



Conference of Major Superiors of Men

**Supporting Male Religious  
in a Post-Pandemic Reality**



*Recommendations for  
Psychological & Spiritual Health*

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## *Introduction*

In the aftermath of crisis or change, we are challenged to reflect on how we have grown spiritually or cultivated wisdom, identify ways we have become stronger, and find ways to move on. However, when we have moved beyond the acute crisis but are still in what feels like a crisis – just “not as bad” as it was initially – where do we go? What does growth look like? How can we begin the process of healing and recovery?

Religious communities have been faced with unique challenges as a result of the COVID-19 pandemic: death, without the ability to grieve and celebrate in a typical fashion; inability to celebrate the Sacraments in person; living in community but being isolated from confreres; inability to visit brothers in nursing facilities; as well as myriad experiences of upended routines and uncertainty. While for many these more dramatic challenges have subsided, the return to normal has not yet occurred.

## *Living in the Neutral Zone*

Psychologically, the pandemic represents a profound transition. In his seminal work, *Transitions: Making Sense of Life's Changes*, William Bridges identified three key stages of transition: the Ending, the Neutral Zone and the Beginning. The first stage, the Ending, signifies the loss of something, i.e., through death, job change, a move, or other significant event. In addition to loss of life from COVID-19, the pandemic signaled an ending to many things previously taken for granted: large gatherings, shaking hands, life without masks, etc.

The second stage, or the Neutral Zone, is a period during which we must be still, grow in wisdom and decide what to bring with us from this recent ending before we embark upon a new beginning.

Collectively, we are in this Neutral Zone – still acutely aware of what we’ve lost, desperate to move on to a new beginning, but not yet there. The Neutral Zone forces us to be still and reflect on how we are affected by the recent ending.

The third stage, the New Beginning, is directly affected by the work that is (or isn’t) accomplished while in the Neutral Zone. Jumping too quickly into the New Beginning, without an adequate period of reflection and resolution of painful emotional experiences, can result in the continuation of unhealthy patterns. We can miss the opportunity for change (individual behavior, community dynamics, etc.) and growth, preventing us from using the wisdom gained in the Neutral Zone to inform the path forward.

### *Psychological & Spiritual Impact*

While the pandemic was far-reaching and became part of our collective lived reality, it was not necessarily a shared experience. “Living my best COVID life” was the mantra of some for whom lockdown was manageable and even a nice opportunity to rest, pick up a new hobby or spend more time with loved ones. For others, COVID was a profoundly traumatic event in the form of prolonged isolation, multiple losses or major life disruptions.

Another group of people experienced past trauma reactivated by the stress and isolation; past wounds that seemed healed returned to the surface, causing depressive and anxiety symptoms to re-emerge, exacerbating already stressful and challenging times.

Because of these differences, and the fact that many are still living in those challenges, it is critically important to name, honor and reflect on the emotional and spiritual wounds at the individual and community level.

## *Navigating Grief & Loss*

In a clinical setting, notable trends related to grief and trauma have emerged during the last two years. Individuals who had “graduated” from therapy reconnected to solicit support again, noticing a resurgence of anxious or depressive symptoms.

Feelings of grief and loss are commonly expressed, with varying levels of severity. Some are grieving losses their community suffered directly related to COVID-19, while others experienced loss associated with disruption in ministry and interpersonal and family relationships.

Often a new experience of grief has an activating effect, triggering and reactivating previous experiences of loss. In the context of therapy, it is critical to bear witness to the individual’s experience: validating and honoring their loss and allowing them to talk through returning feelings of anger, sadness and disappointment. Then it is important to help them identify strategies for healing, including finding a larger meaning in this new experience of loss, reaching a deeper level of acceptance, or even taking the risk to share their experience with trusted peers.

Others have experienced a re-emergence of past trauma and need help exploring those feelings. Similar to grief, extreme stress can cause us to revisit past crises or traumatic events because emotionally we are feeling those same affective experiences once again. For example, for an individual whose early life included a lot of time alone due to the father’s struggles with alcoholism, the isolation experienced during the pandemic has the potential to reactivate the feelings of abandonment, fear and loneliness. Or, for an individual who served as the caregiver for a dying parent and held close the fears of infection, living with the anxiety of an illness spreading all over the world could easily induce feelings of panic,

both reflective of the very real fear of the present but also the very real fear of the past.

For those who are suffering from grief and trauma, in addition to attending to their present affective experience, it also important to help them cultivate skills for maintaining a level of balance and equilibrium in their emotional lives – to find tools for building resilience.

For religious leaders challenged with supporting community members significantly impacted by the pandemic yet eager to move on quickly, how do we help, especially when some brothers are obviously hurting and others deny being impacted at all?

### *A Model for Support*

The process outlined on the following pages facilitates dialogue, reflection and personal as well as communal growth, as members make sense of their own unique pandemic experience, identify the losses and vulnerabilities activated by the crisis and find a new way forward within the context of healthy community life.

Participation in selected interventions should be mandatory; others can be optional. Members will present with a variety of needs, and the level of support needed is also likely to vary. There will inevitably be some who resist engaging; for the community to heal collectively, though, asking members to be present – even if just physically present – is critical.

## 1. Name the problem.

How does our community move forward from the pandemic? Some want to pretend it didn't happen; some are still quite impacted; some are paralyzed; others weren't significantly impacted at all. It is critical to gain clarity about and validate both the individual and collective community experience.

Gathering this information is easier when there are multiple options for sharing. More introverted brothers will prefer to write and reflect about their experience; others may find it easier to share in a small group setting, allowing conversation to help them articulate their experience.

The prompts below could be disseminated electronically or in hard copy to individuals, in addition to elective, small group sharing opportunities.

### Suggested prompts:

#### *For individual members*

- At the height of the pandemic, in spring 2020, my life changed in these ways...
- My emotional health was impacted in these ways...
- My ministry was impacted in these ways...
- My spiritual life and practices were impacted in these ways...

#### *For the community*

- At the height of the pandemic, in spring 2020, community life changed in these ways...
- During this time, I observed the following about my community...
- The losses our community endured during the acute stages of the pandemic included...

## **2. Conduct a needs assessment.**

A needs assessment based on the problems identified by community members helps leaders determine what community members need by asking them directly. This process should also have multiple avenues for participation (written and electronic survey, small group discussion, etc.). Participants should be assured that the process is completely confidential and that requests for support will be honored. The questions can be framed in a way that offers a solution but doesn't force their participation – the goal is to gauge receptivity to a number of possible interventions.

*Sample questions could include:*

- How likely would you be to attend a presentation on the spiritual impact of enduring crises?
- If made available, would you be interested in participating in 2-3 counseling sessions to process your experience of the pandemic?
- Interest in faith sharing groups has emerged within the community; is this something you would like to take part in?

## **3. Provide resources for addressing identified needs.**

Community leaders can now make concrete offerings of support. It is important that this communication ties back to the naming of the problem and to the initial needs assessment, making a clear connection between the named problem(s), the identified needs, and the solutions offered.

## **Assessment**

The *SLI Clergy and Religious Health Monitor* is a free assessment of the overall mental and spiritual health of community members. The anonymous survey explores self-reported feelings, habits and behaviors and measures specific changes in physical, emotional, and spiritual well-being over the preceding six months.

This instrument does not yield individual results or diagnose individual mental illnesses, but rather generates a big-picture, composite view of community health. Saint Luke Institute experts analyze the results, develop a report inclusive of top findings and recommendations, and review the report with leadership.

## **Individual Supports**

There are a variety of intervention options, including: one-on-one consultation session with a licensed mental health professional to determine if longer term therapeutic supports are needed; consultation with a nutritionist or primary care physician to address weight gain and any other health issues that have emerged; increased frequency in spiritual direction; physical and/or occupational therapy sessions to target lack of activity during the pandemic and diminished physical agility.

## **Small Group Sharing**

Communities have been faced with a variety of challenges; small group discussions (maximum 6-8 people) with men from other religious communities could help individual men and the community as a whole normalize the experience as well as facilitate healthy interpersonal connection.

## **Education & Skill-building**

Skill building is critical to managing difficult experiences – past or present – in a way that facilitates personal development, better emotional management and healthy integration of difficult experiences. For those more comfortable viewing the world from an academic or intellectual standpoint, starting with psychoeducation is a way into an often closed door. Using community workshops as a springboard for further discussion in small groups is a minimally threatening opportunity to share and can often yield rich dialogue.

Saint Luke Institute (SLI) offers a variety of assessment, treatment and educational resources to help religious leaders cultivate skills for navigating these unique challenges.

[SLIconnect.org](http://SLIconnect.org) has a wide range of educational content specific to priests and consecrated religious. The content can be employed in a variety of ways – for example, watching a portion of the presentation as a group and then engaging in small-group discussion, or encouraging individual members to view a presentation online in advance of a facilitated in-person community gathering.





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