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# Care of the Soul in the Time of COVID-19



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Coronavirus, Anxiety, Couch in Crisis

## **Abstract / Synopsis:**

**There is no one-size-fits-all formula for healing the soul. Each of us will need to find the unique path that leads us from grief or despair to healing.**

*“The reward of suffering is experience.”* —President Harry S. Truman

In our profession, the term *psyche* is usually defined as “mind,” but the term’s history and etymology are more complex. The ancient Greek term *psykhē* had a range of meanings, including mind, spirit, or soul. It is this last meaning that I want to explore in relation to the frightening pandemic we are now encountering.

A good deal has already been written regarding the possible psychiatric complications of the COVID-19 pandemic. For example, Drs Nidal Moukaddam and Asim Shah have rightly noted that.<sup>1</sup>

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On an individual level, [the pandemic] may differentially exacerbate anxiety and psychosis-like symptoms as well as lead to non-specific mental issues (eg, mood problems, sleep issues, phobia-like behaviors, panic-like symptoms).

Less has been said regarding what I would call “the care of the soul” in the midst of this pandemic. I borrow the phrase from the classic work *Care of the Soul* (1992), by the psychotherapist and former Catholic monk Thomas Moore. Moore was heavily influenced by proponents of archetypal psychology, such as Carl Jung and James Hillman. Moore admits that defining the term *soul* is nearly impossible but tells us that it “...has to do with depth, value, relatedness, heart and personal substance.”<sup>2</sup> In any case, Moore points out that when we discuss “the soul,” we are entering the realm of the *sacred*.

Moore sees “the great malady” of our age as “loss of soul”—a sweeping topic for another time. For now, I would like to suggest that—beyond unsettling our minds—the current pandemic also unsettles our souls in ways we are just beginning to understand. Just as the COVID-19 virus attacks the respiratory tract, the pandemic itself can assault the soul. I would identify five manifestations of this: impotence, grief, loneliness, mistrust and displacement. After exploring these manifestations, I will suggest some ways by which we might care for our souls during these perilous times.

### **The five-fold assault on the soul**

***Impotence.*** There are few states of the soul more difficult to bear than the feeling of powerlessness. This was painfully brought home by a woman in a small Italian town, whose husband, age 85, had just died from the coronavirus. Five days later, his body still lay in a coffin, as the local cemetery was closed, and traditional funeral services were prohibited throughout the country. The man’s wife of 50 years struggled to explain her feelings. “It’s not anger,” she said. “It’s impotence in the face of this virus.”<sup>3</sup>

***Grief.*** Grief and its attendant rituals of mourning are expected and healthy adaptations to loss, as Cynthia Geppert, MD, MA, MPH, MSBE, DPS, and I discuss in the context of pastoral care. Grief differs substantially from major depressive disorder, although the two conditions may co-occur.<sup>4</sup> Thus, it is perfectly understandable that those who have lost loved ones to the COVID-19 pandemic will feel deep and consuming grief.

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But this pandemic may evoke grief on more levels than we are used to, in our everyday life. For some, this multi-pronged attack may overwhelm our usual, adaptive mechanisms for handling grief. Writing in the *New York Times*, Michelle Goldberg put it this way: “There is a lot to mourn right now. Many...are mourning dead loved ones. People are mourning lost jobs, lost savings, lost security. Senior citizens in locked down nursing homes are mourning the loss of visitors. I’m lucky. I’m just mourning the city...So many of the pleasures and conveniences [of city life] have disappeared.”<sup>5</sup> And, on a deeper level, I suspect that many of us are grieving the loss of what we imagined were our relatively safe, stable, and protected lives.

**Loneliness.** There is a cruel, soul-crushing paradox at work in this pandemic, as Frank Bruni has observed. We are dealing with “...a psychological contradiction and emotional oxymoron that are peculiar to a pandemic. At the very moment when many of us hunger most for the reassurance of company and the solace of community, we’re hustled into isolation.”<sup>6</sup> For those without family, friends, or a supportive community, the ensuing sense of loneliness—sometimes accompanied by feelings of abandonment—can be overwhelming. Although social connections via the internet are often helpful, they are no substitute for the embrace of a friend or loved one.

**Mistrust.** Drs Moukaddam and Shah identified one type of mistrust that can arise during infectious pandemics:<sup>1</sup>

...a lack of trust in medical treatment and advances . . . During infectious pandemics, medical mistrust has been linked to conspiracy theories. In one US study, up to half of those surveyed endorsed belief in at least one health-related conspiracy theory.

Furthermore, during pandemics, there is a strong tendency to scapegoat “the Other”—the stranger, the foreigner, the outcast. In this regard, we should recall that during the Black Death—the bubonic plague that killed one-third of the European population in the fourteenth century—Jews were maliciously blamed for spreading the plague by poisoning the wells.<sup>7</sup>

Let’s recall that the first stage of Erikson’s theory of psychosocial development is called “Trust vs. Mistrust.”<sup>8</sup> We may reasonably surmise that individuals who did not successfully negotiate this crucial stage will be especially vulnerable to strong feelings of mistrust

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during the present pandemic—but on some level, these feelings may affect most of us. (And, yes—there are sound reasons to be mistrustful in certain instances, eg, when dealing with scams aimed at exploiting during the pandemic).<sup>9</sup>

During the present pandemic, the mistrust that can afflict the soul may prove broader, deeper, and more insidious than in ordinary times. It is the kind of mistrust that can spread, pandemic-like, over the whole of life. The vulnerable person may wonder: How can I trust that I will have enough food for the next few months? Or that I will be able to get medical care if I get sick? How can I trust the person next to me, who may be carrying and spreading the virus? How can I trust myself, since I might unknowingly infect my children or spouse? How can I trust that the world is a safe place? Or that I still have control over my life?”

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