***Lockdown: Church response to the mental health challenges of self isolation***

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In March 2020, for the first time in New Zealand history, people are forced to stay away from each other. The arrival of coronavirus and the Covid-19 flu has triggered a nation-wide crisis, and the key tool for containing the virus is isolation. This comes at an enormous economic cost to our country, and it also comes at a huge mental health cost. Every business, organisation, family and individual is affected. Our way of being community is shaken to the core, including how we are church. It requires of every church a re-thinking of how to support each other, and new strategies for pastoral care. This essay seeks to outline the contours of a Christian approach to the supporting the mental health of people in the light of national lockdown and self isolation. It will discuss the effects of isolation on mental health, and suggest possible strategies for church-based pastoral care.

Covid-19 is a viral infection caused by the virus known commonly as coronavirus. It is contagious and potentially lethal, and is significantly impacting every country in the world. Commentator Siouxsie Wiles has been appreciated in the media for her ability to put things simply in both verbal and visual ways. She explains the health challenge, summarising the international statistics: “During an outbreak, if we can’t control the spread of the disease, then the number of sick people quickly rises. For Covid-19 we know this: about two out of every 10 people will need to be hospitalised for between two and six weeks. About one in 20 people will end up in intensive care, and one in a hundred will need a ventilator to help them breathe.”[[1]](#footnote-1) The primary transmitter of the virus is through small drops of liquid known as respiratory droplets which can move from one person’s lungs into another person’s lungs via the air or touching droplets on a surface and then touching one’s face.[[2]](#footnote-2)

International experience has demonstrated the effectiveness of isolation and travel restrictions in containing the spread of the virus. Self isolation for 14 days was encouraged then imposed by the NZ government for all arrivals into the country on 15 March 2020, then 26 March the nation went into full lockdown, with essential services only continue to function. No face-to-face meetings or group gatherings are permitted for at least four weeks.

The goal of self isolation is to have no physical contact with other people. This primarily involves staying home, in a separate room from others in the house if ill, not touching or being physically close to other people, not sharing food or objects (e.g. towels) and practicing strict standards of hygiene at all times. Going outside is permitted, as there is less chance of transmitting virus-containing fluids in the outdoors,[[3]](#footnote-3) but only near home, and only with people one is living with.

**Factors affecting menal health in self isolation**

The Ministry of Health website states that “It is normal to feel stressed or lonely when self-isolating”.[[4]](#footnote-4) A study of Toronto residents who were in quarantine during the 2003 SARS outbreak found that a substantial portion later displayed symptoms of post-traumatic stress disorder and depression.[[5]](#footnote-5) Why do people find it so hard to be isolated? Each person self isolating will bring a unique mix of situation, skills and responses to that experience, as well as stressors and challenges in common. The following is a brief discussion of eight factors that may shape a person’s experience of self isolation; perspectives in understanding the mental health challenges involved.

***Personality.*** Some people enjoy solitude more than others. Introverts welcome space alone. Extroverts are more likely to find solitude hard work; they thrive on external stimulation. As my husband (a strong extrovert) puts it “You don’t know what you are thinking because you haven’t talked about it. You are bored because there is not enough input. It feels empty.”

***Love language.*** “All we need is love” sang the Beetles. Humans are communal creatures, and mental health requires a sense of belonging, knowing we are valued by others, social connection and family. How we express and receive love becomes a critical issue when cut off from normal ways of social interaction. Those who typically use words to connect with others may cope better with isolation, able to make the most of written or phone conversations. However those who rely on physical touch to show love could well find distancing painful and frustrating.[[6]](#footnote-6)

***Attachment.*** A person’s ability to hold a sense of themselves as loved and significant no matter what circumstance you’re in is a major protective factor against mental illness. Attachment theory describes how children develop emotional stability from early bonds with key adults in a baby’s life. A child who is cared for consistently and warmly learns that they are safe and loved whether a parent is in the room or not. A child who is neglected becomes anxious and either clingy or rejecting. These early childhood experiences of security continue to affect us through life. The challenge of self isolation is to continue to sustain our love for others despite being separated from them.

People with a religious faith have another level of attachment. Christian faith is a lived experience of love and relationship in a spiritual domain with real effects on emotion and identity. As Paul declares in Romans 8:39-39, nothing can “separate us from the love of God in Christ Jesus our Lord.”[[7]](#footnote-7)

***Confinement.***  Being ‘cooped up’ in one physical space has typically been used through human history as a form of punishment. Like Joseph in prison in Genesis 39 those imprisoned want to get out! While self isolation is not the same as being imprisoned there may be an echo in terms of mental health effects. International research shows that “imprisonment increases vulnerabilities and heightens mental ill health”.[[8]](#footnote-8) In our jails, the most extreme form of punishment is solitary confinement; “isolation can be as clinically distressing as physical torture”.[[9]](#footnote-9) A review of research into solitary confinement found that it is especially damaging for people with prexisting mental health conditions. “The stress, lack of meaningful social contact, and unstructured days can exacerbate symptoms of illness or provoke recurrence.”[[10]](#footnote-10)

***Trauma*.** A person’s experience and interpretation of trauma has become a central question for understanding mental health. “Many studies report that trauma precipitates the development of mental illness.”[[11]](#footnote-11) For a person who is self isolating with suspected Covid-19, trauma may be triggered by fears of the illness and the potential for it to be fatal. Trauma may also be triggered from past events, for example a previous panic attack in an enclosed space. Our ability to manage trauma is closely related to our inner security systems, which are significantly influenced by our social supports. Being cut off from human intimacy (such as hugs) reduces a person’s ability to cope with anxiety and flash-backs.

***Coping strategies*.** Everyone learns ways to manage distress. Those with a mental health diagnosis may have fewer or ‘dysfunctional’ coping strategies. Anyone stuck in self isolation has reduced access to activities and relationships, and so will be cut off from many of their normal coping strategies for reducing mental and emotional distress. One coping strategy that will be readily available during lockdown is alcohol; unfortunately this is a notoriously ineffectual coping strategy for emotional distress.

Several spiritual traditions teach that people have a ‘shadow’ side, a darker or ‘false’ self which is hidden beneath the busyness of everyday life but whose emotional needs drive us in unconscious ways. The practice of silent retreats is designed to expose the shadow self, precisely because a retreat strips away the activities and relationships that obscure and distract. However, a spiritual retreat is structured to support deepening self-awareness within a safe calm environment with wise counsel and disciplines of prayer. Without these supports people will be less equipped to creatively encounter their shadow self when they are deprived of their normal coping strategies.

***Pressure-cooked relationships*.** The most harmonious of couples and patient of parents can struggle with being exclusively in each other’s company all the time. Family members’ habits and coping strategies are not all compatible, and distress and anxiety inhibits our ability to care for others. As the country enters lockdown groups dealing with domestic violence warn of increasing abuse, both physical and emotional. “Factors that can exacerbate these numbers include added financial pressures that come from loss of income, the sudden close confinement of families and a narrowing of broader community contact.”[[12]](#footnote-12)

***Poverty*.** Last and by no means least, isolation has a disproportionate effect on mental health due to social inequality.[[13]](#footnote-13) The NZ Government Inquiry into Mental Health and Addiction reported that “People saw poor mental health and addiction as symptoms of poverty, social exclusion, trauma and disconnection. They talked about threats to basic needs such as affordable and safe housing, quality education, meaningful employment, adequate income, social connectedness, freedom from violence and reliable social support. They explained how this leads to chronic stress on families, whānau and individuals and compromises wellbeing.” “Poverty goes hand in hand with [poor] mental health.”[[14]](#footnote-14) Low income families have an increased risk of contracting viruses and suffering poor mental health for a host of reasons, including more people living in smaller, colder houses.

**Churches respond**

A church response to the mental health challenges of self isolation begins from the starting point that the church is no longer able to do what churches normally do. Without normal routines of worship services, craft groups, preschool music groups and pastoral visitation, how can a church still be the church? If everyone is isolated will community die? A local church can be a powerhouse for community in times of isolation, but this requires creativity and trying new approaches. These can be used both by clergy and pastoral staff as well as by congregation members. All are needed; a crisis challenges everyone to offer what they can, not just those appointed to particular roles.

**Talk on the phone and online**

It is important to stay connected with social networks as much as possible; in lockdown we have telephones and internet. The first task for ministers has been to use one to assess the usefulness of the other, i.e. to phone around the congregation and find out which members have access to the internet, social media, websites or email.

Churches are setting up ‘phone trees’ to encourage members to phone each other, and private groups on social media where people can share freely. Ensuring that people have each others’ phone numbers is an important practical step. My own experience is that most church members have only one or two others in a church whom they normally phone. Older folks tend to rely on regular routines of meeting at church or other groups, and are reluctant to use the phone to call someone unless there is a practical purpose. I was surprised as a Minister how few people ever called me, and when they did they would often apologise for doing so, as though they feared I would resent the intrusion. At this time we need to explicitly encourage people to communicate with others, both those they know well in the church and those they know less well.

The danger of relying on informal networks within the church is that some people are well connected and others feel on the outer. Only a systematic approach, based on up-to-date membership and contact information, will be effective in pastorally connecting with everyone in the congregation. This involves identifying who is gifted and called in pastoral communication, even when people don’t see themselves in that way.

Those of us in the ‘middling’ generations (e.g. GenX) are more likely to use social media such as Facebook, and be comfortable across a wide range of methods of communication, including land line phones, cell phones, social media messaging, video calls and emails. Young people (GenY & Millenials) use their phones for everything except making phone calls! They are reluctant to call someone unless they know them well. They rely on social media, using forums such as WhatsApp or Instagram. All this creates significant challenges for pastoral care in the lockdown. Those seeking to have pastoral conversations need to know individual preferences for communication, and be able to use a range of methods to connect.

Whatever the technology involved, the task of social connecting is the same: to listen and to support. Unfortunately some people in pastoral care are better talkers than listeners! A minister or pastoral co-ordinator needs to model good listening but also encourage relational skills that create space for genuine mutual sharing. This requires skills in allowing silence and spaces, and asking gentle probing questions. Another danger with pastoral care as it can sometimes be undertaken by people with the goal of cheering the other person up. While it can be helpful to ‘look on the bright side’, this can be counterproductive. I know from my own experience that someone else trying to make me feel better has the effect of me withholding my anxiety or struggles, as these do not feel acceptable or safe in the conversation.

The Anglican Bishops of Wellington expressed the challenge beautifully in their letter to the Diocese on 19 March: “This time of gathering in our homes is also an opportunity to encourage one another more closely and intimately than our corporate worship sometimes enables. The gift of friendship in Christ is a very, very precious gift. Our prayer for us all during this period, is that Christ will deepen our spiritual friendships with each other, as we support and help each other to hold to faith, hope and love.”[[15]](#footnote-15)

**Encourage mentally healthy strategies**

***Resource faith.*** Churches around the world are posting audio and video recordings, trying to get live streaming to work, and making worship material available in online and written form as best they can. Every day I am receiving information about new initiatives for collective prayer and online forums.

***Prayer in anxiety.*** “When we call out for help, we are bound more powerfully to God through our needs and weakness, our unfulfilled hopes and dreams, and our anxieties and problems than we ever could have been through our joys, successes, and strengths alone.”[[16]](#footnote-16) People offering pastoral and spiritual care to those in isolation are in a unique position to learn and teach skills for praying through stress. This could include praying with a person over the phone, sending out written prayers, setting times for collective prayer, etc. The key message for mental health is that the darker emotions are part of the Christian journey and that patterns of faith are effective tools for managing anxiety.

***Resource solitude.*** This time of self isolation is forcing many people into solitude.[[17]](#footnote-17) Being alone is not something which is encouraged in our society, or our churches, and it requires some skill to enter into as a spiritually creative space. A booklet from Kopua Monastery describes it well: “We live in a busy, busy world where time alone is not always rewarded. So, solitude does take effort and persisitence. It is when we are most by ourselves that we realize God is actually right there with us. At that point the solitude allows us to grow closer to God as we begin to address the things going on in our lives, thoughts, and existence. We are able to see clearly, through a Godly perspective, what is important in our lives.”[[18]](#footnote-18)

***Manage information overload.*** Reducing anxiety requires managing what is coming in. We need enough information about the crisis but not too much, and we need accurate information not sensationalism. The church has a role to play as a trusted source of information. Mao quotes Aiysha Malik from the Department of Mental Health and Substance Use, World Health Organization. "A repeated message for managing fear in the COVID-19 response is to get facts. Facts minimize fear.”[[19]](#footnote-19)

It can also be good to encourage people to limit their exposure to news. Research after the 9/11 terrorist attacks found that people who watched lots of news coverage were more likely to have long-term post traumatic stress than the people who were escaped the burning buildings. “The more graphic television coverage of the attacks a person had watched in the intervening time, the more likely they were to report the major symptoms” of PTSD.[[20]](#footnote-20) A helpful message is, ‘It’s OK to turn it off’.

***Go outside.*** A major review of studies into the effects on human health of contact with nature found that “results consistently show that nature contact reduces stress.”[[21]](#footnote-21) A key reason for this is that the mental stimulation of being in a natural environment captures attention effortlessly, which “engages a less taxing, indirect form of attention, thereby facilitating recovery of directed attention capacity”. Frumkin et.al. also draw attention to the importance of awe and mystery: “awe—the sense of wonder, amazement, and smallness that may occur in response to perceptually vast stimuli”; “mystery—the allure of seeing and knowing more by entering more deeply into a setting”, as well as benefits for immunity and social interaction.[[22]](#footnote-22) Being outside also promotes physical exercise, which is well proven to benefit both physical and mental health.

Christian faith has a deep spirituality of respect for the natural world, with many people reporting that they feel ‘close to God in nature’. The current crisis can push the church to become less focused around our buildings and to make more use of local green spaces as places to meet.[[23]](#footnote-23) Meeting in a park for a ‘walk and talk’ keeps people safe from contagion (so long as they do not also share transport or touch and don’t stand too close), and also promotes spirituality, emotional connection, physical and mental health.[[24]](#footnote-24)

***Cheer on creativity.*** Churches have a marvellous potential in encouraging creativity. Many churches have craft or music groups, and these should continue to function via social media. Groups can stay in touch with each other and encourage members to post pictures of creative projects, or recordings of music. Some preschool music groups are experimenting with ‘zoom’. Networks can enable people to share poetry and other writings, or alternatively gardening and garage projects. Solitude and plenty of time on our hands requires and enables us to get creative, and this is also a significant resilience in mental health. Churches need to celebrate every achievement!

**Support those working with the poor**

In lockdown churches are not considered to be an essential, but welfare agencies are. Our church agencies dealing with poverty, homelessness and domestic violence are busier than ever, yet it is a natural tendency in ‘shut-down’ to reduce our focus to only the people closest to us. The church has a responsibility to continue to actively support, both financially and spiritually, those who serve the poor, both locally and globally.

The Covid-19 pandemic and global lockdown is causing immense human suffering. Churches have a vital role to play in pastoral support for their own congregations, but also demonstrating love and faith however they can. While our physical health is threatened by illness, mental health is also a high priority; “connection to people and good mental health are intrinsically linked, and both things are at risk during this pandemic.”[[25]](#footnote-25) The US National Center for Child Traumatic Stress suggests a five-pronged approach to promote mental and emotional well-being during and after a disaster: "promoting a sense of safety, promoting calming, promoting a sense of self-efficacy and community efficacy, promoting connectedness and instilling hope."[[26]](#footnote-26) The Christian Church is well established to offer these in our communities, though it does require of us very different strategies than how we normally function.

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7. “For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.” *Holy Bible, Revised Standard Version*. [↑](#footnote-ref-7)
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“It can very quickly get a lot more dangerous because the vulnerable person has nowhere else to go and no time in the day to escape to their work or office. Frankly, we’re worried about the severe physical violence that nobody will have eyes on, because women won’t be interacting with enough people for them to intervene or even notice.” [↑](#footnote-ref-12)
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17. The exception is those families with young children, who are likely to have precious little time to themselves! [↑](#footnote-ref-17)
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22. ibid. [↑](#footnote-ref-22)
23. Ambra Burls explores the multiple level of benefits from green spaces. "People and Green Spaces: Promoting Public Health and Mental Well-being through Ecotherapy." *Journal of Public Mental Health* 6, no. 3 (09, 2007): 24-39. [↑](#footnote-ref-23)
24. Currently under ‘Alert Level 4 lockdown’ even this level of social contact is prohibited. [↑](#footnote-ref-24)
25. Wen Mao, “Managing mental health during coronavirus.” [↑](#footnote-ref-25)
26. Quoted by Katherine Harmon, “The Changing Mental Health Aftermath of 9/11.” [↑](#footnote-ref-26)