Mental Well-Being in the Time of Covid

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As pandemic challenges minds and spirits, we find new ways to cope

By David Lichter, Executive Director

I am so appreciative the many contributors to this issue of Vision on Mental Well-Being in the Time of Covid. Last spring, when we were beginning to hold our member listening and resource sessions on Zoom, I was struck by the initial sharing of stories of what was happening in our respective places of ministry that included numbers infected, overwhelming conditions, staff loads, distant practices, isolation in suffering and death, distance loved ones dealing with grief, and on and on. These were heavy, heart-breaking sessions.

Gradually, we moved a little from what was happening and what we were doing to what was happening to us and how we were. This reflection has not stopped, has it? We continue to wonder about the impact that this year-long pandemic has and will have on us, our loved ones, our colleagues, and those to whom we minister.

Researchers are beginning to publish articles on what they are learning. One I recently saw was in the Journal of Public Health, titled, “Health, spirituality and Covid-19: Themes and insights,” by Fides A. del Castillo. The abstract read: “Current researchers reveal the intimate link between health and spirituality. Among vulnerable populations, spirituality serves a critical purpose in a person’s well-being. One of the many established values of spirituality is that it helps people to deal with major life stressors. This has become more pronounced as the world grapples with the challenges brought by the Covid-19 pandemic. This paper explores the themes and insights from recent scholarly articles on health and spirituality as well as highlights the importance of spiritual care to human well-being.”¹

You, as NACC members, know and experience this every day – the gift of the healing ministry rooted in one’s own spirituality and the spiritual and religious resources of those with whom we minister.

I found myself going back to the value of the definition of spirituality crafted in 2009 at the Consensus Conference sponsored by the Archstone Foundation: “Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”²

This definition was helpful to reflect on the challenges to mental and spiritual well-being, as all of the elements of this definition are threatened daily. What does this pandemic mean right now for me, for us, and for our future together? How has this pandemic affected my own sense of purpose, my motive for getting up in the morning and living this day? Then, I think about my experiences of being disconnected – from the moment (by bouts of distractedness), from the self (staying centered is tough at times), from the other (oh, the so many ways we experience distance!), from nature (as the virus infects us), and from the significant or sacred (as we seek new ways to understand and relate to our God). We are challenged in all of the elements of our spirituality in a complex way. Thus, our mental well-being is also challenged.

Again, I am so appreciative of those who contributed to this issue. We need to continue to reflect and learn from one another in these days and weeks. We need one another to nurture our spirits.

Blessings

David

¹ https://academic.oup.com/jpubhealth/advance-article/doi/10.1093/pubmed/fdaa185/5920386
How to celebrate the new year at a safe distance – and other COVID-19 rituals

By Mary Davis

Gatherings, liturgy, and rituals are paramount to making meaning, providing depth, and bringing direction for the events in our lives – and we need them more than ever during a pandemic.

We are approaching a holiday season like none of us have ever experienced, but we still have a chance to make positive memories. During biweekly support chats with healthcare leaders in our six-hospital system, several people said they were looking forward to the end of 2020 on New Year’s Eve. This thought spurred several of us to create rituals for the whole system to say goodbye to 2020’s challenges – and to retain some of its gifts. In our pediatric hospital, we will have piñatas and refreshments in the last week of December for “Knock Out 2020!” parties.

At the majority of our other sites we hope to have rituals involving water bowls with dissolving paper to write messages to leave behind about COVID-19 (fear, changing protocols, no hugs) and keepsake boxes for what we want to retain (appreciation of family, slower pace of life). These gatherings, of necessity, will be small and physically distanced. Ideally they will also include ways for people to participate electronically, and many will be either virtually viewed or recorded. This is our present and likely future reality.

Physical distancing combined with technology has now become a common way for many Catholics to experience their Sunday liturgy. Previously, televised liturgies were mostly for the homebound. Now we make reservations to attend our own parish liturgies in person, and if we can’t, we attend through technology. The upside is that now we can participate in Mass in parishes anywhere in the country or even the world. At a cousin’s suggestion, I attended Mass in the churches of my parents’ childhood: where they attended high school, where they married, where I was baptized, and several churches overseas that our family attended during a military tour. This has greatly enriched my spiritual life journey.

Our CPE program went entirely online for classes when COVID-19 began. As we typically have a retreat day each unit, I debated how this could continue through Zoom. But I was determined to make it work. With intentionality, I put together retreat materials in boxes for each resident. As we opened our retreat day, each activity was in a separate envelope or box within the larger box, allowing for an element of mystery for our day. Some boxes contained objects for contemplation and sharing, other activities were YouTube video clips or songs we shared., One of the items was a liturgy we shared, complete with Communion bread that each person received, broke, and ate during our service.

We laughingly learned that song was best led by one person, with the rest of us on mute, until we all knew the song. We learned that gestures to songs helped us connect more vividly on Zoom. We learned that meditation times were deepened if we closed out our videos so as not to be distracted by each other’s faces or movements. All residents mentioned our Zoom retreats at the end of the year as highlights of their two COVID-19 CPE units.
We gave one of our residents and his family a baby shower through Zoom, inspired by a podcast from Priya Parker, author of *The Art of Gathering*. She notes that any gathering needs to have a purpose/theme, and she supports having common objects, food, and drink to bring diverse people together. When we invited our Spiritual Care and CPE staff to the Zoom baby shower, we prepared small boxes for each person attending and sent them a pink party hat, a baby rattle, a Little Debbie cake and a baby shower-themed napkin. The family expecting the new baby girl already had 2-year-old twin daughters, and we all had fun shaking our rattles after the girls assisted opening each gift. We all ate our cakes when they cut their party cake. The family loved seeing all of us in similar party hats, and they felt less alone in their otherwise isolated time awaiting the birth of their child.

The point is that external circumstances need not impede us from providing opportunities for persons to be touched by presence and spirituality. This is how we continue to extend healing in challenging and uplifting times, and it is how we, too, make them meaningful.

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Telechaplaincy represents new opportunity for parish ministry

By Blair Holtey

As soon as COVID-19 hit, I knew ministry would change in our hospital. I just didn’t know how. But then it happened. We started making phone calls to patients. Any patient in isolation became a candidate for a personal call, and most, if not all patients, thanked our team. This new form of ministry also gave us an opportunity to reach out to patients’ families in ways we never had. In a way, it gave us license to meet spiritual needs without feeling like we were soliciting. There was something very genuine about it.

Once this form of communication became popular, I realized that it would probably be a great way to reach out to people in my parish. After checking with my pastor, I began making calls from the parish office. They gave me a phone, desk and notebook with names to call. These people were not sick; they just didn’t want to go to church yet because they didn’t want to get COVID-19.

Many shared some guilty feelings because they had not been in church since March. Some did not realize that our local bishop had lifted the holy day of obligation. What a relief it brought to these souls. On other occasions, I reached people on their birthday. One fellow had forgotten it was his birthday, as the days had felt the same. He said the call “made his year.” On several calls, people started to share their personal hardships and how some family members, including spouses, had died from COVID-19, or of other causes during these past months without a proper funeral.

The most common script I use is: “During these times of COVID-19 and changes in our nation, we are calling to ask how you are coming along.” Open-ended questions like this bring out the feelings people have had pent-up inside. I have found that the phrase “these times” has given them a kind of permission to comment on whatever is going on with them in the moment, or with whatever has been festering.

Telechaplaincy is a sacred encounter, and those chance meetings sometimes feel like divine appointments. Most calls are brief, and the parishioner seems grateful. However, one particular call sticks in my mind. At first, the parishioner (I’ll call her “Jane”) wanted to know why a chaplain was calling. She asked my name, twice, and seemed pleasantly surprised that I wasn’t a solicitor. After sharing some of her family issues, she wanted to know if I had any prayer needs. Given that I was having eye surgery the very next day, I asked her to pray for it to be successful. As the conversation neared its end, we prayed together, and Jane said, “Chaplain, you will be on my prayer list. Can I be called again next week? Thank you for being my private psychologist.” Though I did not see her face during the call, I couldn’t help but think that she was half-smiling and winking an eye. As I write, it is my intention to follow up with another call. I can’t wait!
On other recent calls, I have told this story of my own, which many people have thanked me for:

I don’t normally look for a sign that things will be OK. Especially since Noah’s Ark. I don’t look for a dove to bring a branch to me after a flood of strong emotions. However, a bird did come to my aid two weeks ago. I had not known about what had happened at our Capitol until later in the afternoon, when I turned on the radio. As I drove home after a very long day serving at the bedside of patients, I realized that something wrong had happened and that the America I had known had changed. Breaking into the Capitol was very symbolic, and it bothered me because that structure represents part of the soul of America. As I got out of the car, I looked up into the tree in front of our home. Lo and behold. A bald eagle! It took off and circled our property and then headed over the ocean. I had not been looking for that symbol. Seeing that American icon gave me consolation. It gave me the hope I needed to go back and make 30 calls to the shut-ins of our parish – who had probably been watching the TV and wondering what had happened to America that afternoon.

COVID-19 will not get me down! If you look back into history, the bald eagle’s life was threatened. But now look! We just don’t know why God allows certain things to happen the way they do. Isaiah 55:8. “My thoughts are not your thoughts. Nor are your ways my ways.”

We are looking to expand on the telechaplaincy concept. COVID-19 has not stopped us, telechaplaincy grew wings, and it helped us spread our wings. We’re flying high!

Blair Holtey, BCC, is spiritual care coordinator at Mease Countryside Hospital in Safety Harbor, FL.
Pandemic puts unique strains on pediatric hospitals

By Jim Manzardo

It’s holiday time 2020, and all through the world, nary a soul has been spared the weariness, hardship and grief of COVID-19. Yet people everywhere, parents and grandparents especially, are also feeling eternally grateful that this novel virus has been quite merciful to children.

Though pediatric hospitals have cared for many children and adolescents with COVID-19, almost all of them have been sent home directly from emergency departments with minimal symptoms and orders to quarantine. For those who were hospitalized (almost always because of comorbidities) and for their parents, the greatest fear, of course, has been for their survival. Fortunately, very few children and adolescents have died from this virus.

A major source of stress for families has been the visitor restrictions. At the pediatric hospital where I work, early in the pandemic, both parents were allowed to be at bedside. Given the uncertainties, parents usually understood that neither siblings nor any other family or friends could visit.

But some parents were distressed in April when they were informed that only one parent at a time could be at bedside. These restrictions were difficult and felt isolating for more alert patients who wanted both their parents, and for those parents who now only saw each other in passing. Though video calls have definitely helped patients and parents feel more connected to family and friends, the diminished physical presence of these loved ones has still been difficult.

Also, early in the pandemic, volunteers were no longer permitted to enter the hospital. They have always played a vital role in helping kids feel normal, especially through play, the arts, music, humor, and schooling, and in giving parents a break. Their absence has left a big hole.

The remaining hospital staff, though more limited in our direct human contact and wearing PPE, have often been the sole people interacting with our young patients for extended periods of time. Our empathic, compassionate bedside nurses especially, though no substitute for parents, have been extra sensitive and responsive to patients’ and parents’ difficult circumstances and needs. Among those challenging circumstances has been a rise in children and adolescents with mental health issues who need inpatient psychiatric placement. Yet many pediatric psychiatric facilities are full, leaving these youth to wait in general pediatric units not resourced to address their specific needs – an added stress for those units’ staff.

As with chaplains in adult healthcare facilities, more of our spiritual care than usual has been directed to staff. Similar to elsewhere, staff has grown weary of COVID-19’s impact on all aspects of people’s lives. However, as popular culture began speaking of healthcare workers as heroes, many in pediatric healthcare settings felt undeserving of such accolades. Considering our low COVID-19 numbers, some even felt survivors’ guilt, aware of how overwhelmed their friends in the adult healthcare world. Many ICU staff where I work tried to address this internal angst by sending wellness packages to healthcare staff at the nearby adult hospital.

Over time, with more people staying home and socializing less, fewer kids were ending up in the hospital. Those decreasing numbers eventually meant that pediatric hospitals had to
furlough and/or lay off workers. Some staff began to worry about the future of their jobs and to wonder if this was the beginning of a new normal. At our institution, everyone from the CEO to frontline staff shared in cutbacks, which gave many a feeling that we were indeed in this together.

Throughout this unprecedented year, I have accompanied many staff and patients’ parents, and held their worries, weariness and fears. Again and again, I have reminded them they are not alone and encouraged self-kindness, and I have seen the pathway open for them to find light in their darkness, to experience a more gentle leading, and to feel a much needed comfort. 

Maranatha!

Jim Manzardo, BCC, is clinical care coordinator chaplain at Ann & Robert H. Lurie Children’s Hospital in Chicago.
‘One day at a time,’ we can get through anything

By Anne Millington

Lately, at the hospital, people claim to be taking things “one day at a time.”

“One day at a time,” sighs the nursing assistant trying to hold down her job while managing her young children’s remote learning. “One day at a time,” says the anxious son whose father is in the ICU with COVID-19. “One day at a time,” we all chant as we watch the numbers rise and hospital beds fill. Winter approaching, temperatures dropping, we swim around like fish in a lake, helplessly watching the ice form above us and the water cool around us.

And yet, one day at a time, these fish survive each winter – even when the layers of ice are thick enough to hold cars and trucks. As the water around them begins to cool, the fish slow down to conserve their energy, avoiding areas with strong currents that would require them to swim harder. They also head deeper, to the warmer waters at the bottom of the lake.

Like these fish, lately we seem to be slowing down and swimming deeper into ourselves. We continue as best as we can to hold our lives together, all the while noticing “hunkering down” symptoms in ourselves and others. “Ever since COVID, I haven’t been able to read books like I used to,” a patient said. “I just don’t have the concentration.” “Everyone seems so quiet and withdrawn lately,” a staff member noted. “No one is smiling much anymore, no one says much to each other.” “My friends and I aren’t calling and texting as much lately,” a nurse said. “There just doesn’t seem to be anything to say.”

And yet, one day at a time, as we swim slowly in the deep, frigid waters of COVID-19, our eyes may be gradually adjusting to our darkened aquatic landscape. Perhaps we are beginning to appreciate more of our day’s soft and comfortable moments – the amazing cup of coffee, the luxurious heated blanket. Perhaps we are beginning to appreciate more the relationships we have, the gifts we’ve received. “COVID has really taught me how precious life is,” a phone operator recently told me. “I’ve really had time to think about what really matters to me and who really matters to me.”

Particularly in this Thanksgiving week, let’s all remember to give thanks for the gift of each day. Slowly, we may be coming to feel how the deep waters of divine consciousness that surround us and sustain us are in fact expanding within us. We are developing new, broader internal resources to hold space for everything at once – our terrors, our joys, our gifts, our anxieties, our hopes, our resilience. One day at a time, shaped by the cold water, we are developing greater internal depth, greater ability to cope with long-term stress and difficulty, greater faith in our own resilience, greater trust that God can pull us through each day.

Our expanded consciousness in turn prepares us to serve as powerful agents of healing and change in our communities. I think often these days of Abraham Lincoln, a man who weathered loss and battled depression through most of his adult life. Historians note, however, that it was
Lincoln’s slow and steady walk with his painful adversities that gave him the depth, the patience, the humility and the strength to navigate the country through civil war and the abolition of slavery.

Eventually, the pandemic will pass – just like the lake thaws and warms every spring. We anticipate this better time, this time when life will “get back to normal.” While post-pandemic life may well be better in many ways, as we look closely we see different challenges on the lake’s horizon. After all, warmer weather brings with it more fishermen, and thus more hooks, nets and other dangers.

Our future will no doubt feature its own injustices, difficulties and tragedies. We will still have to strive for a society that is more inclusive, more humane, more loving. Indeed, life will never be perfect, not this side of the grave. In each and every season, one day at a time is all we ever have – and yet, one day at a time is all we will ever need.

Anne Millington, BCC, is a chaplain at Beth Israel Deaconess Hospital in Milton, MA.
Virtual rituals help families cope with loss

By Sr. Monica Okon, HHCJ

Prior to COVID-19, my pastoral care department celebrated a monthly memorial Mass in the chapel for the families of patients who died the previous month, and the chapel was usually full. During the pandemic, no Mass was celebrated for patients who died from February 2020 to September 2020. But as the numbers of dead kept increasing, it became obvious that we still had a need for this meaningful memorial service – particularly when so many patients died without their family members at bedside.

We had to do something different that was still meaningful and provided spiritual support to the families. Our pastoral care director, Sr. Pauline Gilmore, FMM, wrote to inform them of a memorial Mass during November, the time in the liturgical calendar when the dead are remembered, celebrated and prayed for. Different days in November were dedicated to celebrating all those who died in a particular month. For example, those who died in the month of September 2020 were remembered on Saturday, November 28, 2020. We wrote to the families, “For their remembrance, a list of the deceased will be placed at the foot of the altar. Our sincere hope is that this will bring comfort to your family as you mourn your loss.”

We did not plan for this event to be live or shared, but many families were happy to know that their loved one was being remembered and prayed for at a specific hour. And some families did show up at the hospital with flowers on the day of the Mass. We invited them in to participate, masked and distanced.

At New York-Presbyterian Brooklyn Methodist Hospital, where I did my residency and now serve on the CPE advisory board, I recently participated in a Zoom bereavement service. For years, Joo Young Hong, the coordinator of pastoral care, has organized an annual perinatal bereavement service. The occasion offers a safe place for families who have lost a baby to grieve and share their sadness and realize they are not alone. Although the service was virtual, it still captured the warmth and intimacy of previous years. Prayers were shared; songs played; poems and responsive psalms read; a reflection presented; and we lit candles as “a symbol of hope through our recognition of loss” while the names of the babies were read. A blessing was offered at the end of the service by the director of the Pastoral Care Department, Peter Poulos.

Even though it was a virtual service, some of the changes were actually improvements. I was personally struck that not only did more people join in the virtual service on Zoom, but more families were willing to share their stories because they did not have to hold a microphone and stand in front of a group of people. Many families shared their stories and others expressed where they are in their grieving process. Above all, they felt supported by the hospital.

To celebrate these angels is always very meaningful, since it brings families who are in the same situation together. I pray that these families continue to experience the love and comfort of this community of support, and may their babies be seen as angels to their parents and families. For all the dead, may you rest in peace. For all who mourn— we love you, we pray for you and please reach out for someone to listen to you as needed. We the chaplains are always here for you.

Sr. Monica Okon, HHCJ, is a staff chaplain at St. Francis Hospital in Roslyn, NY.
Pandemic strains our mental health in unexpected ways

By Nicholas Perkins

The pandemic interrupts our lives and may awaken us at night. It disrupts our sense of control and leaves us fumbling for answers. It has obliterated consistency and predictability, two qualities that are important to mental health.

We hear a lot in the news about the economic fallout from the pandemic. But we hear much less about policies and programs that involve mental health – a problem that existed before the pandemic and will remain when it ends. Adults in America, in one large nationwide survey, were three times more likely to screen positive for anxiety and depressive disorders, compared with one year earlier.

Mental health comprises three parts: emotional well-being, psychological well-being, and social well-being. I liken it to an elaborate network that supports life and opens it to awe and mystery. When one of those parts is out of balance, it disrupts the other two. Imagine how a tiny blister on the foot of a runner causes a gradual breakdown in form and rhythm, and you can understand the intricate system that makes up our mental health.

Like many of my colleagues, I’ve seen how COVID-19 has affected mental health. Recently, I had to deliver the personal effects of a patient who died from COVID-19 to her husband and son. I remember the weight of the bag and the question this 14-year-old boy asked me as I handed his mother’s belongings to his father: Please tell me how I am going to live without my mom.

I felt small in that moment and reflected on how this pandemic has altered our understanding of grief and complex trauma. A complete appreciation will surface after we experience some kind of a return to normal. It would be a huge undertaking to list the many ways in which this virus has changed our lives and altered how we relate to one another. For instance, my health and welfare – perhaps more than any other time in living memory – is in the hands of others as much as theirs is in mine. We are called to practice a collective consciousness that respects the common good.

But mental health reaches into so many other manifestations of the pandemic. Instructions to wash hands and to refrain from touching certain objects can affect individuals who struggle with obsessive-compulsive disorder. Orders to wear masks can cause people who are claustrophobic to feel more confined. I often reflect on the guilt and sadness that families feel when I call to tell them that their loved has died; they want to know if someone was present during that important moment.

Do we even think about what individuals with depression feel during this health crisis when the seasons change and there is less sunlight? I have a friend in New York City who has depression, and the experiences she shares about her isolation and loneliness mimic the emptiness that pervades the city’s once-active streets. I listen during these moments and do my best to be a source of hope and love.
This pandemic has also changed how we worship and gather as communities of believers, two other components that are important to mental health. Daily Mass at my hospital remains suspended, while many parishes in the diocese require a reservation in order to attend services. This virus strikes at the central theme of the Advent season: spiritual preparation for the birth of Christ and seeing God who takes on flesh in our relationships and the eyes of others.

When will legislators and policymakers make mental health a priority? When will news networks and other media platforms initiate dialogue about how this global pandemic affects mental health? The vitriol around which populations will receive the vaccines when they arrive eclipses the hope and joy that should accompany this significant moment.

Our responses to the pandemic can be a cure for it or a symptom of it. The well-being of the entire world has been compromised, but it is time to reinforce our connections. The anticipation and hope of Advent is important to our mental and spiritual health. I believe the day will arrive when lockdowns and restrictions are things of the past. Until that time, let us remain alert to how we can love and serve people who face myriad mental health challenges as a result of this global crisis.

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Chaplains can help families work through grief

By Adriana Rengifo

As chaplains, we know about grief and mourning all too well. Many of us serve in a clinical practice that allows us to walk alongside patients and families who have experienced very difficult situations. However, nothing has fully prepared us to deal with the immediate challenges of grief and mourning in the midst of a pandemic like COVID-19.

In the early stages of my career, I listened to stories from family members as they worked through the loss of their loved one (mourning), and I intentionally attended to their experience of grief, as well as learning about it myself. But most families that were dealing with the death of a loved one were surrounded by others who were ill-prepared to help them. As John James and Russell Friedman write, “It is only natural and quite healthy for people who are caught in a grieving situation to seek solace from those around them. However, in rather short order it becomes abundantly clear to the griever that friends and associates are not of much help. Even though they are well meaning, they often say things that can seem inappropriate.”¹

The death of a loved one is a profound and life-transforming event. There is no one formula on how to grieve. And how each person deals with grief is informed by other previous losses, and by the relationship with the person who died. In due course, it becomes a personal journey between how things were and how they will be.

After I had been doing clinical work for some years, I came across a book titled “Grief Works” by Julia Samuel,² a psychotherapist specializing in grief, who has worked for 25-plus years with bereaved families as a pediatric and maternity counselor in Great Britain. While this was actually a self-help resource, the content of the book spoke to me, because of the stories about counselees as they worked through grief in their psychotherapy sessions. The book helped me prepare in advance for potential scenarios that I would see in clinical practice.

In the current pandemic, I wonder how I manage to continue working without sustaining professional and personal burnout. But as part of my professional training in psychotherapy, I have intentionally honored my self-care practices, keeping in mind what matters and works for me instead of suppressing my emotions, or ignoring the psychological impact of my clinical work.

I have been personally challenged by the current isolation measures that prevent social gatherings at the time of loss. People who are geographically separated from close family and friends also have to cope with this new physically distant way of mourning. Compounding this, their loved one’s body, in many cases, was not put to rest in accordance with collective customs and faith practices. Those who don’t have the opportunity to say goodbye to their loved one may find closure even more difficult.
I think one reason why our grieving process has been impacted so strongly by the pandemic is because certain kinds of death are more difficult to grieve than others. Sudden deaths by COVID-19 also leave family members dealing with unanswered questions and painful memories of how the death took place. Unexpected deaths, such as heart and respiratory failure due to COVID-19 complications, have left too many families with not enough time to say goodbye. In the past months, I have witnessed the intense feelings of regret, guilt, and anger as family members, in their grief, look for someone to blame, sometimes including themselves.

For chaplains, grieving is not something that we do after work, but rather a therapeutic approach embedded in the way we engage and support patients, families and staff. Our ministry of presence helps those family members who trust us to accompany them in their healing process. Bringing a positive outlook on life in the face of COVID-19 is how we stay curious and open to the challenges that may lie ahead. Trusting that, in answering the vocational call of our profession, we are aware of the balance that is needed to know when to allow ourselves and others some alone time to do the grieving process and when to reach out to others.

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¹ https://www.griefrecoverymethod.com/books/grief-recovery-handbook
² https://juliasamuel.co.uk/books/grief-works
15-minute daily pause is enough to improve mental health

By Craig A. Smith

During this time of COVID-19, it is more important than ever to take care of yourself, both physically and mentally. Studies have shown that individuals who have mental illness generally also have physical issues that are not being attended to. Our physical and mental wellness go hand in hand.

Our bodies react to stress, which is defined as any change in either the internal or external environment. Stress is always happening, but how we handle our stress will determine our well-being. Individuals handle stress differently. People who do not manage their stress may be easily irritable; lose sleep, appetite, or energy; feel anxious or depressed; or use drugs or alcohol to cope with everyday problems.

How can you take care of your own mental health? The answer is simple: Take time for you. People will often respond that they can’t find the time. But guess what, all you need is 15 minutes. It may not seem like much, but it is enough time to calm your mind. There are plenty of things you can do in 15 minutes.

1. You can take a brief walk through your neighborhood.
2. You can enjoy a hot beverage.
3. You can meditate or focus on your breathing.
4. You can read an article in your favorite magazine.
5. You can pray.
6. You can take a hot shower or bath.
7. You can take a nap.
8. You can take a drive and listen to the radio.

The best place to take your 15 minutes is away from work. However, there is nothing wrong with taking five minutes during the workday to stretch your legs, take a couple deep breaths, and refocus. Also, it is easier to take your 15 minutes around the same time every day.

My time out for me is immediately after work. I get into my car, take a couple deep cleansing breaths, and grip the steering wheel for approximately five seconds. I do this to release stress and to end my work before going home. On my way home, I like to listen to music and sing. I had to train myself to do this, but after a while it became natural.

If you find that 15 minutes is not enough, adjust accordingly. If a 15-minute nap does not help you feel energized, then nap for 30 minutes. The point is that you are taking the nap because it is what you need. If you miss quality time with friends and family, make it a point to call or Facetime a person on a set date and time. Having social interaction is just as important has having alone time.

Please remember all of the other important ways to take care of yourself during the COVID-19 pandemic. Wear a mask, wash or sanitize your hands frequently, keep six feet apart, get enough sleep, and eat healthy foods. Most of all, remember to take time for you.

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Love wins. Prayer works. The spirit survives.

By Mary T. Tracy

Why do I sometimes struggle to gracefully accept these lovely expressions of thanks to “those of us on the front lines”? Is it because I do not feel worthy to be counted among the ranks of janitors, food service workers, nurses, social workers, physicians, administrators, techs and therapists? Is it because there is so much work yet to do? Is it because I know that all the work I am contributing still will not be enough to spare everyone from suffering?

I don’t know.

So I have made a list of the things I DO know, that get me out of bed every morning and give me comfort enough to fall asleep at night:

1. Love wins.
2. Prayer works.
3. Grief is the healthiest gateway through experiences that reveal our lack of power.
4. The spirit survives and turns our suffering, endured with love, into compassion.

C.S. Lewis described love (in the context of the Christian responsibility to love one’s neighbor) as desiring the good of the other purely for the sake of the other. It does not require liking one’s neighbor or condoning bad behavior. Properly employed, it sets the lover free to do the right thing – the loving thing – regardless of how it may inconvenience self or others.

I believe that we are oriented to love one another – and ourselves – in just this way. That is how we are naturally made. With luck and effort, we continue not only to love one another but we understand that it is worth the sacrifice that love requires and makes bearable. Sacrifice is required not only to give love, but also to receive love. By our inherent vulnerability, we learn about the sacrifice of receiving love first, as we receive it as infants from those we depend on for our very survival.

Gradually, we also learn the joy and power of giving love. We learn that it feels good to give our accomplishments to people who love us so much that they actually treasure our work (or at least our effort). Then, we learn how good it feels to share with our peers in more of a mutual power dynamic.

And yet, very near the beginning of our discovery of the power of love, we also learn the pain of grief, when our love is not reciprocated or received as we intend. Just when we begin to sense the power inherent in our ability to love, we also learn the limits of our power. We learn that love is not control.

This brings me to my conviction that prayer works. When we learn humility – loving without expecting control or safety or any particular benefit at all – we also gain incredible freedom to act as lovingly as we desire. It is also natural to feel shaken and disturbed when we encounter suffering both near and far, in loved ones and in perfect strangers. Those of us who have
chosen healthcare as our mission have likely already had this awareness that we would rather run toward those in harm’s way, not away from them.

I speculate that the ER doctor in a New York hospital who recovered from COVID-19 was grieved not only to be ill, but to have lost – even temporarily – his channel for loving and serving others. It is a double grief. Fortunately, this Dr. Maldonado found a new source of gratitude in his increased capacity for empathy towards his future patients.¹

Thus, grief acknowledges that our feeling of control will ultimately fail. Education and training, our health, the health and life of loved ones, our sterling character, our trust in any human endeavor – all are good and worthy of our attention, but none of them can perfectly protect against mass disaster or mortality.

Where our power fails, prayer allows us to acknowledge our grief and honor our desire for the good of ourselves, our loved ones and even strangers near and far. We acknowledge all that we do not control and yet still desire. Prayer assures us that our struggle matters and is not in vain. Prayer provides a healthy channel for our hope, particularly when we dig a little deeper than our surface needs and desires. Prayer allows the heart to speak honestly, generously, of how love wins. It can allow the fog of grief to yield to the genuine power we do have – the invitations to act on our compassion that we have been missing, out of frustration, sorrow and anger over the power we have lost.

Prayer works because it also allows us to hear from our most reliable advocate – our spirit. I am convinced that the spirit is our indestructible center. Regardless of how fragile or broken we may be physically, mentally, emotionally, our spirit advocates for us, for our true hope, our true good. Ironically, our spirit can be quite shy, too gentle to be heard in the midst of normal daily life. When we take down time – by choice or by circumstance – we can discover the spirit’s encouragement that suggests a new or rediscovered hope that reorients our actions, our purpose, and our identity.

I alone can hear my own spirit. You alone can hear yours. We each must find our own way to hear our spirit speaking. For some, it may be talking with a friend. For others, it may be working in the garden or walking in a beautiful place. For still others, it may require writing from the heart just for one’s own eyes. I myself use all of these methods for attending to my own indestructible spirit. I invite you to do the same.

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