



THE SANCTUARY COURSE®

ADDITIONAL SESSION
COVID-19

RESPONDING TO COVID-19

In the few months since reports of the coronavirus disease first surfaced, it has become impossible to watch the news, scroll through social media, listen to the radio, or go about daily life without encountering references to the pandemic. COVID-19 currently poses a significant threat to global health: as of May 5, 2020, the World Health Organization had confirmed over three million cases, and the number of deaths was nearing a quarter of a million.¹ Many nations have responded to this threat by instituting lockdown and quarantine procedures, and people everywhere are being forced to adjust to changes that include stay-at-home orders, travel restrictions, the closure of schools, parks, and nonessential businesses, and the requirements of physical distancing. It is hoped that these measures will reduce infection rates as we wait for the production of a vaccine that can halt the pandemic.

However, there is another pandemic following in the wake of COVID-19. According to numerous researchers and clinical experts, widespread disease and economic recession lead to spikes in depression, anxiety, post-traumatic stress disorder, substance use, and other mental health challenges.² In North America, evidence of the psychological toll is already mounting. A recent poll found that 56% of US adults have experienced at least one symptom of poor mental health related to their stress over the current crisis,³ and mental health hotlines are reporting call volume increases as high as 1,000%.⁴ The statistics are similar in Canada, where half of all survey respondents reported that their mental health has declined since the beginning of the outbreak.⁵ Clearly, there is a great need for mental health awareness, education, and resources. The ways that we understand and process our experiences of COVID-19, both as individuals and as communities, will have long-term implications for our recovery and mental wellness.

This session can be completed in one of two ways: 1) prior to beginning the first session of *The Sanctuary Course*; 2) after finishing the last session of *The Sanctuary Course*.

This is why Sanctuary Mental Health Ministries is making *The Sanctuary Course* freely available in this season. It is also why we are offering this additional session that addresses the unique dynamics of the pandemic, and supports people of faith who are experiencing poor mental health or struggling to care for vulnerable community members. If you have already participated in *The Sanctuary Course*, we suggest that you skip down to the Session Overview to begin your small group conversation about mental health, faith, and COVID-19. However, if you are new to the course and have not yet read through any of the sessions, the introduction below will provide you with some important foundational information before you proceed.

THE SANCTUARY COURSE: AN INTRODUCTION

“Lived experience” is a term used to describe the personal experience of living with a mental health problem.

Psychology is the field responsible for studying and treating mental health problems. The **psychological perspective** will include relevant academic and clinical research, and will also highlight the experiential realities of mental health problems.

The **social perspective** will focus on the ways that mental health affects not just individuals, but also relationships and communities of faith.

The **theological perspective** will address some of the biggest questions that Christians ask regarding mental health and mental health problems, and will suggest ways of integrating faith and mental health care.

The Sanctuary Course was created to raise awareness and start conversations regarding mental health in local churches across Canada. While its reach has now extended beyond North America to the UK, Europe, Australia, and New Zealand, the goals of the course remain the same. It is not meant to be used as a tool for developing a mental health ministry or designing an individual recovery plan. Instead, this course helps communities build a mental health vocabulary so that honest and meaningful conversations can take place. Ultimately, we believe these conversations will transform the way communities of faith offer love and support to individuals with **lived experience**.

The course is designed for small groups rather than individual use. Shared learning experiences strengthen community bonds, and relational support and connection are critical during anxious times. For these reasons, it is highly recommended that you gather online with friends or your community to engage with the material together. You are encouraged to share your questions with your group, as well as any personal experiences that might illuminate the session topic. You are also invited to respond to the discussion questions at the end of each section. These questions are meant to help you engage interactively with the content and process the reading personally. However, it should be noted that these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.

The session is divided into three primary sections, each highlighting a different perspective on mental health and mental health problems: the **psychological perspective**, the **social perspective**, and the **theological perspective**. Additionally, there is a brief scriptural meditation at the beginning of the session, and a reflection and prayer at the end. Please feel free to adapt these elements as necessary for your group.

SCRIPTURE: PSALM 6:2-4



*Be gracious to me, O Lord, for I am languishing;
O Lord, heal me, for my bones are shaking with terror.
My soul also is struck with terror,
while you, O Lord—how long?
Turn, O Lord, save my life;
deliver me for the sake of your steadfast love.*

Psalms is often referred to as the prayer book of the Bible, and this psalm is traditionally recognized as a prayer for healing from

illness. It is also a lament—an expression of the psalmist's grief and pain over illness, and a desperate cry for God to bring healing. The psalmist is desperate, but not hopeless. The knowledge that God is a God of steadfast love grounds this prayer, transforming suffering into an expression of faith.



SESSION OVERVIEW

In this session you will:

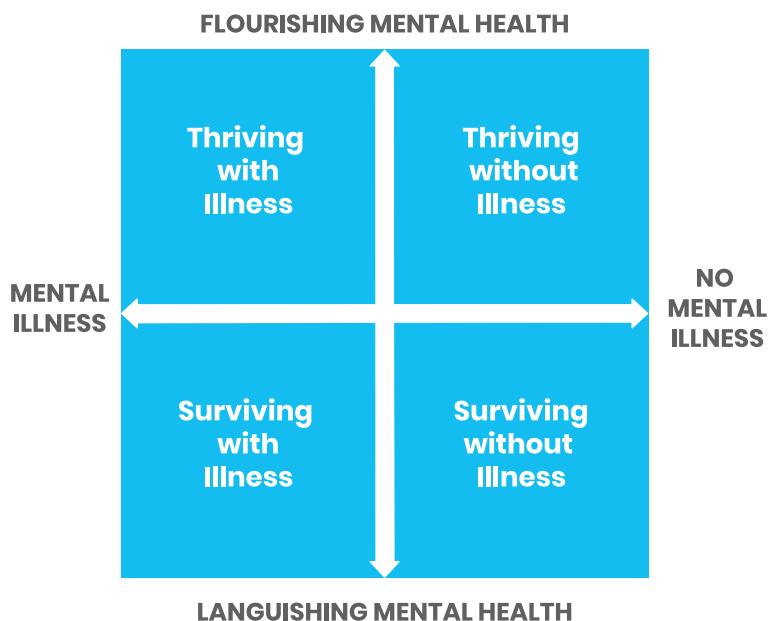
1. Explore healthy emotional management techniques
2. Consider the importance of social connection and advocacy
3. Reflect on the gift of lament



CORE CONTENT

THE PSYCHOLOGICAL PERSPECTIVE

In the second session of *The Sanctuary Course*, we introduce the mental health continuum.⁶ This is a model that represents the dynamic nature of mental health:



"Mental illness" refers to conditions that affect behaviours, thoughts, and emotions. These are formally diagnosed based on the degree of impairment experienced.

Our movements up and down the continuum are the result of navigating various emotional, psychological, biological, social, and spiritual realities. For example, losing a job or sustaining an injury might lead to languishing, while achieving a major goal or starting on medication might lead to flourishing. According to this model, everyone will experience periods of languishing and flourishing over the course of their lives, regardless of the presence or absence of **mental illness**.

Optional Discussion Question:

Where do you think you are on the mental health continuum today? What are some of the factors contributing to your experience of languishing or flourishing?

Many of you may find yourselves in a different place on the continuum due to the unusual stresses and losses accompanying this pandemic:

You may be experiencing poor mental health for the first time, and find yourself struggling to name or understand your experiences of anxiety and grief.

You may be experiencing new challenges related to a preexisting mental health problem, and find yourself feeling discouraged and overwhelmed.

You may even be experiencing unexpected flourishing during this season due to the knowledge and resources you have cultivated in your mental health recovery journey.

Wherever you find yourself on the continuum, take a moment to recognize that we are all in this together. It is likely that many members of your community are adjusting to new mental health realities, and this can heighten the disorientation you feel as an individual. But there is good news: mental health is dynamic, humans are resilient, and recovery is available for everyone. If you are languishing right now, there are things that you can do to foster mental wellness and begin to move towards flourishing. Now let's look at two common reactions to the pandemic that may be affecting your mental health: anxiety and grief.

ANXIETY

There are many different sources of anxiety at the moment. You may be afraid of contracting COVID-19, infecting others, or losing a loved one to this disease. You may be worried about finances due to a recent job loss or the impact of business closures on the economy. Even a simple trip to the grocery store can raise stress levels when you are surrounded by people wearing masks and confronted by food shortages.

If you notice feelings of anxiety, there are a few techniques available that can help you manage those feelings. (When we talk about "managing" emotions, we are referring to healthy ways of acknowledging, experiencing, and expressing these emotions. Managing is not a form of repression or denial.) The first technique experts recommend to help your body relax and to let your brain know that you are not in immediate danger is deep breathing. This reduces physiological symptoms (especially if you are in "fight or flight" mode), and it enables your brain to revert to slower, more analytical forms of processing.

However, anxiety isn't just physical. It's also emotional, and this is why accurately identifying your emotions is another way to reduce stress. When your brain understands what you are feeling and why, it can begin to help you process and move through those feelings.

If you want to give it a try now, the end of Session 7 includes instructions for a **breathing exercise**.

To learn more about **listening well**, go to the first session of *The Sanctuary Course* and check out the concluding exercise.

Session 7 of *The Sanctuary Course* is all about **self-care**. If you want more information on this topic, that's a good place to start.

naturally so that you don't get "stuck" in your anxiety. While it is good to name your feelings for yourself, it can be even better to share them with a trusted family member or friend who can offer you the gift of listening well.

Finally, there are things you can do to practice self-care and manage your emotions to reduce the likelihood of shifting into "fight or flight" mode. Maintaining a routine (even when working from home), getting plenty of sleep, eating nourishing foods, exercising, and limiting your social media and news intake all contribute to mental wellness and emotional resilience. However, please note that if you have tried some of these techniques and are still experiencing extreme anxiety or panic attacks, you may need more help. Contacting your doctor, talking to a counselor, or calling a mental health hotline may be a good place to start.

GRIEF

Grief is another common response to the pandemic, although it isn't always easy to identify. In fact, grief can look and feel like discomfort, irritability, stress, a "short fuse," and many similar behaviors and emotions. However, it is no surprise that many of us are feeling grief. We are surrounded by personal losses—the loss of life, the loss of safety, the loss of jobs and financial security, the loss of connection with community members, the loss of normal activities, the loss of specific plans and events—and we anticipate additional losses when we consider what life will look like after COVID-19.

There are two important things to understand regarding grief. First, every grief is personal and needs to be accepted and attended to with gentleness. It is unhelpful to compare losses; though our griefs are different and may vary in intensity and duration, they are all real. Denying your sadness, or telling yourself you do not have a right to feel sad, will not help you move through these feelings. This is also true when it comes to the grief of family members or friends; acknowledging what the other person is feeling, and responding with empathy, is one of the ways you can support their recovery and mental wellness.

The second important thing to understand is that grieving is not a linear process. You may have heard of the **five stages of grief**. This is a popular model used to describe the grieving process, and it is helpful in identifying the range of emotions we often experience in response to a loss. However, the use of the word "stages" creates the perception that individuals move from one stage to another, and that they are finished grieving when they reach the fifth and final stage. In reality, the experience of processing loss is less clearly defined. This is where the dual process model of grief is helpful. According to this model, people who are grieving alternate between two responses to pain:

According to Elisabeth Kubler-Ross and David Kessler, the researchers who proposed this model, the **five stages of grief** are: 1) denial, 2) anger, 3) bargaining, 4) depression, and 5) acceptance.

If you would like to explore the topic of **grief** further, Sanctuary Mental Health Ministries has an entire resource devoted to this subject. *Faith, Grief, and COVID-19* is a series of short films, discussion questions, and art reflections that will help you and your small group understand what it means to grieve as Christians during this pandemic.

- **feeling the loss;** this usually involves sadness, tears, a sense of heaviness, and other recognizable expressions of pain
- **exploring meaning;** this usually involves giving yourself permission to take a break from the feelings of pain, allowing yourself to experience a range of emotions, and discovering new sources of meaning in the aftermath of the loss

Recognizing these two responses—and understanding that it is normal to alternate between them multiple times, even in the course of one day—can help alleviate concerns about whether you are moving through your grief, and can also take away the pressure you may feel to “reach the final stage” and “finish grieving.”

DISCUSSION QUESTION



It was stated earlier that anxiety and grief are two common emotional responses to the pandemic. Does this resonate with you? What are some other emotional responses you've experienced or observed?

THE SOCIAL PERSPECTIVE

In the second session of *The Sanctuary Course*, we discuss the significant role that social support plays in promoting mental health and preventing mental health problems. Studies suggest that individuals who are involved in their communities are better equipped to cope with stress, and even experience lower levels of anxiety than individuals who are socially isolated.⁷ Therefore, you may be particularly vulnerable to stress and stress-related mental health problems when you are quarantining or practicing physical distancing. But this need not be cause for alarm. When you recognize vulnerability, it enables you to be proactive and mindful in your daily life. Can you set up a regular check-in call with a close friend? Have you thought about holding a virtual dinner party? Although nothing can quite replace the physical presence of loved ones in our lives, now is the time to creatively embrace new forms of connecting and socializing.

Vulnerability is an important topic at this time. While we are all experiencing the negative effects of isolation to some degree, there are specific populations with limited resources and resilience who require extra connection and support in this season. As you read through the following list, reflect on your church community and your neighborhood. Does anyone in your social sphere fit these descriptions? Is there anything you can do to reach out?

- **Elderly**
COVID-19 poses the greatest threat to individuals over the

If you would like more information on the prevention of abuse and neglect, we recommend the following resource from The Alliance for Child Protection in Humanitarian Action: **“COVID-19: Protecting Children from Violence, Abuse, and Neglect in the Home”**

Session 4 of *The Sanctuary Course* examines the effects of **stigma** on individuals with lived experience, and looks at practical ways of combatting stigma within communities.

“Safeguarding” is a term that originated in the UK. It is now widely used to describe policies and measures that are implemented to protect the health and human rights of individuals (particularly children and vulnerable adults).

age of sixty, particularly if they have preexisting medical conditions. For this reason, older community members may feel unable to leave their homes or visit with family (even if physical distancing is maintained). This population may also be uncomfortable navigating online communication platforms such as Zoom, Skype, or Google Meetings, and this can heighten the experience of loneliness and isolation.

- **Children**

Although young children do not face significant medical risk, the long-term social and economic effects of the coronavirus may hit the smallest members of your community hardest. Studies conducted in the aftermath of Hurricane Katrina and the 2002 SARS outbreak found rates of post-traumatic stress disorder in children corresponding to rates found in veterans.⁸ Additionally, children living below the poverty line often rely on their schools for food, clean water, and medical interventions—critical resources that are unavailable when schools are shut down.

- **Individuals with Lived Experience**

Studies show that people who disclose a diagnosis of depression report lower levels of social support.⁹ Individuals with mental health problems can experience isolation in their daily lives due to the stigma surrounding their diagnosis, as well as their own tendencies to withdraw. This means that in a season of physical distancing, the threat of isolation is significantly heightened for them. Additionally, preexisting mental health challenges may be exacerbated by the general atmosphere of anxiety, the disruption of routine, and the lack of access to mental health services.

- **Individuals in Abusive Homes**

According to sociologists, incidents of domestic violence always spike when families spend more time together.¹⁰ With shelter-in-place and quarantine orders multiplying, many individuals—both adults and children—find themselves trapped in close quarters with people who are abusive. Indeed, domestic violence hotlines in numerous nations have reported significant increases in call volume since the emergence of COVID-19.

This is a difficult list to read, and if you are feeling overwhelmed or helpless, know that you are not alone. If you need to limit the amount of time you spend on some of these topics in order to care for your mental health, that is okay. Yet in the midst of the difficulty, there is an opportunity for local churches to speak up on behalf of the vulnerable. Speaking up might look like prayer, or it might look like contacting a local government representative and advocating for additional funding and support to address the needs of some of these populations. It is also important to remember that if you are aware of a situation of abuse or neglect, you have a legal obligation to speak up and report it. If you are uncertain, uncomfortable, or unsure about how to proceed, consult the **safeguarding** representative in your church/parish/denomination, or someone who has received abuse prevention and response training.



DISCUSSION QUESTION

Can you identify any community members who may be feeling isolated or experiencing unique vulnerabilities? Is the Holy Spirit extending an invitation for you to reach out or speak up in this season?

THE THEOLOGICAL PERSPECTIVE

COVID-19 has caused significant suffering in our individual lives and our communities. Suffering on such a massive scale often causes people to cry out for answers and explanations. This dynamic appears again and again in Scripture: the Israelites cried out to God when they were enslaved in Egypt for four hundred years (Exodus 2:23-25); Job cried out when he lost his wealth, his family, and his health (Job 7:20-21); the psalmist frequently exclaims, “How long, O Lord?” (Psalm 13:1-2, Psalm 35:17, Psalm 79:5); even Christ cried out as he hung on the cross, “My God, my God, why have you forsaken me?” (Matthew 27:46). Some of these individuals received answers, and others did not. Yet their cries are all recorded in the same book as God’s promises to establish justice and bring an end to disease and death, and their suffering is reframed within the context of God’s redemptive plans.

This tension between suffering and hope is stunningly displayed in the spiritual practice of lament.¹¹ Lament involves the purposeful expression of emotion—an expression addressed directly to God that seeks to affirm faith in the midst of pain and doubt. When Christians lament, they acknowledge the realities of injustice, fear, loneliness, suffering, and death. Yet they do so while maintaining their belief that God is listening to their cries, and that he cares.

The psalms offer some of the best examples of lament in the Bible. The psalmist is brutally honest when it comes to naming grievances—death, disease, poverty, persecution, exile, oppression, betrayal, and sin are all mentioned in the book—and also when it comes to the range of emotions expressed—emotions such as rage, grief, shock, disappointment, fear, and raw pain. In light of such grievances and emotions, it may be surprising to discover that most psalms of lament conclude with a declaration of the psalmist’s confidence in God. Psalm 6, which you read at the beginning of the session, ends with the following statement: “The Lord has heard my supplication; the Lord accepts my prayer. All my enemies shall be ashamed and struck with terror; they shall turn back, and in a moment be put to shame” (Psalm 6:9-10). Where does this confidence come from? The psalmist knows that God hears, and God cares.

Some questions may remain unanswered, but there is an Answerer who is greater than any question. Some suffering may seem beyond redemption, but God is still God. In the midst of this pandemic, let’s cry out to the one who hears us and who cares for us.



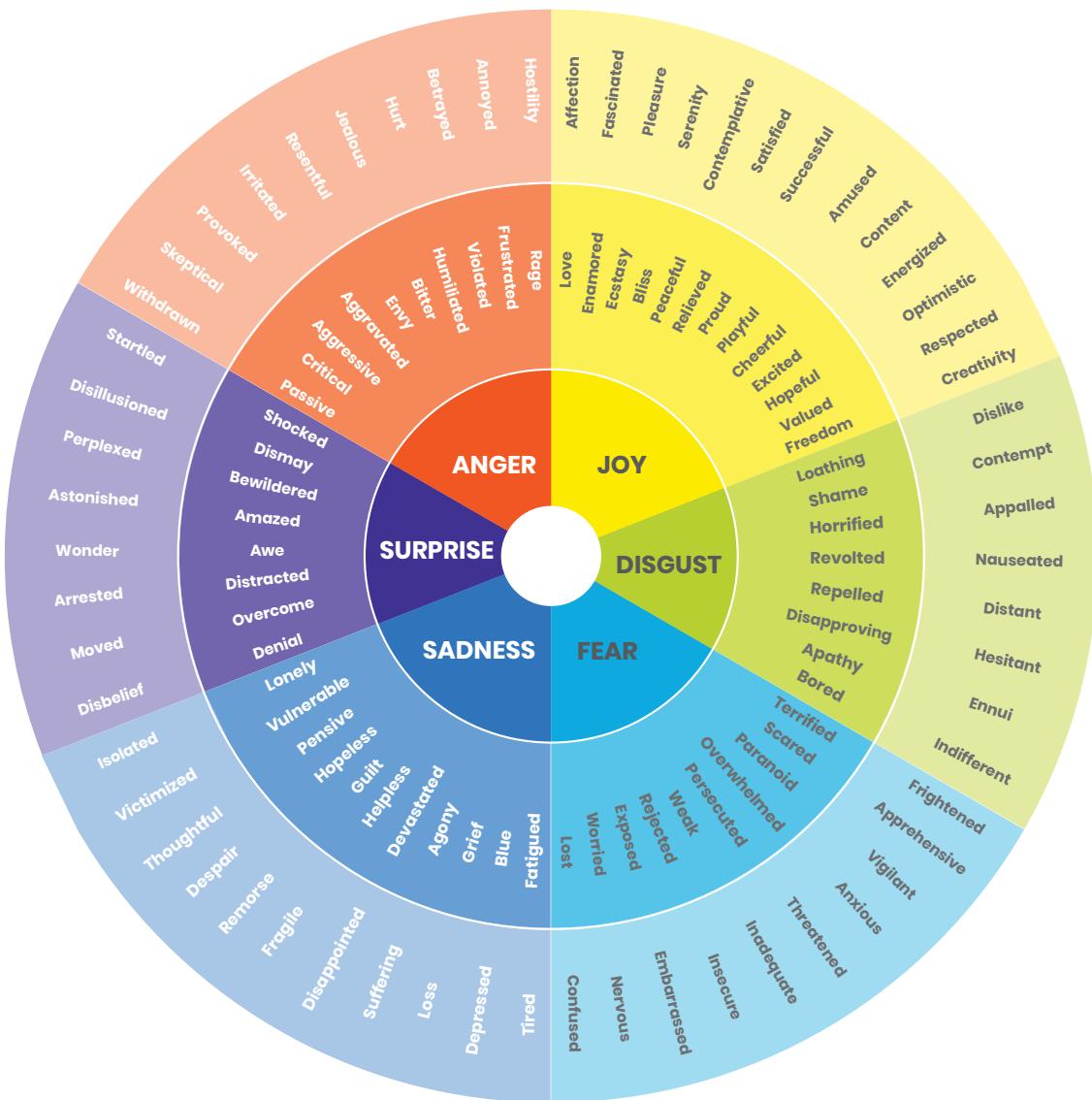
DISCUSSION QUESTION

How are you experiencing the tension between suffering and hope in your own life? Are there particular scriptures or spiritual practices that help you sustain your hope?



EXERCISE: THE EMOTION WHEEL

American psychologist Robert Plutchick believed that all humans experience primary emotions, including anger, joy, surprise, disgust, sadness, and fear. His research led to the development of a tool known as the emotion wheel. The emotion wheel is designed to help individuals increase their emotional vocabulary and self-awareness. These are important areas of growth; accurately identifying your emotions enables you to notice recurring patterns or responses, and also helps you avoid the stress caused by misunderstood emotions.



Take a moment to examine the emotion wheel above. Notice the way the emotions are arranged according to category, and also how they vary in intensity. Notice the relationships between different emotions. When you are ready, select one or two emotions that accurately describe how you are feeling today. Reflect on why you are feeling this way. If you are comfortable doing so, share your emotion and your reflection with the members of your group. However, please refrain from offering observations or advice regarding the emotions shared by others.



PRAYER: BREATH PRAYERS

Breath prayers are prayers that can be spoken in a single breath. The practice of praying in this way dates back to the third and fourth century, when the Desert Fathers and Mothers sought to fulfill the command to “pray without ceasing” (1 Thessalonians 5:17). Their short prayers eventually evolved into the well-known Jesus Prayer: “Lord Jesus Christ, Son of God, have mercy on me, a sinner.” Today, many Christians engage in variations of the Jesus Prayer and other breath prayers in order to quiet the heart and mind, and to connect with God in moments of anxiety or grief. Your group may decide to mute all mics so that everyone can pray simultaneously, or you may decide to have one member read the following text out loud while everyone else practices deep breathing and listens. May this practice be a source of blessing to you during this season.

1. Find a comfortable and neutral seated posture. Close your eyes and check in with your body. Notice any places where you may be holding tension, and release that tension as you deepen your breathing.
2. Inhale for four seconds: breathe in through your nose, slowly expanding your stomach as you fill your lungs with air.
3. Exhale for four seconds: breathe out through your mouth, relaxing your entire body as you do so.
4. Once you are comfortable with this breathing technique, practice saying the Jesus Prayer.

Inhale: “Lord Jesus Christ, Son of God,”

Exhale: “have mercy on me, a sinner.”

5. There are many different scriptures and phrases that can be used in place of the Jesus Prayer. Here are a few variations you may want to try. Feel free to add your own variations as well.

Inhale: “The Lord is my shepherd,”

Exhale: “I shall not want.” (Psalm 23)

Inhale: "Let your face shine upon me,"
Exhale: "and be gracious to me." (Numbers 6)
Inhale: "You redeem my life,"
Exhale: "and crown me with your love." (Psalm 103)
Inhale: "You are light,"
Exhale: "in you there is no darkness." (1 John 1)
Inhale: "Enlighten my heart,"
Exhale: "to know the hope of your calling." (Ephesians 1)

ENDNOTES

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