

Restrictions on religious practices in selected European countries during the COVID-19 pandemic: A legal-sociological study from Poland's experiences

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ABSTRACT: The aim of this paper is to present legal restrictions related to religious ceremonies during the Covid-19 pandemic, which are not currently in force in Poland but are being applied in selected European countries. The study examines the possible extent of their acceptance by believers in Poland, a country with persistently high levels of religious observance. It transpires that negative evaluations prevail in the case of the following restrictions: advanced registration for participation in religious services, the possibility of only vaccinated persons participating in services, and singing being prohibited. On the other hand, a more positive view was taken of designating specific places that can be occupied in the place of worship, and the requirement for all attendees to wear a mask (including priests and leaders of religious practices). The research revealed a general tendency for those who participate more frequently in religious practices to view restrictions more negatively.

KEYWORDS: Covid-19, coronavirus, pandemic restrictions, religious freedom, religious practices, sociology of law, sociology of religion

INTRODUCTION

Covid-19 arrived in Poland in March 2020. Since then, many aspects of social life have undergone tremendous changes. The need to protect public health required those in power to introduce a number of restrictions, including some relating to religious practices. These restrictions, which often harm the fundamental rights of the

individual, were introduced in times of emergency¹ and entailed that a completely new model of functioning had to be created (Hall & Kołodziejska, 2021, p. 126). Our starting point is the fact that the pandemic had a significant impact on community religious practices and the functioning of religious organizations, above all in terms of the possibility of believers being able to gather together freely². The basic recommendation from the beginning of the pandemic was to replace traditional forms of collective worship with electronic meetings³. In view of the fundamental importance of the right to religious freedom, including the right to participate in religious practices, the total prohibition of religious gatherings in those countries where it was introduced was considered disproportionate to the threat posed.⁴ The restrictions that were actually established therefore took the form of restricted participation, and this met with mixed reception from the public⁵.

The aim of this article is to present legal restrictions related to religious life during the Covid-19 pandemic, which are not currently in force in Poland, but which have been or are still being applied in other European countries. The study examines the possible extent of their acceptance by believers in Poland, a country with a persistently high levels of religious observance⁶, where there is a strong sense of belonging to a church community (Cieciela & Bieńkuńska, 2018). The authors hope that the conclusions will reveal the mechanisms underlying believers' reactions to the existing restrictions on collective religious practices, and, moreover, that they may help prevent another state of emergency being used as a basis for restricting the free practice of religion in the future.

RESEARCH OBJECTIVES AND METHODOLOGY

The research process was divided into the following stages:

1. An analysis of the restrictions introduced in Poland and selected European countries, from a legal perspective.

¹ The existence of human rights in times of emergency (a state of serious threat for human life and health, like military conflicts or diseases) has been analysed in the doctrine of law (see MacDermott & MacDermott, 1972; Turp, 1991). New social conditions in the 21st century and the specificity of the pandemic justify continuing analysis focused on one of the basic human rights, namely religious freedom.

² The right to assemble and associate is regarded as the essence of religious manifestation (see DuPlessis, 2020, p. 9).

³ According to the WHO recommendations, if remote/virtual gatherings are not feasible, the duration of the gatherings should be minimized in order to limit contacts between participants. See WHO practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 (WHO, 2020).

⁴ This is evidenced by decisions of German, French and American courts, in which the general ban on religious services was lifted (see Bundesverfassungsgericht, 2020; Conseil d'État, 2020; Supreme Court, 2021).

⁵ In Poland, examples of non-compliance with the imposed restrictions were reported in the media. An example is the situation in one parish in southern Poland where a maximum of 30 people were allowed to attend a religious celebration, and in reality there were more than 160 (Chojnowska 2021).

⁶ 39% of Poles attended Sunday Masses before the outbreak of the pandemic (see Sadłoń et al., 2019).

2. Sociological research on the possible acceptance of restrictions imposed in other countries by believers in Poland.
3. An evaluation of the level of acceptance of the discussed legal regulations.

From the perspective of the legal sciences, the basic method adopted for the purposes of the research will be the dogmatic method, which will be used to analyse legal regulations introduced during the Covid-19 pandemic in selected European countries. The research will take into account the statements of experts on legal doctrine and the positions presented in judicial decisions concerning possible restrictions on religious practice, both before the outbreak of the pandemic and during its course. Additionally, due to the global scope of the problem, the research will have to employ the comparative method. This will make it possible to analyze the different ways of solving the problem of the possibility of people exercising their freedom of religious practice in an emergency situation—a problem faced by basically all countries in the world. The legal research will include an analysis of the regulations in force in Poland and in selected Western European countries (England, Austria, Belgium, France, Germany) in terms of restrictions on the public practice of religion due to the ongoing Covid-19 pandemic. The rationale for choosing these particular countries for comparative analysis is the desire to take into account the widest possible range of different restrictions, including the legal basis on which they were introduced. At the same time, all the selected countries belong to one legal culture in terms of the protection of religious freedom,⁷ and the traditional religion that influences their culture, including legal culture, is Christianity. It is the intention of the authors that juxtaposing restrictions with their social perception will allow the formulation of postulates concerning the normative shape of restrictions on religious worship in Poland and around the world.

The sociological research is based on an online survey, which 957 people completed. Only the answers of people identifying themselves with a religious community (722 people) are used in the analysis. The aim of the survey was to assess the extent to which restrictions introduced abroad would be acceptable in Poland.

THE POSSIBILITY OF PARTICIPATING IN RELIGIOUS PRACTICES DURING THE COVID-19 PANDEMIC IN SELECTED EUROPEAN COUNTRIES

Restrictions on participation in religious worship due to the outbreak of the pandemic have affected almost all the countries in the world, to varying degrees. They concern both the possibility of participating in religious services themselves, including above all the permissible number of attendees, and the various forms of participation, including the abandonment of certain elements of worship.

In Poland, the number of attendees was initially strictly limited to 50 (Dziennik Ustaw, 2020, item 433), and then only to 5 (Dziennik Ustaw, 2020, item 491), regardless of the size of the premises in which the service was to be held. However, this stipulation was subsequently replaced by making the number of attendees dependent on

⁷ The point of reference for each of these countries is Art. 9 European Convention on Human Rights and ECtHR jurisprudence.

the size of the place of worship, and specifying the space necessary for one person to occupy (Dziennik Ustaw, 2021, item 861). In other countries, such as Austria and the individual German *Länder*, the number of attendees was dependent on the size of the building, as in Poland. In Bavaria, the limit was 1 person per 1.5 m², on the assumption that vaccinated and unvaccinated persons will participate in the service and given the large number of participants expected to attend (Bayern Recht, 2021b, para 8), while in Austria, the limit was 1 person per 2 meters⁸ up until the end of June 2021, because from 1 July 2021 the limit was completely abolished (Österreichischen Bischofskonferenz, 2021)—only to be reintroduced in the autumn of 2021 with the onset of the next wave of the pandemic. In practice, the implementation of this limitation consists of designating specific places that can be occupied by participants. In England, on the other hand, existing restrictions were lifted on 19 July 2021, including the requirement for people from different households to observe social distancing rules in places of worship (Guidance, 2021). In contrast, Belgium introduced a rule on the maximum number of persons participating in gatherings, including religious ceremonies (Ministerieel, 2020). It is worth noting that in Belgium, in October 2020 it was decided to completely prohibit access to places of worship, but after a judgment of the administrative court, this measure was changed to a limit of 15 persons, with a maximum of 1 person per 10m², and the need to observe Covid-related safety measures (Raad van State, 2020; Unisoc 2021). In France, it was possible to occupy every third seat, alternating between each row (Légifrance, 2020, art. 2). In the same country, the Prefect of the Department concerned may also otherwise regulate, restrict, or prohibit gatherings in places of worship in the local area, except for funeral ceremonies, by means of measures strictly proportionate to the health risks and appropriate to the circumstances of the time and place (Légifrance, 2020, art. 50).

Turning to the various forms of restrictions on the way in which people can participate in religious ceremonies, the regulations in force in Poland are relatively weak, as they only cover the obligation to wear masks, without specifying their structure and quality more precisely (Dziennik Ustaw, 2021, item 861). In Bavaria, the legislature has expressly stipulated the obligation to wear FFP2 masks (Bayern Recht, 2021b, para. 2). The same obligation existed in Austria until the end of June 2021, when it was relaxed by allowing the use of items that simply cover the nose and mouth (Mund-Nasen-Schutzes) (Österreichischen Bischofskonferenz, 2021). As of 22 November 2021, the former obligation was reinstated (Bundesgesetzblatt, 2021b, item 475). In France, it is compulsory for every person aged 11 and over to wear a specialized protective mask (i.e. the categories of masks are specified in a legal act), but this obligation does not prevent the mask from being temporarily removed in order to partake in rituals that require this (Légifrance, 2021, art. 47). In Belgium, there is also an obligation to cover one's mouth and nose with a protective mask, and to wear other additional personal protective equipment. In addition, organizers of an assembly, including the leader of a religious meeting, are obliged to ensure sufficient ventilation of the place where the

⁸ It is worth mentioning that in Austria religious organizations are responsible for creating their own rules in response to Covid restrictions which should remain in accordance with the state law (see Bundesgesetzblatt, 2021a, item 278).

assembly takes place (Ministerieel, 2020). In England, because of the Omicron variant, the legal obligation to wear a mask was brought back on 10 December 2021, in place of the previous encouragement to wear masks if the place of worship is crowded (Guidance, 2021, art. 5).

In some countries it was decided that community singing should be limited or stopped. In Bavaria this prohibition was in force during the second and third waves of the pandemic in cities and districts where the number of cases exceeded 100 per day for a week (Bayern Recht, 2021a, para 8). Similarly, singing at religious services was banned in Austria; the prohibition was lifted with the loosening of state-wide restrictions,⁹ only to be reinstated in the autumn of 2021. In England communal singing was not recommended, although it was possible to conduct ceremonies with a choir of no more than 6 people, if social distancing was maintained (Guidance, 2020). A compulsory minimum distance between two spaces in a place of worship was also introduced, but always with a minimum distance of 1 meter, but persons belonging to the same household or forming a support bubble of six persons are not obliged to do so (Guidance, 2020). Currently, there are no restrictions on the possibility of organizing singing, music and other artistic activities during religious ceremonies (Guidance, 2020).

Due to the ongoing vaccination process and the difficult epidemic situation, some countries and religious communities have decided to introduce vaccination as a prerequisite for participation in religious services.¹⁰ In Bavaria, vaccinated people have been exempted from the obligation to maintain a distance of 1.5 meters from others attending religious services (Bayern Recht, 2021b, para. 8).

PUBLIC PERCEPTION OF THE RESTRICTIONS

In an online survey, respondents were asked about solutions used in other countries to reduce the risk of contracting Covid-19 while participating in religious services. Solutions were analysed which, in the view of the authors of this text, require neither a great deal of work to implement nor large investments in infrastructure. Some of these solutions have also been applied in Poland, but not universally and only thanks to the initiative of the organizers of religious life; not as a result of a legal obligation.

ADVANCED REGISTRATION

The first of the survey questions gauged the respondents' opinion on the idea of signing up in advance to attend religious services—either by phone or online. Admission to a place of worship would be allowed only to those who communicated their wish to attend in advance, as long as the number of people allowed to be inside the building is not exceeded. The positive aspects of such a solution are the possibility to better plan and organize religious services and the certainty of the faithful that—hav-

⁹ Until the end of June 2021, it was recommended to limit the time of singing, to rely more on organ music and singing by cantors.

¹⁰ In Austria, unvaccinated people were banned from leaving their place of residence (see Bundesgesetzblatt, 2021b, item 475).

ing registered—they will definitely be admitted to the place of worship. The issue of registrants having to disclose their personal data by seems to be relevant here. On the one hand, this would ensure greater epidemiological control, by allowing rapid identification of those who had been in contact with an infected person. On the other hand, it could create discomfort about disclosing one's participation in services or allowing the community to access one's data. Of course, an intermediate solution is possible, in which registration would be based on pseudonyms or randomly generated codes. A significant drawback of the advanced registration idea is of course the issue of digital exclusion, especially in less developed areas and among the older segments of the population. It is a fact that that some people do not have satisfactory access to the internet or a telephone. Research by the Office of Electronic Communications (Urząd Komunikacji Elektronicznej, or UKE) shows that about 0.2% of the population in Poland do not have access to a telephone, while internet access is available to 29.5% (UKE, 2019a, pp. 7-9). The situation is considerably worse for people over 60—as many as 69.8% of them do not have internet access, while 6.7% have access to either the internet or a telephone (UKE, 2019b, p. 9). It is difficult to estimate how many people would actually be excluded if the measure discussed here were introduced. It seems that it would not be too large and that it would probably be possible to solve these people's problems through individual arrangements made at the level of the individual community (e.g. an agreement that the person could always participate in a particular religious service). It is worth noting, however, that the negative effects of this measure will mainly fall on people who already belong to excluded groups (the poor, the elderly, people living in areas with insufficient infrastructure). Another serious drawback of such a solution is the elimination of spontaneous decisions to participate in religious practice.

In our survey, respondents who had a negative attitude to the idea of advanced registration (42.6%) clearly outnumbered those who approved of the idea (33.4%). Nearly a quarter (24%) of respondents had no opinion on the subject. The rather large share of those with no opinion shows that the restrictions are not something that a considerable number of believers have given much thought to. Details are shown in Figure 1.

The answers to this question were compared with the declarations regarding the frequency of participation in religious practices. For this purpose, a Kruskal-Wallis test was performed. The result ($H=13.855$; $p<0.05$) means that the frequency of participation in religious practices differentiates opinions. The more often a person participates in religious services, the more likely he or she is to consider the need to register in advance as a bad idea. The value of the contingency coefficient was $C=0.224$; $p<0.05$, indicating a weak relationship between the variables. The differentiation of answers by frequency of participation in practices is most evident in the case of those participating in community religious practices once every few days or more frequently (61% of them evaluate the analyzed idea negatively, while only 27% view it positively).

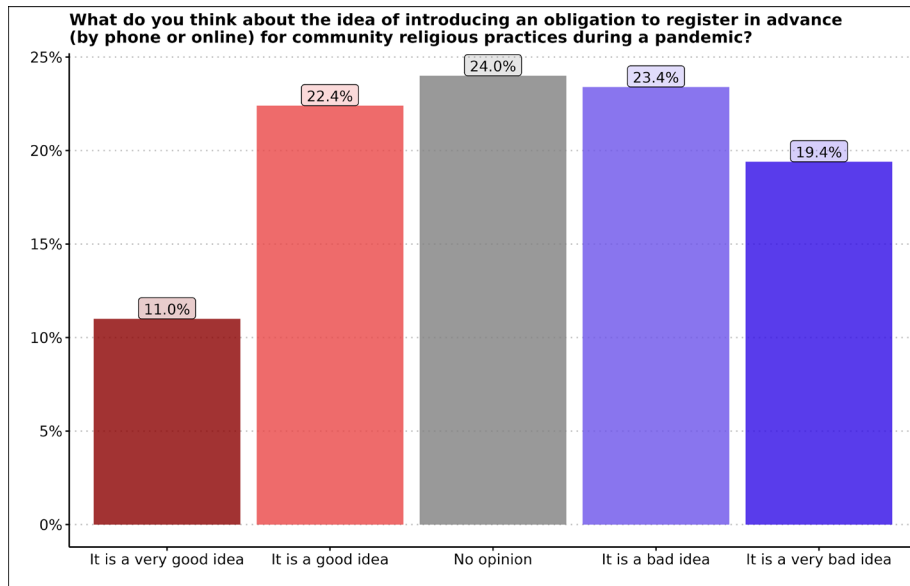


Figure 1. Evaluation of advanced registration in religious practices

The same is true for those who attend weekly (44.9% vs 31.5%), monthly (37.9% vs 33.3%) and yearly (43% vs 33.3%). The introduction of compulsory registration is viewed more positively than negatively among respondents who participate in religious practices once every few weeks (32.6% negative vs 44.5% positive) and those who do not participate in such practices at all (31.7% vs 34.2%). While this picture may seem complicated, the general trend is clear: those who frequently attend services and are committed to religious life would find it more difficult to accept the need to plan ahead and announce their desire to visit a place of worship.

ENTRY ONLY FOR VACCINATED PERSONS

Another issue we explored was the possibility of only allowing people vaccinated against Covid-19 to enter places of worship. The upside of such a policy would be a significant reduction in the transmission of the disease in such places and the practical elimination of transmission associated with a life-threatening and health-threatening outcomes. The obvious downside of this measure would be that unvaccinated persons could feel their religious freedom was violated. This dilemma is part of a broader discussion about the possibility of restricting access to selected spaces and services to people who have not acquired immunity (through vaccination or infection) or the possibility of lifting restrictions in situations of mass vaccination (Phelan, 2020; Bauer et al., 2021).

Only just over a fifth (22.5%) of our respondents viewed this as a good idea. As many as 60.2% of them were of the opposite opinion. 17.2% of the respondents had no opinion on this issue. Such clear results were probably influenced by the lack of confidence in vaccines in general and in the Covid-19 vaccine in particular. The doubts concerning the effectiveness and side effects of available vaccines, which have been widely discussed in the media, resulted in respondents hesitating as to whether they would get vaccinated and expressing considerable tolerance for persons not wishing

to be vaccinated. The reason may also be a far-reaching acceptance of individualistic attitudes, meaning there is deep-seated opposition to limiting any rights on the basis of decisions concerning an individual's health.

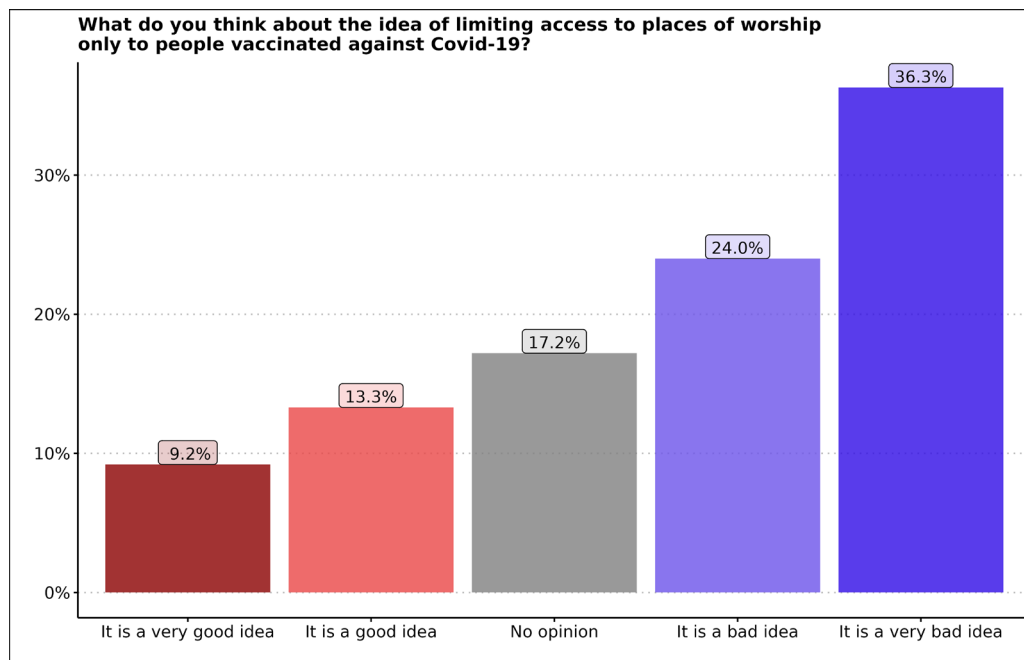


Figure 2. The evaluation of restricting access to places of worship to vaccinated persons only

The answers to this question were compared with the declarations regarding the frequency of participation in religious practices. For this purpose, a Kruskal-Wallis test was performed. The result ($H=110.147$; $p<0.001$) means that the frequency of participation in religious practices differentiates opinions. The more frequently a person participates in religious practices, the more likely he or she is to negatively evaluate restricting access to places of worship to those vaccinated against Covid-19. The value of the contingency coefficient is $C=0.390$; $p<0.001$, indicating an average relationship between the variables. Cross-tabulation analysis shows that with each successive range of participation in religious practices, the proportion of negative evaluations of the solution in question increases, and the proportion of positive evaluations decreases. Thus, among respondents participating in religious practices once every few days or more often, as many as 85% have a negative view of reserving admission to places of worship for vaccinated persons only, with only 5% having a positive opinion of this measure. Among those participating in practices once a week the proportions are 71.4% to 13.4%, among those participating once a few weeks—60.9% to 21.7%, once a few months—51% to 34.2%, once a year—38% to 32.4%. Only among those who do not participate in religious practices at all is the idea of making entry to places of worship conditional on vaccination viewed overwhelmingly positively (25.6% negative to 48.8% positive). Thus, the trend is very clear and unambiguous.

THE PROHIBITION OF SINGING

Another issue investigated was the idea of a total prohibition of singing during religious practices. When people sing, saliva particles and the microbes they contain escape from the mouth at higher speeds and reach greater distances than when speaking, which significantly increases the possibility of virus transmission in a human congregation (Schijven et al., 2021). Introducing a ban on singing could therefore significantly improve the safety of participants during religious services. On the other hand, singing is one of the main elements of many practices, often playing a key role and adding variety to them. Most Christian religious communities form special choirs or employ professional singers. For some believers, the opportunity to listen to singing or to sing in person is one of the factors that significantly adds to the attractiveness of religious practices.

The great role that singing plays in attendees' satisfaction with their participation in religious practices is evidenced by the results of our study. As many as 67.2% of our respondents negatively assess the prohibition of singing, while only 12.3% have the opposite opinion. 20.5% of the survey participants do not have an opinion on this issue. Details are shown in Figure 3.

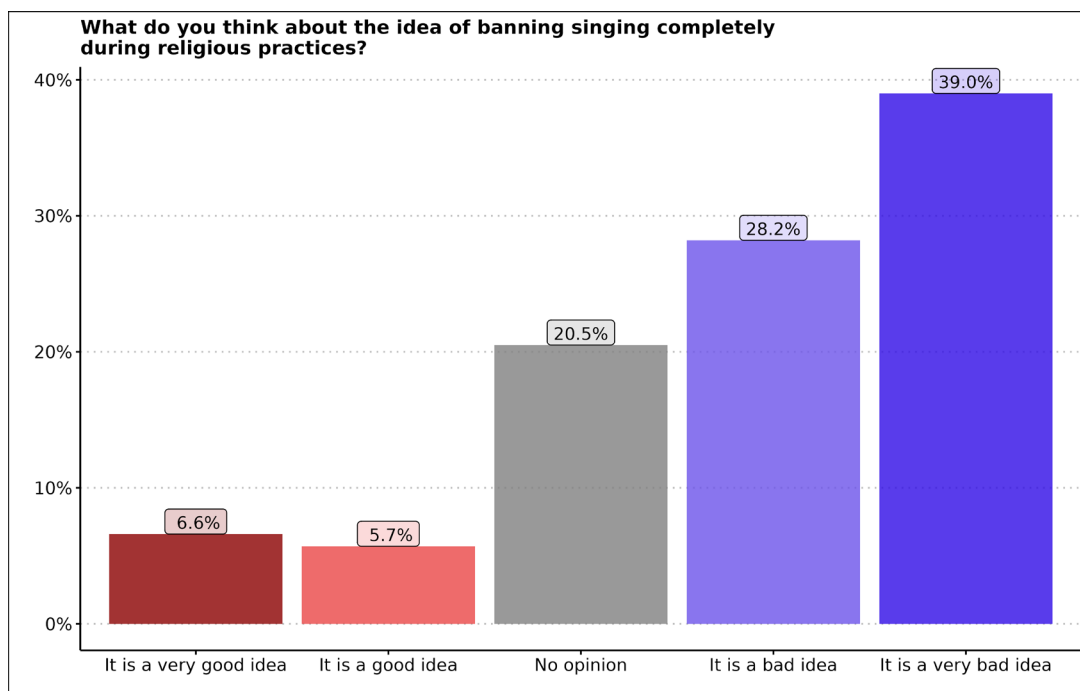


Figure 3. Evaluation of a ban on singing during religious practices

Again, as with the previous questions, the frequency of participation in religious practices differentiates opinions. To test this, a Kruskal-Wallis test was performed ($H=93.042$; <0.001), which showed that those who participate more frequently in religious practices tend to be more negative about the idea of prohibiting singing. Of great interest is the fact that the prevalence of negative evaluations applies to all the groups of respondents created from answers to the question on frequency of partici-

pation in practices. It is lowest among those not participating at all (34.1% negative vs 32.9% positive), and highest among those participating once a few days or more (81% vs 3%), but the tendency is constant for all groups: among those participating once a week the proportion is 76.8% to 7.4%, among those participating once a few weeks—69.3% to 12.1%, once a few months—64.8% to 13.9%, once a year—52.7% to 16.6%. Two explanations for such very unequivocal results seem plausible: singing is a very important element of religious practice for our respondents, or they have no knowledge of its influence on increasing viral transmission.

ASSIGNING SPECIFIC PLACES FOR WORSHIPPERS

Designating specific places in the common space that worshippers may occupy during religious practices helps to maintain an appropriate distance between people. It seems to be the most widespread idea among those discussed in this text, and in Poland it was introduced from the bottom up, despite the lack of legal obligation. Most often it consists in drawings or signs on seats informing attendees that they cannot be occupied. Sometimes this is combined with indicating the direction of movement in the place of worship with special arrows. The disadvantage of this solution is that it does not take into account the situation of people from the same household, who—according to the current regulations in Poland—do not have to maintain social distance in public places. Another disadvantage of this solution is that such measures require some work on the part of the organizers of religious life and sometimes entail some investment costs.

The vast majority (84.2%) of our respondents consider assigning specific places for the faithful to occupy to be a good idea. Only 8.9% of the survey participants were of the opposite opinion, with 6.9% having no opinion on the subject. This distribution of results shows that this issue is a subject of reflection for many believers, and perhaps also many of them have already encountered this type of solution. Details are presented in Figure 4.

As with the other questions, the answers to this question were compared with the frequency of participation in religious practices by performing a Kruskal-Wallis test. The results ($H=22.667$; $p<0.001$) showed that the tendency to positively evaluate the idea in question decreases with the frequency of participation in religious practices. The contingency coefficient was $C=0.238$; $p<0.05$, hence this is a weak relationship between the variables. It is worth noting here that in all response ranges regarding frequency of participation in religious practices, positive evaluations prevailed. They ranged from 91.3% in those participating in practices once every few weeks (with 6.6% negative ratings) to 71% in those participating once every few days or more often (with 22% negative ratings).

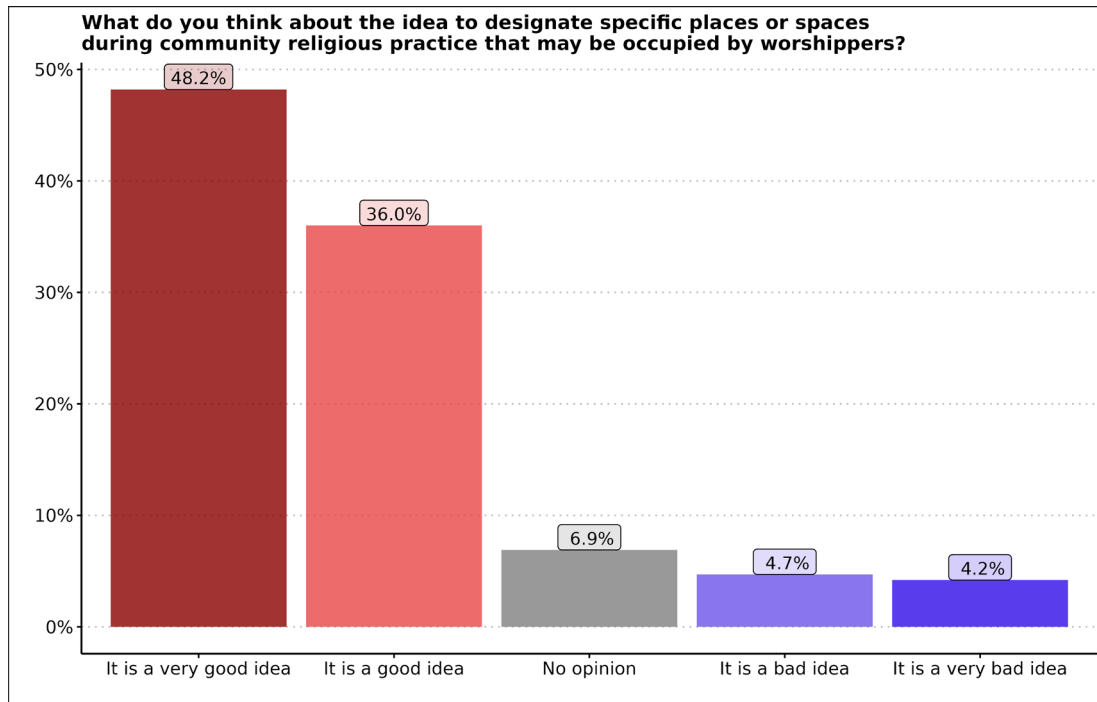


Figure 4. Evaluation of the designation of specific places for worshippers in places of worship

Designating specific spaces for worshippers in places of worship was generally viewed positively by our respondents. In all likelihood, this is an idea that many of them have encountered and become accustomed to. Moreover, assigning spaces for worshippers is a convenience for many of them—they do not have to decide for themselves what distance to maintain. In the event of a dispute with another participant who does not maintain social distance, the designation of specific places allows order to be maintained without entering into personal discussions, and makes it possible to appeal to clearly expressed rules imposed from above. On the other hand, it is interesting to note the relatively low number of positive evaluations of this idea among those most likely to participate in services. Perhaps this is the group that most often goes to services spontaneously and places great value on the communal atmosphere associated with religious practice, which could be negatively affected by the solution in question. However, it cannot be ruled out that, precisely because of this attitude, it is these people who do not cope with keeping their distance in a situation where this task is dependent on their personal decision.

THE OBLIGATION FOR ALL PARTICIPANTS TO WEAR MASKS DURING RELIGIOUS PRACTICES

In Poland, all participants are required to wear a mask during religious services, at least those taking place in closed spaces. However, those involved in the organization, i.e. priests, choir members etc., are exempt from this obligation. We asked our respondents for their opinion regarding organizers etc. also being obliged to wear masks.

The vast majority (65.1%) of our respondents consider the obligatory wearing of masks for all to be a good idea, only 23.2% of them are of the opposite view, and 11.8%

have no opinion on this issue. Details are shown in Figure 5.

As with the previous questions, this one was also compared with declarations regarding the frequency of participation in religious practices. The results of a Kruskal-Wallis test ($H=92.752$; $p<0.001$) indicate that the frequency of participation in religious practices differentiates opinions: the more frequently respondents participate in religious practices, the more likely they are to consider the requirement that religious leaders should wear masks as a bad idea. Interestingly, the cross-tabulation analysis showed that almost all groups of participants viewed this idea positively. This includes those who do not participate at all (87.8% positive evaluations vs 7.4% negative), those who participate once a year (79.1% vs 13.9%), once every few months (75% vs 13.9%), once every few weeks (67.4% vs 21.7%) and finally those who participate in religious practices once a week (61.8% vs 25.4%).

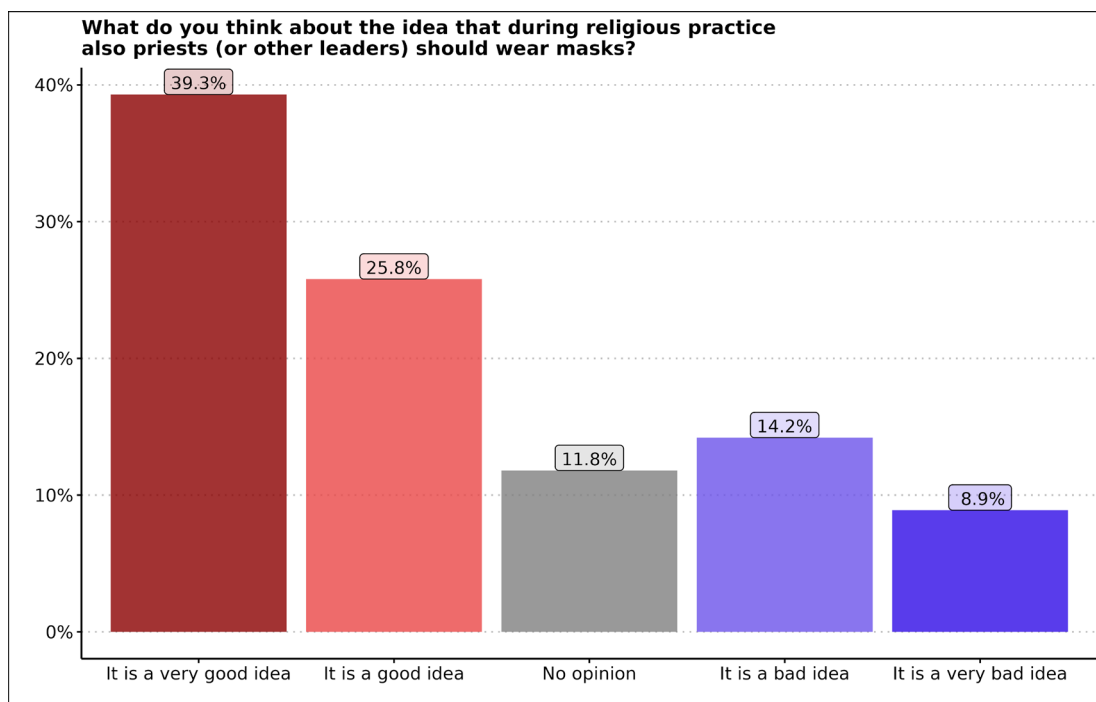


Figure 5. Evaluation of the requirement for all participants and organizers of religious practices to wear masks

The only group that stands out here are those who attend religious events once every few days or more often—the idea of priests also wearing masks was viewed positively by 32% of them, and negatively by 48%. This is a significant and very distinct difference, which may indicate a general aversion to any restrictions, or some personal involvement (e.g. knowing the religious leader or performing such an organizational function themselves). Then a positive assessment of the proposed restriction would be associated with personal difficulties and this may explain these interesting results.

DISCUSSION OF THE RESULTS

To sum up, negative evaluations prevailed for the following restrictions: advanced registration for participation in religious services, only allowing vaccinated persons to

participate in a service, and the prohibition of singing. On the other hand, the designation of specific places that can be occupied in a place of worship, and the requirement that all persons present in the place should wear masks (including priests and organizers of religious practices) gained acceptance. Respondents accept these restrictions, which—although they are not based on legal acts—have been introduced in many places of worship in Poland, but oppose those that are absent in Poland. The results of the study clearly show that the religious activity of the respondents, understood as participation in religious practices, influences the generally more negative evaluation of solutions applied abroad to limit the spread of Covid-19 that are connected with restrictions on religious practices.

There is a fairly obvious answer to the question of why those more likely to participate in religious practices oppose new ideas concerning legal restrictions related to the pandemic: these are the people who would be most affected by the introduction of such restrictions. For them, the restrictions would entail additional responsibilities, and in some cases could even entail that they would not be able to participate. This is consistent with research findings from other countries (cf. Jaspal et al., 2020), which show that Christians are less socially isolated than non-believers. Our research suggests that more religious people tend to participate more in social (e.g. religious) activities than less religious people—not only in the general population, but also among people identifying themselves as believers.

The problematic nature of submitting to public health measures is entangled in a long history of mutual suspicion and conflict between contemporary religion, particularly Catholicism, and medicine and health care. As Davie (2013, pp. 234-235) notes, health care in Europe has undergone a huge transformation over the past few centuries – from an activity funded and organized by religious communities then becoming one almost entirely funded by the secular state. In addition, the rapid development of medicine has meant that many medical problems have lost their former religious significance: they are no longer associated with the likelihood of death, thus the frequency of religious health-related rituals has also reduced. It is worth adding that while religious symbols are present in hospitals in Poland, and priests are employed to provide spiritual care over willing patients, health issues do not constitute a particularly significant element of the overall religious practice, in terms of content. As a result, these two spheres have become significantly separated, to the extent that today the faithful feel uncomfortable when health care intrudes into the sphere of religious ritual. This effect of the secularization of medicine seems to be consistently reflected in the interpretations of research participants: medical recommendations are either evaluated negatively (as an iconoclastic attempt to assert the dominance of the scientific and secular sphere over the spiritual and religious sphere) or welcomed (as a legitimate attempt to assert the dominance of the scientific and secular sphere over the spiritual sphere in exceptional circumstances). It is worth noting here that, especially in the case of the Catholic Church, the relationship between religion and medicine is largely limited to church officials' criticism of medical procedures such as abortion, in-vitro or euthanasia. Criticism is also focused on the use of various drugs and vaccines. During the pandemic, the Polish Episcopate condemned the use

of vaccines by AstraZeneca and Johnson & Johnson because of the use of a cell line from an aborted fetus in the production process (Wróbel, 2020). The pandemic is the first occasion in many years in which medical professionals have had the opportunity to present their demands to the Catholic Church, and not vice versa. The faithful are simply not accustomed to such postulates, and the mutual relations between medicine and religion may appear to them as attempts to impose medical ethical standards on Catholicism. In this situation, the restrictions resulting from the achievements of epidemiology may naturally be viewed with distrust or even interpreted as a kind of revenge or an act of aggression against the Church. Obviously, in this interpretation the objection to the influence of medicine can be treated as a part of a broader rejection of the influence of science as such. The question of the relationship between science and religion is a broad topic. There are many approaches, supported by some religious communities, that point to a convergence between religion and science (cf. Bainbridge, 2011, pp. 314-316), or that point to their fundamental difference, which does not imply a contradiction (cf. Sullivan, 2020, pp. 171-172). On the other hand, there are interpretations which prioritize religious beliefs over scientifically verifiable facts, which even reject science altogether as incompatible with the dogmas of faith, or which consider religion as the only acceptable source for ethical systems – to which science should be subordinated (cf. Haas, 2003).

Many authors point to the role of religiosity and religious institutions in supporting the coping process, especially during the difficult lockdown period (cf. Modell & Kardia, 2020; Halafoff et al., 2021). In this context, religiosity can be seen as a resource that helps individuals to function—especially psychologically—in a world full of various legal strictures. However, it is worth noting that, at the same time, religiosity may lead to poorer coping with certain restrictions, especially those concerning religious practices.

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