**Chapter Title: Religious, spiritual, and moral stress of religious leaders in pandemics: Spiritual self-care[[1]](#footnote-1)**

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**Abstract**

What helps religious leaders take care of themselves? Calming spiritual practices help people “check in” with their bodies, raising awareness of stress-related muscular tension, rapid heartbeat, and shallow breathing. Adding calming practices to old or new spiritual practices connects people to transcendent meanings and relational webs. Stress shaped by systemic racism makes people wary of their environment. Black therapist Resmaa Menakem describes settling practices that increase awareness of body memories of systemic oppression. Calming and settling spiritual practices often spark a tangible sense of compassion toward self and others. Compassion may reveal the self-judgment and imagined judgment of others (even God) that are often triggered by stress. Settling practices help people become aware of systemic oppression through an interconnected sense of responsibility. Calming and settling practices help people experience a sense of spiritual trust that enables them to explore moral stress arising from conflicts in values. A simple step-by-step process of spiritual care is described for sharing moral stress and clarifying values that enhance spiritual integration.

**Introduction**

How do religious leaders cope when overwhelmed by the anxiety of coronavirus and its related work, family, and financial struggles? What helps when people feel morally betrayed by politicians who cannot respond to catastrophic crises because they are entangled in bipartisan conflicts? How do religious leaders collectively use outrage as energy for change when Black people are killed by law enforcement officers entrusted with protecting life? How do religious leaders join protests against access to guns in the US, which increase violent death by those who armed and politically enraged, as well as those whose hopelessness makes suicide the only way out of despair? How do religious leaders lead their communities in searching for meanings during national traumas? What awaits on the horizon, with so many deepening political, health, and climate crises? How can religious leaders come together to preserve life—

for humanity and our planet—when people refute the scientific basis for understanding and responding to both our climate crisis and the pandemic?[[2]](#footnote-2) While these intersecting crises are unique to 2020 and 2021, their underlying causes—our interconnected vulnerability to pandemics, systemic anti-black racism and enduring colonialism, the climate crisis, ignorance of science, and authoritarian tribalism—shape both present and future survival.

In the deepening gloom of these crises, what helps religious leaders take care of themselves in order to care for world?[[3]](#footnote-3) The acute stressors of living with a pandemic, political betrayal, police violence against Black persons, and climate crises all carry a sense of life threat. Enduring life threat without relief or support can intensify anxiety, depression, post traumatic symptoms, as well as religious, spiritual, and moral struggles.[[4]](#footnote-4) In this chapter I describe how calming spiritual practices may help religious leaders re-experience a sense of trust connecting them to others and transcendent dimensions of life named through their religious and spiritual practices, beliefs, and values. Spiritual practices and conversations with trusted others may help religious leaders clarify values that enhance spiritual integration.

**Why calming practices as the foundation for spiritual self-care?**

Human beings, like many species, respond in complex ways to situations perceived as challenging, threatening, and/or beyond their control. The body’s response to stress is immediate and pervasive, as detailed on the American Psychological Association’s webpage on the physiology of stress.[[5]](#footnote-5) Our autonomic nervous system (ANS) is the physiological ‘switchboard’ for our responses to stress. Its sympathetic nervous system (SNS) sets off our ‘arousal’ response when threat or challenge is perceived. The SNS quickly signals the adrenal glands to release hormones—adrenalin (epinephrine) and cortisol—energizing a ‘fight or flight’ response. Blood vessels dilate, pumping blood to our large muscles, especially our hearts. Our heart rate increases. Our blood pressure may rise. We may experience rapid breathing and shortness of breath, as the airway between our nose and lungs constricts. Our ‘gut’ (the gastrointestinal system) may react with feelings of ‘butterflies’ in our stomach, and sometimes with pain, bloating, and other kinds of gut dysregulation affecting our moods.

The counterpart to the SNS is the parasympathetic nervous system (PNS) that signals a ‘stand-at ease’ return to pre-crisis functioning for our stress hormones, heartbeat, blood pressure, and breathing. This is the relaxation response that we can activate ourselves with slow, deep breathing or other kinds of relaxation practices. Slow deep breathing calms us by shifting our brains and bodies from a stress response into relaxation. Try this calming practice of slow deep breathing, while focusing on the sensation of air entering your nostrils, your throat, and into the full capacity of your lungs. Feel the sensations of holding the fullness of this breath, then slowing exhaling through your mouth. Next, try adding the pressure and warmth of touch to slow, deep breathing. Place your hand somewhere on your body where you tend to feel your body’s stress response. You might place you hand on your chest, cup your hand around your jaw, or place your hand on your shoulder. When you slowly exhale, focus on the warmth and pressure of touch as a way to tangibly feel compassion toward yourself, and others’ compassion for you.

Another variation of deep slow breathing is a “box” breath that combines a four-part breathing practice (inhale-hold-exhale-hold) with visualizing drawing four sides of a box. Here is how it works. With your eyes closed, inhale through your nostrils to the count of four while visualizing drawing one side of a square. Hold for four seconds while drawing the second side. Exhale to the count of four, expelling all of the air in your lungs, while visualizing drawing the third side of the square. Rest without breathing to the count of four, while visualizing drawing the fourth side of the square. When I first started using this practice, I found it helpful to “draw” the box with head movements. I lifted my head up in increments while counting to four, then moved my head horizontally, then down to the count of four, and so on. The practice concentrates attention on the sensation of breathing. I sometimes do box breathing while listening to music that is personally meaningful. I adjust the timing of my box breathing to the tempo of the music, taking in the beauty of music with the goodness of breath.

A calming practice such as slow deep breathing interrupts our body’s stress response and helps us hold with compassion the emotions that often accompany stress like fear, anger, shame, guilt, or blame.[[6]](#footnote-6) These emotions have a stealth-like quality and can easily overpower us, of changing our mood or attitude without our awareness. These stress-generated emotions often propel people into automatic avoidant ways of coping such as snacking, shopping, using addictive substances, or turning to social mediation. The more we use calming practices such as slow deep breathing, the more likely we will notice when something triggers a stress response, its stealth emotions, and automatic ways of coping shaped by consumer culture. With enough practice, we may find that stress prompts us to take a slow deep breath that interrupts stress-based emotions and ways of coping. Space opens up for us to make choices about how to cope. Our compassionate self is now in the driver’s seat, instead of the self who feels judged, guilty, angry, or shamed.[[7]](#footnote-7) When we feel the impulse to cope with stress in habitual ways (through consumption and/or avoidance), we are able to surf the impulse until it dissipates.[[8]](#footnote-8)

**Making calming practices spiritual**

Calming practices may be incorporated into a variety of spiritual self-care practices, helping religious leaders more tangibly experience compassion. What do I mean by spiritual? Spiritual practices making calming practices *relationally life-giving* by connecting people with goodness, beauty, and/or love felt deep within and/or all around them, through relational webs that include transcendence. Spirituality describes "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."[[9]](#footnote-9) In teaching students how to experiment with intrinsically meaningful calming practices, I echo Lartey and Moon’s wisdom of looking beyond what are traditionally considered spiritual and religious practices:

We *do not* think for a practice to be pastoral and/or spiritual, it must also be corporate or linked to and rooted in a faith community and its traditions. We understand that

“religious traditions” are socially constructed or invented European categories, which are constantly changing. “Spiritual” or “pastoral” care should not be circumscribed to “faith” traditions. Such a mindset limits what is considered spiritual or even religious. If by ‘faith’ or belief system, one refers to a broadly understood faith meaning as it was understood in medieval times, then ‘faith’ refers to a concept of trust in someone, not belief in an epistemological sense of higher beings…. When we limit what is ‘spiritual’ to ‘faith’ traditions, it reinforces Christian hubris: a combination of white Christian superiority as normative, with racism intertwined in those standards of the norm.[[10]](#footnote-10)

Another reason to encourage experimentation in spiritual practices is the risk of feeling judged in simplistic, harsh ways when using traditional or childhood religious and spiritual practices, like reading sacred texts, prayer, and/or participating in communal rituals. Religious struggles with a judging God often include simplistic moral beliefs that we cause our own suffering because we are bad. Feeling bad can be life-giving when there is a collective sense of shared responsibility for wrongdoing.[[11]](#footnote-11) Pandemics, systemic racism, and our environmental crisis are global problems that can only be addressed through shared actions. To what extent does guilt, shame, and blame connect us with compassionate others, with whom we can work for change? This question helps us discern when our emotional response to stress connects us to others or isolates and immobilizes us.

Returning to our ‘spirituality test’, we need to assess whether a practice that we identify as spiritual makes us feel harshly judged or helps us trust in a benevolence.[[12]](#footnote-12) For example, my particular childhood experience of Catholicism makes me often experience God as a harsh, distant, and unloving judge. Personal prayer easily evokes this false god. Collective prayer, on the other hand, invokes a loving God that connects me across centuries with communities of faith who share creedal statements, liturgies, and sacred music. Since childhood, sacred choral music has connected me with a profound sense of spiritual beauty.[[13]](#footnote-13) The test for me of a spiritual practice is whether it connects me with beauty holistically in the ways that sacred choral music does, especially when I sing along with a familiar choral work. By holistic, I mean that I experience that deep and/or transcendent goodness in my very bones and breath, not simply as a cognitive affirmation of what I am ‘supposed’ to believe.

I invite you to find ways to ‘test’ whether a spiritual practice is lifegiving. You may want to start from scratch and consider what moments in your daily routine invoke a sense of peacefulness, hope, and/or goodness, perhaps through the beauty of nature or the arts, and a profound of sense of feeling at home or at one with others. What happens when you add a slow deep breath to this moment as a way of ‘anchoring’ it in your body? Later in the day if you become aware that you are experiencing a stress response, might a slow deep breath return you to that memory of goodness or beauty?

**Spiritually calming practices for chronic relational stress**

If stress continues over time or becomes chronic, then our body’s arousal response is easily triggered and extenuated. It becomes increasingly difficult to experience relief from stress. Chronic stress causes physiological, emotional, and relational problems. For example, relational conflicts generating chronic stress make people ruminate on arguments and power struggles with their partners, children, or work colleagues. The outburst of relational conflict continues to burn underground. Rumination revs up those fight and flight stress hormones that keep an argument going on within us, long past its initial outbreak, as the research of marital conflict demonstrate.[[14]](#footnote-14) Any sort of neutral or even positive interaction with this ‘problematic’ person is likely to be perceived as negative.[[15]](#footnote-15) The conflict that has continued to burn in our ruminations easily ignites above ground. Like chronic stress, chronic relational negativity becomes automatic. For example, faith communities often have members with intense complex needs. They expect their faith communities to be the family they never had. When a community faith leader does meet their expectations, they blame their faith leader for any sort of organization struggle, such as financial stress, youth group programs not holding onto young adult members, religious education program not attracting enough families with children, etc. Now, this faith leader anticipates that every encounter will be negative. What helps when chronic stress pervades relationships with intimate partners, or members of our families, faith or work communities?

Insights from marriage counseling are helpful here. Like a wildfire that continues underground, this negativity is difficult to douse, especially when either party has negative childhood experiences reactivated in relational conflicts infused with negativity. Willfully ignoring skyrocketing stress responses is physically and emotionally harmful. Also, ignoring these bodily responses to conflict may well replay other harmful relationships where everyone acted ‘nice’ while conflict raged in various ways, sometimes consuming the ‘identified patient’ designated as the scapegoat.

Often therapy is needed in order to gradually douse fiery negativity. If therapy is not readily available, self-care strategies based on marital interventions could be helpful.[[16]](#footnote-16) The specific strategy I have in mind begins with some slow deep breaths, followed by visualizing your adult self that comes alongside a younger self. Perhaps your adult self has a hand on the shoulder of the younger self. Next, imagine facing off with your adversary. The adult self takes a slow deep breath, prompting the younger self to do the same. You might visualize your younger self giving your adult self their pain to hold. This bundle of pain might be like sticks of dry wood, ready to ignite when the adversary sparks a conflict. This image of handing over pain is especially helpful if there is not yet time, energy, or a trusted other available to unpack what makes this adversarial relationship so painful. You might add a spiritual dimension to this image, imagining your pain being held by a loving community and/or by a loving God.

**Spiritually settling practices for body memories of trauma**

A key dynamic of calming practices is a *felt* sense of connection within relational webs of life. Trauma research and therapy uses neuroscience research on responses to life threat to demonstrate the importance of experiencing a felt sense of safety.[[17]](#footnote-17) Fear easily disrupts this sense of trust. People who have experienced overwhelming life events that threaten their lives or their core sense of self may easily re-experience fears from past trauma. Much is now understood about how life-threatening events overwhelm people psychologically and may lead to posttraumatic symptoms when they do not get enough support to integrate the acute stress of life threat into their ongoing lives in healthy emotional and spiritual ways. Spiritually oriented approaches to trauma therapies can help community faith leaders re-experiencing past trauma during a pandemic, civil unrest, or racist violence. Using calming spiritual practices is a key component of trauma spiritual self-care.

Ongoing family and cultural dynamics can pose a pervasive sense of threat and danger that may not stand out as singular memories of trauma. The dynamics of domestic terrorism fueled by toxic masculinity and white supremacy may trigger memories of ongoing family dynamics that, over time, resulted in neglect and/or emotional abuse that was never acknowledged. It is not uncommon for those in caring vocations to have childhood and family roles of feeling/being solely responsible for the wellbeing of others.[[18]](#footnote-18) They may have childhood memories of being overwhelmed by a sense of danger and imminent threat to themselves or others. When parents were neglectful or abusive, children may have felt like they had to pay attention to danger and protect themselves and others. These ongoing family dynamics may result in children developing traumatic responses to any sense of threat to their family’s well-being. Children in caregiving roles who become community faith leaders may be attuned to the potential for danger in partner, family, and church family relationships. Their childhood memories of caregiving, easily triggered in their spiritual caregiving roles, may make them helpless, and angry. Often aspects of one’s social identity, such as one’s gender, sexual and/or racial identity shape these childhood experiences, then these aspects of self are implicated in adult caregiving roles. For example, one’s gender identity as girls or young women may make women feel responsible for their community of faith’s well-being. Or a boy’s conflicts about how toxic masculinity energizes family neglect or abuse may make boys and young men conflicted about their gender identities and potential to cause harm. Children experiencing struggles with gender and sexual orientations that don’t fit family and religious expectations may experience a sense of life threat and despair about feeling ‘at home’ in their bodies, families, and communities of faith. When past family dynamics seem vividly real in the present, religious leaders may experience their childhood orientations to/theologies of family stress (values, beliefs, and ways of coping) as more compelling than their intentional values and beliefs about spiritual care and leadership.

Similar to childhood family dynamics, cultural dynamics of systemic oppression can instill bodily memories of fear that become easily triggered in moments of stress arising from COVID-19, civil unrest, and systemic racism. Black therapist Resmaa Menakem draws on research in trauma to describe how memories of systemic racism are “stored in our bodies as wordless stories about what is safe and what is dangerous.”[[19]](#footnote-19) He describes the skill of “settling one’s body” as essential for the work of socially just care:

If you’re white, you may discover that you when you can settle…your own body…you’ll…be better able to manage, challenge, and disrupt white-body supremacy. If you’re Black…you’ll be better equipped to not internalize the standards of white-body supremacy. You’ll also be better able to challenge it through organized and sustained resistance.[[20]](#footnote-20)

Menakem describes a simple settling practice of slowly looking over each shoulder and surveying your surroundings while paying attention to your breathing and how you experience stress in your body. This practice helps community faith leaders become aware of their own bodily memories of overwhelming stress and deepens their awareness of life threat arising from systemic oppressions. Those who have experienced sexual harassment, abuse, or assault may find that settling practices raise awareness of how body memories may be re-awakened to create a sense of pervasive threat and danger. For example, symbols used by the mob who violated the Capitol may remind people of how sexism, racism, and heterosexism justified through religious doctrine or texts was part of past trauma for them. Settling practices invoke a calming adult self who can reassure the childhood self who is hyper aware of danger in their surroundings. When settling practices are combined with calming spiritual practices, community faith leaders will be able to use a momentary settling practice of surveying their surroundings. Regular use of such practices when they begin their day will help them pay attention how they experience stress. While they will not be able to go through the bodily movements of settling during a meeting or spiritual care conversation, they may be able to retrieve body memory of settling. For example. they may associate settling practices with the sensation of their strong core muscles against the back of a chair, or the flow of energy through a body posture that combines the power of self-agency with receptive power that takes in the mystery of oneself and another.[[21]](#footnote-21)

Settling practices may make community faith leaders more aware of the lasting impact of past experiences of trauma involving ongoing family and cultural dynamics. With such awareness may come grief and rage about innocence lost, and the ‘holiness’ or sanctity of self and/or homes that were violated. Awareness of how adults did not/were not able to protect them may contribute to a sense of betrayal.[[22]](#footnote-22) They may need to seek out trusted others with whom to share lament and process complex grief. Using settling and calming spiritual practices will help them return over and over again to a safe space that holds their lament.

Once people have settling and calming spiritual practices that ground or anchor them in a felt sense of trust, they are less likely to be swept off their feet by stress. Spiritual practices may become a tether to the inherent goodness of one’s body, trustworthy others, lament for social injustice, and transcendent interconnections. They help people give voice to the emotional and spiritual pain of suffering without becoming isolated in lament. Trust opens up relational spaces for collaboratively searching for values and meanings that support accountability and foster justice.

Calming and settling practices will help community faith leaders trust the process of lament,[[23]](#footnote-23) and find trusted others who can help them integrate trauma in their ongoing sense of self and vocations as community faith leaders. When community faith leaders find practices for holding stress in self-compassionate and self-transcendent ways, they can then enter into an ongoing integrative process of aligning spiritual beliefs, values, practices, and experiences. For example, community faith leaders can track how they experience stress in their bodies to become aware of stress-based values and beliefs, like being/feeling solely responsible for another’s wellbeing. In group sharing and supervision, they can name and explore the familial and cultural origins of these values and beliefs and their inherent moral stress with compassionate support rather than self-judgment, shame, or guilt. They can integrate their intentional values and beliefs about spiritual caregiving (such as interconnected responsibility for protecting life) into calming practices, in order to embody these values and beliefs in the practice of spiritual care. What would this process of spiritual integration look like in practice? Imagine how a religious leader might experience stress at the prospect of talking to a member of their faith community whose strong needs for family cause them to expect their faith community leader to become like a parent to them. The community faith leader takes a deep slow breath and realizes with self-compassion their re-experiencing of the moral stress of being solely responsible for this member’s spiritual and emotional wellbeing. Another slow deep breath using words or images with spiritual meanings helps this faith leader embody their intentional values and beliefs about spiritual care. The faith leader is now ready to trust the process of spiritual care, bringing the mystery of who they are to meet the mystery of who the other is. The process of integration is what grounds community faith leaders in their own religious and/or spiritual heritage, identities, and communities, in ways that enhance spiritual differentiation, a core interpersonal competency for community faith leadership and spiritual care.

**Spiritual Self-Differentiation**

When community faith leaders are attuned to how stress triggers bodily memories, they can use calming spiritual practices to hold their childhood experiences of danger in self-compassion. They may then be able to care for self by separating past memories from present circumstances in a process of spiritual self-differentiation. *Self-differentiation* helps community faith leaders manage relational boundaries in the emotional intensity of intimate, family, and community of faith relationships. Family therapist Murray Bowen [[24]](#footnote-24) describes how families may cope with the stress of power struggles by blurring boundaries between self and others.[[25]](#footnote-25) When self and other become fused, people cannot discern where their ‘self’ ends and the other’s self begins. One way of coping with fusion is emotional disengagement or cutoff which, as Schnarch and Regis emphasize, is not the opposite of fusion but an attempt to regulate one’s emotions and sense of self.[[26]](#footnote-26) Self-differentiation in intimate/high investment relationships is both an interpersonal process of managing relational boundaries and a psychological process of managing emotions, thoughts, and behaviors. Those in professional helping relationships learn how to *psychologically* self-differentiate in order to maintain healthy boundaries. Community faith leaders draw upon their knowledge of faith traditions in order to be *spiritually* self-differentiated.[[27]](#footnote-27) They are able to separate their beliefs and values about suffering from another’s beliefs and values, in order practice spiritual empathy—an interpersonal capacity to imagine how another experiences stress and stress-related emotions that generate their orientation to suffering.[[28]](#footnote-28)

**How to have spiritual self-care conversations about moral stress**

I have developed steps for having spiritual care conversations about COVID-19 stress in spiritual care courses and workshops for community faith leaders and frontline health care professionals. As a prelude to such conversations, I lead people in a simple mindfulness practice of slow deep breathing that (1) focuses on the sensations of air entering our bodies, being held, and then exhaled, (2) adds the sensation of touch by placing our hands on our chest or over our heart, and then (3) adds words (e.g., from a sacred text), an image or memory that connects us with a sense of transcendent goodness. I describe the steps below for having a spiritual care conversation that focuses on a source of COVID-19 stress for one of us. Students/participants will use these steps in spiritual care conversations with each other.

1. Identify a source of COVID-19 stress. How do you experience stress in your body?
2. Let’s try using a calming practice of deep slow breathing, while placing a hand over our chest or heart. Close your eyes if you wish or look down. Breath in slowly, hold for a few seconds, exhale slowly and rest for a few second. Let’s do that again and pay attention to the warmth of touch. How does your body feel now?
3. Looking back at your experience of COVID-19 stress, what emotions go with that stress? Let’s take another slow deep breath and hold those COVID-19 emotions in compassion.
4. Is there a value that gives you a sense of purpose when you experience your particular COVID-19 stress (e.g., caring for self in order to care for others; protecting life; do no harm)?
5. Concluding with words of thanks for their sharing.

Before beginning the conversation, those in the spiritual caregivers can be reminded of their two roles of (1) guiding the conversation and (2) listening without interruptions. In their guiding role, they will need to have the conversational guide available for easy reference.After each conversational invitation, they will shift into their listening role, using their own calming practices to simply follow the care receiver, and resist urges to share aspects of their own story or give advice in order to solve problems.

**An illustration**

When invited to talk about a source of coronavirus stress, I describe how fearful I was early on in the pandemic that my 93-year-old mother living alone in Montreal would die of COVID-19. I panicked when I saw a photo of two ambulance attendants in full protective gear pushing a stretcher with someone encased in what seemed to be a plastic bubble. I could easily imagine my mother struggling for breath in a bubble that isolated her. With my heart pounding, I’d email my sisters and confer about how to protect our mother. After many family Zoom calls, we devised ways to help her stay in her own place without being too isolated.

Taking slow deep breaths when I felt overwhelmed with fear about protecting my mother didn’t lessen what felt like the grim inevitability that she would become sick.[[29]](#footnote-29) Over time, slow deep breathing helped me name my anxiety as love. Instead of judging myself for ‘over-reacting’ or my mother for being ‘oppositional’ to our efforts to protect her, I valued the love that made me want to protect my mother and reach out to my siblings. Slow deep breathing also helped me not script COVID-19 conflicts in terms of my age-old conflicts with my mother. New ways of being in relationship with our mother opened up for me and my sisters and brother. We learned how to hold our anxiety together and to appreciate the various talents we each brought to the challenges of caring from afar, especially when the border to Canada closed for me and my brother living in the US. Taking slow deep breaths helped me focus on many sources of thanksgiving and the goodness of caring together.

I have been experimenting with using slow deep breathing while I listen to sacred choral music, which has always been the most tangible and transcendent way I experience goodness. Listening to music in early morning hours of writing, watching the sun rise on the mountains and downtown Denver buildings grounds me in goodness. Sometimes when I meditate, I visualize aspen trees golden against an early snowfall in the mountains. Aspen trees have a root system that makes them a single organism.

A grove of quaking aspens in Utah is the largest known living thing on Earth. Nearly 50,000 stems protrude from a single root system. The entire organism covers over 100 acres and weighs 6,000 tons! When trees that are a part of these large clones die, they are eventually replaced with new growth. Therefore, while one stem has a relatively short lifespan, the entire clone can live for tens of thousands of years! Quaking aspen clones are virtually impossible to kill. Individual stems can be destroyed by humans, wildlife, and disease, but the belowground root system is resistant to almost all of these factors![[30]](#footnote-30)

Visualizing myself as an aspen clone makes me imagine that my deep breathing connects me with the living breathing organism of the human race, bearing the suffering of this pandemic together. I sometimes use the phrase, “I am because we are”[[31]](#footnote-31) when I visualize the aspen grove.

This spiritual practice reveals an interconnected sense of responsibility for protecting life. This complex value illumines the childhood experience of feeling solely responsible for protecting life—that it was all up to me. I can see how the panic set off by COVID-19 stress is tied to this childhood experience. I realize that I can easily get stuck in ‘old’ conflicts generating negativity.

The value of interconnected responsibility for protecting life emerges when I use spiritual practices and talk about this source of coronavirus stress. This generative value extends beyond family care. I realize that protecting life means confronting white supremacy and systemic racism, and the destruction wrought from climate crises. I also can appreciate more complex beliefs about tragedies, like COVID deaths, as well as tragic deaths of family members for which I felt responsible, even though I know “in my head” that the causes of death were complex. Sharing interconnected responsibility for protecting life in a pandemic has helped me reframe my past tragic experiences of death. I can now take into my heart this more complex sense of tragedy. I also see how daily ways of protecting life, like wearing a mask, getting tested when I might have been exposed, and participating in a vaccine trial are all part of this collective protection of life. I can appreciate how much my social privileges of a job and an affordable home, working from home, being a citizen, and having health care have made it so much easier for me to protect life than for those without these privileges.

**How spiritual care helps**

If we are learning how to practice spiritual care in academic courses or clinical settings, we can pay attention to the ways that these spiritual care conversations about moral stress and conflicts are different from psychological care. Students often have a hard time understanding these differences because they so rarely see examples of spiritual care conversations[[32]](#footnote-32) and often have not experienced for themselves the differences between receiving spiritual and psychological help. I highlight two major differences between spiritual and psychological care. One has to do with trust, the other with contracts of care. Making these distinctions before embarking on spiritual care conversations about COVID-19 stress helps people understand their role as listeners.

Research on how psychotherapy demonstrates that the *quality of the relationship* between therapist and client is a big factor in whether and how psychotherapy helps. The stronger the ‘alliance’ between therapist and client, the more likely clients will experience positive outcomes from therapy (e.g., symptom reduction). The therapeutic alliance is called the ‘working relationship’, which describes how much therapists and clients are able to collaborate.[[33]](#footnote-33) A related factor in how therapy helps is the contract of care which guides the process of therapy. At the very outset, a basic contract of care outlines the limits of confidentiality, length of sessions, cancellation policies and fees, and the therapist’s availability between sessions. During the initial session/s of therapy, therapists explore with clients what their ‘presenting’ problem is: why they are seeking help. Therapists then describe how therapy could help, with details about what kinds of therapeutic models/strategies they use. They may add details about research on their therapeutic approach (for example, cognitive behavioral therapy). Clients at this stage often are assessing the extent to which they trust (1) this therapist, and (2) the process of change offered by the therapist. The working alliance depends upon whether clients trust their therapist and the process of change: “The alliance [is] a collaborative relationship between therapist and patient that is influenced by the extent to which there is agreement on treatment goals, a defined set of therapeutic tasks or processes to achieve the stated goals, and the formation of a positive emotional bond.”[[34]](#footnote-34)

How are spiritual care alliances the same as/different from psychotherapy? One way to describe these similarities and differences in trust is the added dimension of spiritual trust in spiritual care relationships, a term described by Doehring and Kestenbaum:

Spiritual care, then, helps people experience *spiritual trust* that goes beyond the caregiving relationship to include spiritual dimensions of relationality. Spiritual trust is named in many ways: for example, as an immanent ground of being and a transcendent oneness with creation. What is common across diverse ways of experiencing and describing spiritual trust is a felt sense of spiritual interconnectedness beyond oneself. Spiritual trust helps people collaborate with community faith leaders, chaplains, and spiritual mentors in searching for values and beliefs.[[35]](#footnote-35)

The second major difference between psychotherapy and spiritual care is that the contract of care is usually implicit. There is no initial contract detailing limits of confidentiality, length and frequency of spiritual care conversations, and the faith leader/chaplain’s availability. There is no negotiated contract of how spiritual care could help. The community faith leader and the care receiver each have their own often unstated or unexamined values and beliefs about whether/how spiritual care might help. Here is the most common implicit understanding of how spiritual care helps: spiritual care helps people search for meanings—beliefs about suffering and values that make life purposeful, especially when people are overwhelmed by stress or suffering. Spiritual care within their own traditions/communities of faith helps people draw upon shared beliefs, values, and spiritual practices in this meaning-making process.[[36]](#footnote-36) Many community faith leaders do their graduate theological studies in seminary degree programs within their faith traditions. They often learn to use a guiding style of spiritual care that helps people understand their suffering through the beliefs and rituals of their traditions. A common often unaddressed problem is that many people, and indeed faith community leaders, experience religious, spiritual, and moral struggles when overwhelmed by suffering. Struggles may arise from experiencing God and/or faith community leaders as judging them, and/or questioning beliefs about suffering or conflicts in values that heighten moral stress about causing harm. When people can share such struggles within their communities of faith without being judged or shunned, then transitory struggles will often deepen spiritual trust in their communities of faith. They will trust an ongoing collaborative process of spiritually integrating their struggles while co-creating a coherent orientation to suffering that includes trust in the goodness/benevolence of God and/or humanity and differentiated meanings that are flexible and integrated.[[37]](#footnote-37) When spiritual struggles elicit shame and fear of judgment, struggles may become chronic, with negative spiritual, psychological, and relational outcomes.[[38]](#footnote-38)

I describe spiritual care as a two-part process.[[39]](#footnote-39) Spiritual care begins with exploring calming spiritual practices, helping people experience spiritual trust. When spiritual practices help people feel held within compassionate and trustworthy relationships, they will be ready to explore what their suffering means, which is the second way that spiritual care helps. Returning to the conversational steps outlined above, readers can see how the first phase of spiritual care is represented in questions about calming practices. The second phase begins when people reflect on how core values about COVID-19 stress are clarified when they use calming practices; that is, when they are no longer fear-driven by COVID-19 stress responses. I focus the conversation on core values rather than beliefs because values are usually more immediately relevant in acute crises that generate moral stress because of conflicting values (e.g., care of self/family vs. care of patients/community faith members). Research on moral psychology demonstrates that stress-based emotions generate moral intuitions that shape the ways people respond to stress. Jonathan Haidt uses the metaphor of riding an elephant to describe how emotions (the elephant) carry our cognitive selves, generating moral intuitions about acute stress grounded in five or six moral foundations shared across cultures.[[40]](#footnote-40) Using calming practices helps people slow down a runaway emotional, morally intuitive response to stress, opening up space for understanding how stress-generated values may be life-giving or life-limiting in their current circumstances. Clarifying values helps people navigate a crisis. In contrast, sorting out beliefs about suffering is more often part of the long-term process of meaning-making that unfolds when people are able to cope with stress. Often when people state beliefs in moments of stress, they are describing how their emotional reponse to stress shapes their relational experience of God, humanity, and creation. For example, if they experience shame or guilt, God may be experienced as judge. Anxiety may generate anxious attachments to God or others. If they are angry, they may blame God/others. If they are simply overwhelmed and helpless they may express a fatalism and/or surrender/deferring to God (e.g., the 12-step adage to “Let go and let God”) and ‘the Fates’ (e.g., “So be it”). During a crisis, community faith leaders will want to pay attention to what these beliefs say about a care receiver’s sense of spiritual trust. It is often premature to focus on how beliefs fit together into a coherent whole.

When students/spiritual care practitioners understand this two-phase process of spiritual care they will be able to experience how spiritual trust provides the relational foundation for spiritual care. They may be able to somatically and relationally experience a felt sense of spiritual trust as they move through the first steps in the spiritual care conversation, and how this trust opens up an intersubjective space for exploring values. When students have understood the phases of spiritual care, they will be able to use the steps in spiritual care conversations about COVID-19 to experience the process of care somatically, emotionally, and relationally.

**How spiritual practices and conversations are spiritually integrative**

Finding calming spiritual practices that connect us with others and with God, or however we name transcendent realities, helps us identify and unpack sources of COVID-19 stress. Often when I participate in spiritual care conversations focused on me, I feel as though I have found my way back onto a path of spiritual integration that has unfolded throughout my life. Spiritual integration is a collaborative and relational process of using spiritual practices for holding stress compassionately, finding purpose through values, and understanding and being appropriately accountable for suffering in a variety of ways unique to persons, families, and communities. Spiritual integration is “the extent to which spiritual beliefs, practices, and experiences are organized into a coherent whole.”[[41]](#footnote-41) Spiritual integration necessarily includes a reckoning with one’s participation in social oppression and suffering because all relationships and interactions are embedded in intersecting social systems that enhance or undermine justice, compassion, and healing of persons, families, communities, and organizations.

Practicing spiritual care conversations about COVID-19 stress may help community faith leaders re-experience covenantal promises to be faithful made along the way of their formational process of becoming ordained or endorsed. Faith community leaders continually *practice with others*. They are not solo virtuosos. Spiritual care conversations about COVID-19 stress are like being in a musical ensemble or acting troupe. Each person integrates knowledge with interpersonal skills and capacities (e.g., to improvise and attune with others) into the ensemble/drama. Often this commitment to practicing spiritual care imbues many aspects of one’s life with a sense of purpose, ongoing lament for suffering, and longing for hope. Many faith community leaders listen for the ‘music’ of spiritual care in ordinary conversations and the drama of human life portrayed in media stories, literature, and the arts. They move back and forth between receptive and agential power[[42]](#footnote-42) in interactions where they may in one moment receive spiritual care and in the next initiate spiritual care interactions with others. This commitment to the formational, covenantal process of spiritual care may at times feel like one is always ‘on duty’, which can become overwhelming when the moral stress of bearing witness to suffering feels like a lonely vigil. Spiritual self-care helps community faith leaders feel held in their covenantal relationships. Sharing moral stress helps us bear it together, as Larry Kent Graham wisely counseled.[[43]](#footnote-43)

**References**

Baldwin, Jennifer. *Sensing Sacred: Exploring the Human Senses in Practical Theology and Pastoral Care.* Lanham: Lexington, 2016.

Bidwell, Duane R. *When One Religion Isn't Enough: The Lives of Spiritually Fluid People.* Boston: Beacon, 2018.

Brok, Rita Nakashima and Zachary Moon. "Activism Is Moral Injury Gone Viral." 2020, https://medium.com/@rita\_brockVOA/when-moral-injury-goes-viral-5f22b983e726.

Crosskey, Laura Barnard, John F. Curry, and Mark R. Leary. "Role Transgressions, Shame, and Guilt among Clergy." *Pastoral Psychology* 64, no. 6 (2015): 783–801.

Doehring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach.* Revised and expanded ed. Louisville: Westminster John Knox, 2015.

———. "Searching for Wholeness Amidst Traumatic Grief: The Role of Spiritual Practices That Reveal Compassion in Embodied, Relational, and Transcendent Ways." *Pastoral Psychology* 68, no. 3 (2019): 241–259.

Doehring, Carrie, and Allison Kestenbaum. "Introduction to Interpersonal Competencies." In *Introduction to Chaplaincy and Spiritual Care*, edited by Shelly Rambo and Wendy Cadge. Chapel Hill: University of North Carolina Press, In press.

———. "Practicing Socially Just, Interreligious, and Evidence-Based Spiritual Care." In *Introduction to Chaplaincy and Spiritual Care*, edited by Shelly Rambo and Wendy Cadge. Chapel Hill: University of North Carolina Press, In press.

Ettman, Catherine K., Salma M. Abdalla, Gregory H. Cohen, Laura Sampson, Patrick M. Vivier, and Sandro Galea. "Prevalence of Depression Symptoms in US Adults before and During the Covid-19 Pandemic." *JAMA Network Open* 3, no. 9 (2020): 2019686–2019686.

Gottman, John M. *What Predicts Divorce? The Relationship between Marital Processes and Marital Outcomes.* Hillsdale: Lawrence Erlbaum Associates, 1994.

Gottman, John M., Carrie Cole, and Donald L. Cole. "Negative Sentiment Override in Couples and Families." In *Encyclopedia of Couple and Family Therapy*, edited by Jay Lebow, Anthony L. Chambers and Douglas C. Breunlin, 2019–2022. Cham, Switzerland: Springer International, 2019.

Gottman, John M., and Julie Gottman. "The Science of Togetherness." *Psychotherapy Networker* 41, no. 5 (2017): 43–59.

Graham, Larry Kent. *Care of Persons, Care of Worlds: A Psychosystems Approach to Pastoral Care and Counseling.* Nashville: Abingdon Press, 1992.

———. *Moral Injury: Restoring Wounded Souls.* Nashville: Abingdon, 2017.

Haidt, Jonathan. "The Moral Emotions." In *Handbook of Affective Sciences*, edited by Richard J. Davidson, Klaus R. Scherer and H. Hill Goldsmith. Series in Affective Science, 852–870. New York: Oxford University Press, 2003.

———. *The Righteous Mind: Why Good People Are Divided by Politics and Religion.* New York: Pantheon/Random House, 2012.

Hart, Allison C., Kenneth I. Pargament, Joshua B. Grubbs, Julie J. Exline, and Joshua A. Wilt. "Predictors of Self-Reported Growth Following Religious and Spiritual Struggles: Exploring the Role of Wholeness." *Religions* 11, no. 9 (2020): 445.

Hirschmann, Jo, Emilee Walker-Cornetta, and Susan Jelinek. "Spiritual Care of Transgender Persons." In *Transgender Medicine: A Multidisciplinary Approach*, edited by Leonid Poretsky and Wylie C. Hembree, 357–376. Cham, Switzerland: Springer International Publishing, 2019.

Kwok, Pui-lan, and Stephen Burns. *Postcolonial Practice of Ministry, Leadership, Liturgy, and Interfaith Engagement.* Lanham: Lexington, 2016.

Lartey, Emmanuel, and Hellena Moon. "Introduction." In *Postcolonial Images of Spiritual Care: Challenges of Care in a Neoliberal Age*, edited by Emmanuel Lartey and Hellena Moon, 1-14. 1–14. Eugene: Wipf and Stock, 2020.

Malcolm, Wanda M., Karen L. Coetzee, and Elizabeth Fisher. "Measuring Ministry-Specific Stress and Satisfaction: The Psychometric Properties of the Positive and Negative Aspects Inventories." *Journal of Psychology & Theology* 47, no. 4 (2019): 312–327.

Miller-McLemore, Bonnie. "Epilogue: Beyond 'Classic Readings' in Pastoral Theology." In *Postcolonial Images of Spiritual Care: Challenges of Care in a Neoliberal Age*, edited by Emmanuel Lartey and Hellena Moon, 190–202. Eugene: Wipf and Stock, 2020.

Pirutinsky, Steven, Aaron D. Cherniak, and David H. Rosmarin. "Covid-19, Mental Health, and Religious Coping among American Orthodox Jews." *Journal of Religion and Health*  (2020).

Pomerleau, Julie M., Kenneth I. Pargament, Neal Krause, Gail Ironson, and Peter Hill. "Religious and Spiritual Struggles as a Mediator of the Link between Stressful Life Events and Psychological Adjustment in a Nationwide Sample." *Psychology of Religion and Spirituality* 12, no. 4 (2020): 451–459.

Schimmenti, Adriano, Joël Billieux, and Vladan Starcevic. "The Four Horsemen of Fear: An Integrated Model of Understanding Fear Experiences during the Covid-19 Pandemic." *Clinical Neuropsychiatry: Journal of Treatment Evaluation* 17, no. 2 (2020): 41–45.

Schnarch, David, and Susan Regas. "The Crucible Differentiation Scale: Assessing Differentiation in Human Relationships." *Journal of Marital and Family Therapy* 38, no. 4 (2012): 639–652.

1. Doehring, C. (In press). Religious, spiritual, and moral stress of religious leaders in pandemics: Spiritual self-care. In Z. Moon (Ed.), *Doing Theology in the Plight of Pandemics, Police Violence, and Post-Truth Politics*. Wipf & Stock. [↑](#footnote-ref-1)
2. Bonnie Miller-McLemore raises “a critical question for pastoral theologians: Is hierarchy of ‘man over nature’ the deadliest binary of all, even a linchpin binary? The planet’s imminent demise is not our only woe to be sure. Many issues demand attention today—white supremacy, immigration, women’s body rights among the most perverse and pressing. The harm perpetuated by exploitation of the nonhuman world reflects the intersecting consequences of these other challenges and presses upon us with a unique urgency” Miller-McLemore, "Epilogue," 202. [↑](#footnote-ref-2)
3. I am echoing the title of pastoral theologian Larry Kent Graham, *Care of persons, care of worlds*. Religious leaders today relationships play a key role in sharing lament arising from moral stress (see Graham, *Moral Injury*). [↑](#footnote-ref-3)
4. Pomerleau et al., "Religious and Spiritual Struggles as a Mediator.” [↑](#footnote-ref-4)
5. https://www.apa.org/helpcenter/stress [↑](#footnote-ref-5)
6. These emotions are called negative moral emotions by Jonathan Haidt and others using Moral Foundations Theory. See Haidt, "The Moral Emotions." Rita Nakashima Brock and Zachary Moon note the need for moral emotions like guilt to prompt remorse and justice seeking: “To build a just society, we must understand that the fierce energy of moral injury is grounded in love and empathy that fuel outrage and that cannot make sense of gross moral failure. Psychology has pathologized moral emotions such as guilt, shame, and fury as individual neuroses; however, such feelings can be appropriate, pro-social, collective responses to immorally destructive social and economic systems that deny people the possibility of decent lives and moral choices” Brock and Moon, "Activism Is Moral Injury Gone Viral." [↑](#footnote-ref-6)
7. “Higher shame, both in ministry situations and in secular situations, was associated with higher

   negative affect among seminarians and less satisfaction and more emotional exhaustion in

   ministry among clergy” Crosskey et al., "Role Transgressions, Shame, and Guilt Among Clergy." [↑](#footnote-ref-7)
8. “Urge surfing is a technique that can be used to avoid acting on any behavior that you want to reduce or stop. Some examples of behaviors may be smoking, over-eating, substance use, spending, lashing out at someone, etc.” https://med.dartmouth-hitchcock.org/documents/Urge-Surfing.pdf [↑](#footnote-ref-8)
9. Hirschmann et al., "Spiritual Care of Transgender Persons," 358. [↑](#footnote-ref-9)
10. Lartey and Moon, "Introduction," 5–6. [↑](#footnote-ref-10)
11. “When people err, they may respond either with shame (they judge themselves) or with guilt (they judge their action or inaction) (Tangney 1990). Research indicates these reactions are associated with different outcomes. For example, shame is positively associated with depression (Webb et al. 2007), alcohol and drug abuse (Dearing et al. 2005), burnout (Barnard and Curry 2011), and self-rumination (Joireman 2004), whereas guilt is positively associated with social connectedness, hope, and empathic concern (Joireman 2004). Crosskey et al., "Role Transgressions, Shame, and Guilt Among Clergy," 783–784. [↑](#footnote-ref-11)
12. In a study of COVID-19 and religious coping among American orthodox Jews, Pirutinsky et al. found that “positive religious coping, intrinsic religiosity, and trust in God strongly correlated with less stress and more positive impact, while negative religious coping and mistrust in God correlated with the inverse.” Pirutinsky et al., "Covid-19, Mental Health, and Religious Coping among American Orthodox Jews." [↑](#footnote-ref-12)
13. Doehring, "Searching for Wholeness amidst Traumatic Grief." [↑](#footnote-ref-13)
14. Gottman and Gottman, "The Science of Togetherness.” [↑](#footnote-ref-14)
15. Gottman, *What predicts divorce?* [↑](#footnote-ref-15)
16. Gottman et al., "Negative Sentiment Override in Couples and Families." [↑](#footnote-ref-16)
17. In her book *Through Dangerous Terrain: A Guide for Trauma-Sensitive Pastoral Leadership in Times of Threat* Jennifer Baldwin draws upon neuroscience and trauma care therapies (Internal Family Systems, Somatic Experiencing, and Polyvagal Theory) to help community faith leaders practice trauma-informed spiritual care, especially during a pandemic. See also Menakem, *My Grandmother's Hands*. [↑](#footnote-ref-17)
18. In developing a questionnaire measuring ministry-specific stress and job satisfaction, Malcolm et al. noted that some aspects of ministry like preaching and pastoral care are both a source of stress and satisfaction. See Malcolm et al., "Measuring Ministry-Specific Stress and Satisfaction.” [↑](#footnote-ref-18)
19. Menakem, *My Grandmother's Hands,* 5. [↑](#footnote-ref-19)
20. Menakem, *My Grandmother's Hands*, 152–53. [↑](#footnote-ref-20)
21. Doehring uses process theologies to define and describe agential and receptive power in spiritual care relationships. See Chapter 2 in Doehring, *The Practice of Pastoral Care,* 45. [↑](#footnote-ref-21)
22. Moral injury occurs when people with legitimate power and authority violate what is right in high stakes situations resulting in harm. It is more likely to afflict people who are idealistic, empathetic, and compassionate and who expect moral behavior of themselves, their societies, and their leaders. Brock and Moon, "Activism Is Moral Injury Gone Viral," 2. [↑](#footnote-ref-22)
23. In *Moral Injury*, Graham describes a three-part process of sharing anguish, interrogating causes, and reinvesting hope. [↑](#footnote-ref-23)
24. Bowen, *Family Therapy in Clinical Practice*. [↑](#footnote-ref-24)
25. In "The Crucible Differentiation Scale” Schnarch and Regis trace this history of how self-differentiation was first described by Bowen. [↑](#footnote-ref-25)
26. Schnarch and Regas, “The Crucible Differentiation Scale,” 642. [↑](#footnote-ref-26)
27. In "Practicing Socially Just, Interreligious, and Evidence-Based Spiritual Care" Doehring and Kestenbaum describe self-differentiation as one of three interpersonal competencies for spiritual caregivers. [↑](#footnote-ref-27)
28. Doehring has used the term theological empathy to describe imaging another’s lived theology or theological orientation to a particular stressor. See Doehring, "Teaching Theological Empathy” Doehring and Kestenbaum use the term spiritual self-differentiation in similar ways, in "Practicing Socially Just, Interreligious, and Evidence-Based Spiritual Care." [↑](#footnote-ref-28)
29. “Fear experiences during the COVID-19 pandemic are organized on the psychological level around four interrelated dialectical domains, namely (1) fear of the body/fear for the body, (2) fear of significant others/fear for significant others, (3) fear of not knowing/fear of knowing, and (4) fear of taking action/fear of inaction. These domains represent the bodily, interpersonal, cognitive, and behavioral features of fear, respectively.” Schimmenti et al., "The Four Horsemen of Fear." [↑](#footnote-ref-29)
30. <https://www> .nwf.org/Wildlife/Wildlife-Library/Plants/Quaking-Aspen.aspx [↑](#footnote-ref-30)
31. Larry Kent Graham uses this aphorism from African philosophy and religion to explore how African and Native American perspectives to challenge the individualism of the West. Graham, *Moral injury,* 20–24. [↑](#footnote-ref-31)
32. There are few portrayals of community faith leaders having spiritual care conversations in movies or fiction. I have found examples of white male Protestant pastors in these films: *You can count on me, Italian for Beginners, First Reformed*. The Chaplaincy Innovation Lab is creating teaching modules with videos of spiritual care conversations that can be used for teaching. [↑](#footnote-ref-32)
33. Baier et al. evaluated 37 research studies examining the alliance as a potential mediator of symptom change and found that “alliance mediated therapeutic outcomes in 70.3% of the studies.” Baier et al., "Therapeutic Alliance as a Mediator of Change." [↑](#footnote-ref-33)
34. Baier et al., "Therapeutic Alliance as a Mediator of Change,” 101920. [↑](#footnote-ref-34)
35. Doehring and Kestenbaum, "Introduction to Interpersonal Competencies." [↑](#footnote-ref-35)
36. Community faith leaders need to be cautious about making assumptions that members of their communities share core beliefs. More and more of the younger generation describe themselves as religious multiple or spiritually fluid, terms described by Bidwell, *When one religion isn't enough*. [↑](#footnote-ref-36)
37. Hart et al., "Predictors of Self-Reported Growth Following Religious and Spiritual Struggles." [↑](#footnote-ref-37)
38. Pomerleau et al., "Religious and Spiritual Struggles as a Mediator.” [↑](#footnote-ref-38)
39. Doehring, *The Practice of Pastoral Care.* [↑](#footnote-ref-39)
40. Haidt, *The Righteous Mind*. [↑](#footnote-ref-40)
41. Pargament et al., "Spirituality: A Pathway to Posttraumatic Growth or Decline?" [↑](#footnote-ref-41)
42. This process philosophical/theological way of describing power has been elaborated by Larry Kent Graham, James Poling, Carrie Doehring, and others. [↑](#footnote-ref-42)
43. Graham, *Moral Injury.* [↑](#footnote-ref-43)