diet, faith or spiritual healing, restriction in alcohol consumption and smoking, abstinence from sex, and herbal teas as an adjunct to biomedical TB treatment</i> [66].”
Tekle-Haimanot et al. [67]	Tekle-Haimanot et al. studied on clinical and electroencephalographic characteristics of epilepsy in rural Ethiopia [64]. Tekle-Haimanot et al. found that “ <i>Traditional treatment with local herbs, holy water and amulets was the most common</i> [67].”

Table 2.
 Some interesting reports on amulet and spiritual health care.

Nevertheless, it is still necessary to control on safety. Case report on amulet related toxicity in a patient using amulet as alternative care is the good evidence to confirm the safety requirement [71].

Focusing on medical and scientific component, the psychological effect of amulet is explainable. Fear is a common feeling of anyone in a dangerous or uncertain situation. Based on Maslow’s hierarchy of needs, safety needs are basic. Religious practice and belief is a way that people can attach to gain the safe feeling. In a recent phenomenological study from China [72], religious practice according to belief of the patient, is identified as an important spiritual need to be manage in medical nursing. In the non-COVID-19 outbreak situation, risk occupation such policeman also usually find amulet and use as spiritual object to promote sense of safety and brevity in daily job [73].

5. Buddhist monastery as health care center in Buddhist country

Religious unit might play role in social welfare. It sometimes might play role as a medical center. Since religious place usually locates in center of community, it is no doubt for this possible role. Church, mosque or pagoda might host a medical center for caring local people. In Buddhist community, the Buddhist monastery might play this role. There are many reports on its role as health care center (**Table 3**).

During the crisis, the general Buddhist monastery that has no role as health care center might display this new additional role. The good example is on the present COVID-19 crisis. The important role in mental health care support is mentioned. In fact, the principle of Buddhism is applicable for containing of anxiety problem. The basic Buddhist concepts of resilience is well applied as the concept of crisis concierge [81]. Anālayo, a Buddhist monk in USA, mentioned that “*Out of the different possible modalities of cultivating mindfulness in this way, the discourses present*

Authors	Details
Chalepad et al. [74]	Chalepad et al. reported on basic resuscitation training and public-access defibrillator deployment in Buddhist temples of Thailand [74].
Hathirat [75]	Hathirat discussed on role of Buddhist monks as community health workers in Thailand [75]. Hathirat proposed that <i>“If Buddhist monks are able to expand their roles to health care and education, Buddhist temples will automatically become community health posts [75].”</i>
Kasai et al. [76]	Kasai et al. studied on psychological effects of meditation at a Buddhist monastery in Myanmar [76]. Kasai et al. concluded that <i>“meditation mitigates anger, hostility and fatigue and increases vigor at a relatively early stage after starting meditation practice, and if meditation practice is continued for more than a year, enhancement of psychological flexibility can also be expected [76].”</i>
Kaewla W, Wiwanitkit [77]	Kaewla and Wiwanitkit discussed on healing Buddha and Buddhism-related natural medicine in the Japanese context [77]. Kaewla and Wiwanitkit reported that <i>“there is already a lack of continuum of Buddhism-related health care within the temples in Japan. Due to further civilization, Japan might have less use of temple care compared to the local practice in Thailand, Southeast Asia [77].”</i>
Kaewla and Wiwanitkit [78]	Kaewla and Wiwanitkit reported on local primary health care operated by local religious center, Mahayana Buddhist monastery, in Thailand [78]. Kaewla and Wiwanitkit concluded that <i>“the temple is a primary care center to support physical, mental, and spiritual illnesses. The main therapeutic actions include the following: a. Using a standard Chinese herb regimen for treatment, b. Meditation, and c. Eating vegetarian food [78].”</i>
Treerutkuarkul [79]	Treerutkuarkul mentioned that <i>“Buddhist monks and their temples have been strongly involved in health promotion and education, particularly in remote, rural communities [79].”</i>
Kondou [80]	Kondou discussed on private facilities for the mentally disturbed in the Tohoku region in Japan. Kondou mentioned for the history of setting temples for containing mental patients [80].

Table 3.

Some interesting reports on role of Buddhist monastery as health care center.

awareness directed to one’s own bodily postures as a practice already undertaken by the Buddha-to-be when he was still in quest of awakening. In this particular setting, such mindfulness of postures served as a way of facing fear. The potential of this exercise to provide a grounding in embodied mindfulness, being fully in the here and now, is of particular relevance to the challenges posed by the current pandemic [82].” Additionally, Small and Blanc discussed on mental health during COVID-19 outbreak in Viet Nam [83]. Small and Blanc concluded that *“Vietnamese resilience, attributable, in part, to “tam giao,” a coexistence of religious and philosophical Taoism, Buddhism, and Confucianism through cultural additivity, provides a unique mindset that other countries can learn from to adapt and even build psychological resilience against COVID-19 pandemic’s psychological outcomes [83].”*

6. COVID-19, Buddhist monastery, role for mental/spiritual health care and amulet sale

COVID-19 occurs worldwide and it usually causes problem. The role of religious unit to support the community during crisis is interesting. In Buddhist area, such as Indochina, Buddhist monastery might play social welfare role to support the local suffering people. Many monasteries offer shelter to homeless people and offer food to the poor and hopeless people. The monasteries also issue amulet to be a

tool for spiritual care during the COVID-19 crisis. Many new versions of amulets are designed for correspond to COVID-19. The good examples are Anti-COVID-19 facemask and anti-COVID-19 coin. Those new amulets are usually locally made and sold at the monastery.

Sometimes, the news on production of the amulet are broadcasted via social media. The news usually attract local people to visit to the monastery to buy the amulet. Mainly, local people who bought the amulet usually believe on supernatural power of the amulet. This is the way for spiritual support. Additionally, the monastery that sold the amulet will get money and further use it for social welfare support to local people. This is a way that seems to promote community based sustainability. In this case, local people help local people with medium as monastery. The amulet buyer get amulet for mental support and relieve anxious life. The seller, monastery, gets money for further uses with aim at returning the advantage to local people in the community.

Also, the use of amulet has its important characteristics that are appropriate for spiritual support during the COVID-19 crisis. Comparing to other form of spirituality such as holy water bathing or having a monk performed holy praying or the amulet use requires no help or participation of other person. It is concordant with the present concept of social distancing. Additionally, amulet is a small object and can be carried as individual personal belongings, which means a lower chance of personal contact than other form of spirituality during COVID-19 outbreak.

It is apparent that spirituality is configured as an element of reassurance. It can be well integrated with visions of hard science in the area with long history and rich of religious cultures. For the other area, in order not to create anti-scientific prejudices, there should be the modification of classic spiritual into a more modern form. For example, the difficult religious language might be transform to simple modern language and use for a simple and effective communication. In case of amulet, the new fashion might be use for designing. In fact, many COVID-19 related amulets in Indochina are designed to correspond with the present situation such as facemask style amulet.

Nevertheless, there might be the adverse unwanted of this process. The promoting of COVID-19 related amulet via social media has to be well controlled. It is possible that there might be a fake claim aiming at luring of local people. The amulet might be issued by a bad person and sold aiming at making profit. Cheating is possible and some bad persons gave incorrect information such as amulet can be used for treatment or prevention of COVID-19. The legal punishment for those illegal attempts is necessary.

7. Conclusion

During COVID-19 crisis, the religious unit can play important social welfare role as well as provide spiritual care. Thee manipulation via the amulet distribution by Buddhist monastery in Indochina is the best example. This process is an interesting social sustainability phenomenon and good case study in anthropological aspect.

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