



DICASTERY FOR PROMOTING  
INTEGRAL HUMAN DEVELOPMENT

**ACCOMPANYING PEOPLE  
IN PSYCHOLOGICAL DISTRESS  
IN THE CONTEXT OF  
THE COVID-19 PANDEMIC**

**MEMBERS OF ONE BODY  
LOVED BY ONE LOVE**

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**November 2020**

# CONSIDERING AND ACCOMPANYING PSYCHOLOGICAL DISTRESS IN THE CONTEXT OF THE COVID-19 PANDEMIC

## Introductory remarks

The Covid-19 pandemic - the first epidemic to spread globally - has laid bare our physical frailty and immune deficiency in the face of a virus that the human body does not recognize.

Albeit all available means were used to treat the sick, the psychological suffering caused or worsened by the deep concerns over this unknown disease has been hardly considered.

Most especially, the loss of control over our personal existence and the life that we share with our loved ones has been a source of major concern. When medical expertise and treatments have suddenly proven unsuitable, ineffectual or unsuccessful, the fear of the unknown has prompted the following questions: “What will become of me?”, “What will become of us?”

The death of a family member and, especially, the impossibility to celebrate a funeral rite for a deceased loved one can generate psychological and, at times, psychiatric distress. The lockdown and the reduced social activity can amplify relational weaknesses, producing family violence, especially difficult because we live believing in life and rely on those whom we love.

In a paradoxical, and to some, unsustainable way, we have regained awareness of our being made of body and relationships, inner and social life, love and hope. These dimensions are all interconnected. When one of these suffers, our whole being is affected.

We may say that mental health is the right inner harmony among our “subjectivity” (our self-image), our interpersonal relationships (identification and recognition) and the “objectivity” of our human history (events and interpretation).

Psychological distress may range from melancholic depression to suicide, but it serves us as a reminder that we exist with the other; and when this physical or symbolic closeness is jeopardised, we may go through states of anxiety, episodes of violence and suffering. This experience is both personal and communal, as it incarnates perfectly Saint Paul’s analogy on the body: “If one part suffers, all the parts suffer with it” (1 Cor 12, 26).

More radically, we may say that the experience of the Covid-19 pandemic has enabled us to touch the core of our human condition and Christian faith: the transition towards death and the relationship between death and life, and fear and hope.

This document aims to present some elements for reflection and some insights to those who are close to the people affected by the Covid-19 pandemic, as well as to those who are called to accompany them. In fact, these elements shall hopefully provide anthropological, theological, ethical, spiritual and pastoral orientations that could support those who secretly struggle with anxiety, while urging them to be renewed through the loving compassion of Christ, who made Himself close, healed through listening and forgiveness and spoke a healing and uplifting Word to all.

Fraternal accompaniment embraces all the dimensions of our humanity in an approach that is both reciprocal and loving: “Approaching, speaking, listening, looking at, coming to know and

understand one another, and to find common ground: all these things are summed up in the one word “dialogue” ”<sup>1</sup>.

## **NOTA BENE**

We have three very similar, though different terms that describe the approach to a person’s psychological dimension. Therefore, it is imperative to make a distinction among them, while trying to understand their underlying relationship.

- Mental dimension: a person’s sensory and intellectual capacity to grasp and interpret the reality of his/her existence.
- Psychical dimension: a person’s capacity to establish and maintain relationships with reality and with others and to let events touch him/her.
- Psychological dimension: a person’s knowledge of his/her subjectivity:  
A person’s relationship with his/her body, story, and the narrative of his/her social and personal life.

Clearly, these three definitions are closely intertwined, but should be considered separately as we reflect on and carry out our activities of accompaniment.

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<sup>1</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 198.

## I. THE CONSEQUENCES OF THE COVID-19 PANDEMIC ON MENTAL HEALTH

### *The human person, body, relationship, desire, and hope*

The impact of the Covid-19 pandemic has caused an unprecedented global crisis.

“Thick darkness has gathered over our squares, our streets and our cities; it has taken over our lives, filling everything with a deafening silence and a distressing void, that stops everything as it passes by; we feel it in the air, we notice in people’s gestures, their glances give them away. We find ourselves afraid and lost. Like the disciples in the Gospel we were caught off guard by an unexpected, turbulent storm. We have realized that we are on the same boat, all of us fragile and disoriented, but at the same time important and needed, all of us called to row together, each of us in need of comforting the other. On this boat... are all of us.”<sup>2</sup>

As the global health emergency unfolded, humankind discovered itself more frail, and vulnerable in every dimension of life, be it physical, mental, economic, relational, social or spiritual.

The human person is by nature open to relationship. Implanted deep within us is the call to transcend ourselves through an encounter with others<sup>3</sup>; that is why, in the long months of lockdown and isolation, feelings of fear, anxiety, and worry about the future have pervaded our souls and minds.

### *Anxiety*

A sense of anxiety and powerlessness vis-a-vis disease and death, solitude, an abrupt impoverishment, an uncertain professional future, discrimination and stigma due to infection, the difficult grief process due to the impossibility to hug one’s loved ones one last time generated severe mental disorders in mentally healthy persons, while exacerbating them in people with pre-existing mental distress. Symptoms, such as depression, panic attacks, and anxiety, insomnia, post-traumatic stress disorder, loss of interest and pleasure in doing things, excessive fears and worries, have affected many.

Restrictions, modified daily habits, difficulties in managing one’s emotional states, anxiety for the future have led to a rise of harmful behaviours. What is particularly worrying is the surge in drug, alcohol and mainly online gambling abuse, not to mention episodes of aggression and especially domestic violence<sup>4</sup> against the weakest and the helpless, and suicidal events or behaviours, such as suicides, attempted suicides and self-harm practices.

### *The temptation of despair and the thought of suicide*

Despair is the consequence of a solitude that touches the intimate point of being, that inner place of the encounter between experience and sensitivity. When we no longer expect anything from life or when we no longer expect anyone, the horizon of existence can close like night falling on day. For what and for whom do we still have to get up, take up challenges and offer our talents, our knowledge, our love? We come to look down on others and on ourselves and the feeling of failure takes precedence over any other thought.

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<sup>2</sup> FRANCIS, Extraordinary moment of prayer in times of epidemic: *Meditation*, Sagrato of St. Peter’s Basilica, 27<sup>th</sup> March 2020.

<sup>3</sup> Cf. FRANCIS, Enc. Lett. *Fratelli tutti*, n. 111.

<sup>4</sup> Cf. WHO, *Violence Against Women and Girls Data Collection during COVID-19*

Certain texts of the Bible - Psalms or meditations - express very clearly this plunge into the night of despair experienced by those seeking the Truth. Thus the prophet Elijah asks God for death, so great is his loneliness (Cf. 1 Kings 1-8)... And God sends him an angel who prepares some water and bread for him to continue his journey.

In the "modern" culture, centered on the individual, this inner suffering is amplified by the fact that one must "get by alone", without others. When illness comes, with its mysterious character, which undermines our plans, we may come to desire death. The will to brave the difficulties of daily life turns against us: nothing is worthwhile anymore... Rather, we leave the stage where we no longer envision what role we have to play.

It has often been said that some suicides - or attempted suicides - are cries for help: a muffled cry to say that we still exist and that we need to be recognized and loved. Sometimes suicide is the ultimate expression of a freedom that has not found the place and the connection to speak for itself. In the text of the Gospel according to Saint Luke, we remember the "prodigal son" who wanted to live fully his autonomy and who plunged into despair. In the depths of his solitude, he remembers his Father and makes the decision to join him and to ask anew for his trust and forgiveness. His Father, who is waiting for him and who sees him from afar, runs towards him and opens his arms to him, in the joy of finding his son. For, he says, "my son was dead and has come back to life, he was lost and is found." (Luke 15:32).

The Father is still waiting for his child who was lost. The challenge for ourselves, brothers and sisters of those who are desperate, is to hold ourselves in the discreet attitude of the angel who offers support, simple and delicate, to the brother or sister who no longer has the strength to live.

### ***Social Frailties***

The pandemic has only been a stressor that has exacerbated an existing crisis, further fuelled by weakened spiritual values, a diminished sense of responsibility, and a poorer spirit of solidarity.

What emerged clearly were the inappropriate policies, not only at the healthcare level, but also at the economic and social one, in that they have produced new forms of poverty and marginalization and have continued to create situations of injustice and inequality in resource distribution to the detriment of millions of people. The gap between the rich and the poor has widened, as the health emergency has gone on to produce new forms of poverty that have added to the existing social frailties, especially caused by unemployment.

Job losses have been one of the pandemic's most worrying consequences: millions of people have been deprived of their only means of livelihood. Poverty and hunger have "visited" many families, disproportionately multiplying the number of poor people worldwide. As Pope Francis stated: "There is no poverty worse than that which takes away work and the dignity of work. In a genuinely developed society, work is an essential dimension of social life, for it is not only a means of earning one's daily bread, but also of personal growth, the building of healthy relationships, self-expression and the exchange of gifts. Work gives us a sense of shared responsibility for the development of the world, and ultimately, for our life as a people."<sup>5</sup>

### ***The respect for human dignity: a condition for trust and development***

There is a need to change the current development model, so as to overcome the selfish logic that has led the world to a state of profound disorder. Change demands a new cultural model that puts

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<sup>5</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 162.

human dignity back to the centre and promotes wellbeing for us, for others and for all of humankind. The time has come to care for the needs of every man and woman, young and old, with the same fraternal spirit of solidarity and benevolence of the Good Samaritan.<sup>6</sup>

Though devastating in its consequences, the Covid-19 pandemic is an opportunity not to be missed if we want to imagine a better, fairer, more just, fraternal, charitable, inclusive world, where fraternity and social friendship are promoted; a time to feel and see one another as brothers. No one is saved alone: fraternity is the only stepping-stone to build the future. This is the right time to imagine new possibilities; to give impetus to new dynamics to announce the new life that the Lord intends to generate at this time of history; and to build the civilization of love<sup>7</sup>.

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<sup>6</sup> Cf. *Ibidem*, n. 79.

<sup>7</sup> Cf. FRANCIS, “The courage to imagine new possibilities: “A plan to rise again after Covid-19”, L’Osservatore Romano, 17<sup>th</sup> April 2020.

## II. THE ETHICAL DIMENSION OF MENTAL HEALTH: THE PRINCIPLES OF “SOCIAL RESPONSIBILITY” AND OF “SOLIDARITY”

### *Living responsibly means first of all responding to an expectation*

The analysis of the Covid-19 pandemic and its consequences on mental health has laid bare the frailty of the human being in its individual and social dimensions. The Covid-19 pandemic has shed light on social inequalities and the difficulties of vulnerable people to access high-quality care that the lockdown and social distancing measures have simply complicated.

Several studies suggest that in order to protect mental health, especially in times of health crises, it is important to ponder the support offered to people, as well as the actions that enable the creation of environments that can promote the health and wellbeing of the whole population, while addressing social inequalities<sup>8</sup>. Pope Francis confirmed this, pointing to the “integral” dimension of health: “Since everything is closely interrelated, and today’s problems call for a vision capable of taking into account every aspect of the global crisis (...) It is essential to seek comprehensive solutions which consider the interactions within natural systems themselves and with social systems.”<sup>9</sup> According to UNESCO’s *Universal Declaration on Bioethics and Human Rights*, all the effects on mental health listed in chapter one of this document (anxiety for the future, occupational difficulties, economic turmoil, poverty, marginalization, stigma, depression, death wishes, suicides, etc.) materialize only if human dignity, human rights and fundamental freedoms are radically undermined<sup>10</sup>. Everything that concerns human dignity has an ethical nature. From this perspective, the “integral” promotion of mental health requires the adoption and mutual interaction of the principles of “social responsibility” and “solidarity”.

### *Principle of “social responsibility”*

From a philosophical perspective, the principle of social responsibility imposes the requirement that we apply responsibility in all our communications, actions and omissions within the society. Besides its use in the context of imputability, the term “responsibility” commonly refers also to the duties or obligations associated to a social status<sup>11</sup>. In an endeavour to apply the principle of social responsibility, healthcare and political authorities must come together to ensure that their decisions (access to health care, closed borders, lockdown, isolation or quarantine) are made as much as possible in the interest of justice, equality and the whole humankind. To this end, the principle of social responsibility is essential, and its inclusion in this document has a two-fold importance. On one side, it prompts public authorities to articulate appropriate policies aimed to address and solve health crises and their consequences, including the crises with a deep impact on mental health, and on the other, to promote citizens’ participation, involving them both personally and as community in an awareness-raising endeavour to identify solutions that do not stigmatize or exclude anyone. In applying the principle of social responsibility, the direct protection of human dignity demands the protection of human rights.

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<sup>8</sup> INSTITUT NATIONAL DE SANTE PUBLIQUE DU QUEBEC, “COVID -19: la résilience et la cohésion sociale des communautés pour favoriser la santé mentale et le bien-être”, 1<sup>st</sup> June 2020

<sup>9</sup> Cf. FRANCIS, Enc. Lett. *Laudato si’*, n. 137 and 139.

<sup>10</sup> Cf. UNESCO, *Universal Declaration on Bioethics and Human Rights. History, principles and applications*.

<sup>11</sup> Cf. DEMBELE, M., *Bioéthique et Excision au Mali. De la dignité humaine au respect de l’intégrité physique des femmes*, Harmattan Italia, Turin 2016.



## ***Principle of “solidarity”***

According to the social doctrine of the Church, solidarity “highlights in a particular way the intrinsic social nature of the human person, the equality of all in dignity and rights and the common path of individuals and peoples towards an ever more committed unity”<sup>12</sup>. “Solidarity rises to the rank of fundamental social virtue since it places itself in the sphere of justice. It is a virtue *par excellence* to the common good, and is found in a commitment to the good of one's neighbour with the readiness, in the Gospel sense, to ‘lose oneself’ for the sake of the other instead of exploiting him, and to ‘serve him’ instead of oppressing him for one's own advantage.”<sup>13</sup> Pope Francis insisted on this idea, affirming that solidarity manifests concretely in service that can take up very different shapes. Service, said the Pope, “in great part means ‘caring for vulnerability. Service means “caring for the vulnerable members of our families, our society, our people’ (...) Service always looks to their faces, touches their flesh, senses their closeness and even, in some cases, ‘suffers’ that closeness and tries to help them. Service is never ideological, for we do not serve ideas, we serve people.”<sup>14</sup> To conclude, solidarity is a virtue tending to health protection and promotion, that is the “common good”.

In his reflection, Pope Francis echoes Saint John Paul II's Encyclical *Sollicitudo rei socialis* that insisted on the mutual dimension of service. A society in health crisis calls upon its citizens to recognise one another as brothers and sisters and to take up responsibility for the most vulnerable: “The exercise of solidarity within each society is valid when its members recognize one another as persons. Those who are more influential, because they have a greater share of goods and common services, should feel responsible for the weaker and be ready to share with them all they possess. Those who are weaker, for their part, in the same spirit of solidarity, should not adopt a purely passive attitude or one that is destructive of the social fabric, but, while claiming their legitimate rights, should do what they can for the good of all. The intermediate groups, in their turn, should not selfishly insist on their particular interests, but respect the interests of others.”<sup>15</sup>

## ***Psychosocial needs***

In order for the psychosocial needs of vulnerable people to be met, it is imperative to include the principles of solidarity, hope, security and benevolence in all the activities put in place in favour of those affected by the Covid-19 pandemic<sup>16</sup>. For this reason, some countries have accomplished acts of civic solidarity and compassion, which contributed to protect those affected by the Covid-19 pandemic or to support people who found themselves in difficult socio-economic situations caused by the pandemic. These remarks underline the importance of acting on the factors that promote good mental health and the “integral” wellbeing of people, families and communities. Therefore, mental health promotion entails concrete actions, capable of implementing an “ecology of daily life, environmental, economic, social, cultural and spiritual ecology”<sup>17</sup>, favouring mental health and enabling the adoption of a healthy lifestyle, which translates into care, word, encouragement, consolation and fidelity. Thus, the ethical dimension demands a series of reflections, decisions, actions, and measures aimed at improving the conditions for good mental health, so that everyone, also the frailest, are respected as recognised and responsible individuals.

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<sup>12</sup> PONTIFICAL COUNCIL OF JUSTICE AND PEACE, *Compendium of the Social Doctrine of the Church*, n. 192.

<sup>13</sup> *Ibidem*, n. 193.

<sup>14</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n.115.

<sup>15</sup> JOHN PAUL II, Enc. Lett. *Sollicitudo rei socialis*, n. 39.

<sup>16</sup> Cf. L'INSTITUT NATIONAL DE SANTE PUBLIQUE DU QUEBEC, *Ibidem*.

<sup>17</sup> FRANCIS, Enc. Lett. *Laudato si'*, Chap. IV and VI.

### III. FRAILTY EXPOSED DURING THE GLOBAL PANDEMIC

#### *Rediscovering our vulnerability and closeness*

In daily life, and in all the phases of human history, there has always been a deep desire to answer the most pressing and relevant questions dear to the human heart. Most especially, the human person wants to discover the sense and goal of life, while the reality of suffering, loss and frailty are often sources of frustration and inner fragmentation. “The pain, uncertainty and fear, and the realization of our own limitations, brought on by the pandemic have only made it all the more urgent that we rethink our styles of life, our relationships, the organization of our societies and, above all, the meaning of our existence.”<sup>18</sup> As the Second Vatican Council clearly expressed, the human person asks: “What is this sense of sorrow, of evil, of death, which continues to exist despite so much progress?”<sup>19</sup> Despite the studies and analyses offered by various professional figures to help diagnose and treat mental disorders, every individual, just like the society as a whole, harbours an immense need for integrity and integration. People shun existential fragmentation and seek a life of integrity, a sense of inner peace and social harmony, instead.

#### *Solitude and the need for love*

A person experiencing this type of frailty perceives her body, as well as her inner life as vulnerable. As the person is a unity of mind and body, frailty only arises when one or the other of these two dimensions is neglected. Moreover, the person does not exist as an isolated entity, but is part of a community where love “also impels us towards universal communion. No one can mature or find fulfilment by withdrawing from others. By its very nature, love calls for growth in openness and the ability to accept others as part of a continuing adventure that makes every periphery converge in a greater sense of mutual belonging.”<sup>20</sup> How well did Saint Paul describe the Christian community! “If one part suffers, all the parts suffer with it; if one part is honoured, all the parts share its joy” (1 Cor 12,26). Isolation and individualism can often intensify mental suffering, while the dynamic and productive nature of community life may bring consolation and joy even in the midst of grief and suffering. While the global pandemic has exacerbated this sense of frailty on a number of levels, this could also be a time for faith communities and the society’s creative dynamic to turn into healing tools for those who suffer; in fact, suffering affects people to the point that it unsettles and compromises their mental health. This publication shall hopefully encourage some of these initiatives and trigger a wider and more comprehensive reflection.

Within the community, various groups experience frailty and vulnerability in different ways and with varying degrees of intensity. We may easily recall people who live in poverty, jobless people, and the young with their many problems in different parts of the world. The most vulnerable groups that have expressed a special need for assistance during the global pandemic were the elderly, detainees, seafarers and their families, migrants, refugees, stateless and homeless persons.

Healthcare workers deserve a specific mention, as this group is particularly and directly exposed to the risks connected to the Covid-19 pandemic. They were an extraordinary source of strength and care during the health crisis, but also experienced frailty and vulnerability because of their high-intensity and high-pressure jobs. Some referred to them as frontline soldiers, while many

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<sup>18</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 33.

<sup>19</sup> II VATICAN COUNCIL, *Gaudium et spes*, n. 10.

<sup>20</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 95.

of them simply consider themselves as the last line of defence against the pandemic. During the health emergency, healthcare workers have been hailed as heroes by Pope Francis and many others; however, their dedicated service and the innumerable hours spent addressing critical situations have often had a major impact on them. Their frailty is often collateral damage as a result of their sincere attempt to enhance the stability and wellbeing of suffering humanity. Now, there should be people willing “to care for their carers”, a special accompaniment intended for them is maybe more important and desirable to address their stress, and exhaustion levels, as well as their mental health conditions.

Among the vulnerable groups, we must mention the following:

- **The elderly:** Besides severe cases of negligence and care mismanagement that many elderly members of the community have suffered during the pandemic, there is another level of frailty, i.e. their susceptibility to the disease itself. As is well known, the Covid-19 mortality rate was significantly higher among the elderly in the second wave 2020 and this vulnerability may have a significant effect on other areas of their lives, including mental health. Moreover, the necessary separation and isolation measures have exacerbated their frailty, as they have kept them away from their loved ones and support systems, which, in turn, could lead to deep solitude and depression.
- **Detainees:** Detainees have experienced a deep void, as they have been deprived of the “human touch” during lockdown. Everything has stopped. No prison visits, no one to resort to, families could not visit the detainees. Life for them has become stagnant, circumscribed, while many questions arose, such as “Where is God?” and “Where are the others, outside?” Many have lived this condition as a mental anguish that led to desperation. They want to receive a message of Hope.
- **Seafarers:** Seafarers who generally spend 9/10 months away from their families were forced to extend their contracts for as many months due to the pandemic, without the possibility to return to their countries. This distance from their loved ones, the constant work have caused in many a condition of physical, mental and psychological exhaustion that led to suicide in some cases.
- **Migrants, refugees and stateless persons:** These people, who were already vulnerable because they could not satisfy their primary needs, such as health care, have experienced a situation of additional frailty in their attempts to resort to entities that are probably under pressure themselves due to the pandemic. Their rights are often neglected and their experience of isolation could be intense and long. The duration of the procedures is itself disparaging. They are frail because they experience instability as they are caught between two realities, the far-away past awash in suffering and an uncertain future.
- **Homeless people:** The frailty of the homeless is worsened by the risk of contracting the Covid-19 infection in overcrowded shelters. Those living in the streets are frail, because they are more exposed to poor physical and mental health conditions. They often have no access to health care and basic hygiene, which increases the risk of infection.
- **The unemployed:** those active in the informal economy, as street vendors, have lost their daily income due to the pandemic. This has caused a situation of extreme insecurity for them

and their families, as well as anxiety for an uncertain future. Without resources and without social protection, many wander and become homeless.

Addressing frailty can be a challenge and poor mental health can be associated with a certain degree of stigma. Our faith reminds us more than anything that God chose to become a frail child to heal a shattered world. Saint Paul describes how far Christ went: “Though he was in the form of God, (he) did not regard equality with God something to be grasped. Rather, he emptied himself, taking the form of a slave, coming in human likeness” (*Phil*, 2, 6-7). His descent in our humanity would not protect Christ from being refused, despised, disdained, mistreated and abandoned. God knows what it means to be frail. However, frailty is a bearer of hope, because God transformed Christ’s frailty in the power of the redemption. This transcendent solidarity with each of us is the inspiration for our hope and the source of our strength. It is the basis that builds and supports our human community.

### ***Fraternity and the courage to live***

“Embracing the cross”, said Pope Francis, “means finding the courage to embrace all the hardships of the present time, abandoning for a moment our eagerness for power and possessions in order to make room for the creativity that only the Spirit is capable of inspiring. It means finding the courage to create spaces where everyone can recognize that they are called, and to allow new forms of hospitality, fraternity and solidarity. By his cross we have been saved in order to embrace hope and let it strengthen and sustain all measures and all possible avenues for helping us protect ourselves and others. Embracing the Lord in order to embrace hope: that is the strength of faith, which frees us from fear and gives us hope”<sup>21</sup>. At the same time, we feel this call as a community, as a space where we can “care for the needs of every man and woman, young and old, with the same fraternal spirit of care and closeness that marked the Good Samaritan”<sup>22</sup>.

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<sup>21</sup> FRANCIS, Extraordinary moment of prayer in times of epidemic: *Blessing Urbi et Orbi*, 27<sup>th</sup> March 2020.

<sup>22</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 79.

## IV. SPIRITUAL DIMENSION: SUFFERING AND HOPE

### *Breathing, opening up to the other and walking together*

This pandemic caught us all by surprise and unprepared. With its absolute and unpredictable nature, it forced Governments to adopt urgent and binding health measures to contain the infection and prevent a surge in the number of deaths. The prevention measures differed from country to country, but they all entailed physical distancing or even isolation.

A feeling of fear gripped all of us: fear of contagion, fear of the other, the fear of being a weight and a reject of society, the fear of being forgotten, the fear of an uncertain future, and the fear of death. Anxiety has become a daily companion in our lives, generating behavioural disorders among the sane and those already struggling psychologically or psychiatrically, even pushing some to commit suicide.

Physical solitude has turned into spiritual solitude, so much so that it has led us to forget the mystery of our creation as communion and community of people and the mystery of fraternity that unites us as brothers and sisters of one Father, in Christ.

Together with the Psalmist, the Church affirms: What is man that you are mindful of him, and a son of man that you care for him? (*Psalm*, 8)

From the beginning, God did not want man to remain in an existential solitude, rather, “the “definitive” creation of man consists in the creation of the unity of two beings”<sup>23</sup>. The Second Vatican Council strongly pointed out that God did not create man to be alone, for from the beginning “male and female he created them” (Gen. 1:27). Their companionship produces the primary form of interpersonal communion.”<sup>24</sup> This brings to light the complementarity and reciprocity of people.<sup>25</sup>

### *The other as helper*

The word *communion* orients one toward the other, that “helper” that somehow derives from the fact that we exist as a person “close” to another. “(Adam) opens up to a being akin to himself, defined in Genesis (2:18, 20) as “a helper fit for him.”<sup>26</sup>

The word helper, “ezer” in Hebrew, is used to mainly define God as the one who comes to help or saves from mortal threats. This helper shows up in life-threatening situations. In our case, it is in his primordial solitude that Adam receives a helper, “ezer”. Someone who is akin to him is offered to him not for leisure, but for salvation, for caring, so that he may not die in solitude. The biblical passage reveals that the existence of the first man is marked by his vocation to open up to the other, to welcome, to be close to and care for the other.

Our human life is a search for God, despite our falls, and the vocation to communion and mutual care is part of our existence, even if we refuse it.

The episode of Cain and Abel is enlightening from this viewpoint: their profound identity and vocation is *brotherhood*, though in their diversity. Their story is one of fraternity and a call to growth and beauty, but in the end that beauty is tragically shattered, instead.

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<sup>23</sup> JOHN PAUL II, Speech at the General Audience, 14<sup>th</sup> November 1979

<sup>24</sup> II VATICAN COUNCIL, *Gaudium et spes*, n. 12.

<sup>25</sup> Cfr. FRANCIS, Speech at the General Audience, 22<sup>nd</sup> April 2015.

<sup>26</sup> JOHN PAUL II, Speech at the General Audience, 14<sup>th</sup> November 1979.

Therefore, it is necessary to address the main reasons that led Cain to reject the bond of fraternity and, at the same time, the bond of reciprocity and communion that linked him to his brother, Abel.

In his Encyclical “Fratelli Tutti”, Pope Francis warns us against the temptation to lose interest in others: “Let us admit that, for all the progress we have made, we are still “illiterate” when it comes to accompanying, caring for and supporting the most frail and vulnerable members of our developed societies. We have become accustomed to looking the other way, passing by, ignoring situations until they affect us directly.”<sup>27</sup>

Therefore, Pope Francis advances the question, “Can the men and women of this world ever fully respond to the longing for fraternity placed within them by God the Father?” How are we to live as one, each taking care of the other?<sup>28</sup>

### ***In Christ, the other is loved***

God responds to us by sending his Son. The love and care of Christ, the Good Samaritan, respond to Cain’s violence. He comes upon that wounded and dying man, who is my brother, my neighbour. “In his mortal life, he did good and healed all those who were prisoners of evil. Even today, as the Good Samaritan, he comes to every man who is wounded in the body and mind and pours on his wounds the oil of consolation and the wine of hope. Through this gift of your grace, the darkness of suffering opens up to the Paschal light of your Son, crucified and resurrected”<sup>29</sup>.

We must admit it: we cannot regenerate ourselves. Human fraternity can regenerate only *in* and *from* Jesus Christ, through his death and resurrection. So that the Cross becomes the definitive foundational “locus” of that fraternity<sup>30</sup>. “In Christ, the other is welcomed and loved as a son or daughter of God, as a brother or sister, not as a stranger, much less as a rival or even an enemy... There are no “disposable lives”<sup>31</sup>. Ecclesial fraternity is regenerated in the Cross of Christ and “the figure of Cain is corrected by virtue of the bonds of charity between men”<sup>32</sup> and this fraternity “becomes an expression of the interdependence and interrelationships between distinct subjects who cannot be themselves and cannot exist or hold out if they remain distant from each other.”<sup>33</sup>.

We must therefore ask how and when, as family and/or community, we have practiced “caring” in this special time of pandemic.

*“O God, Trinity of love,  
from the profound communion of your divine life,  
pour out upon us a torrent of fraternal love.”*

*(Encyclical “Fratelli Tutti”, Final Prayer)*

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<sup>27</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 64.

<sup>28</sup> Cfr. FRANCIS, Message for the World Day of Peace, 1<sup>st</sup> January 2014.

<sup>29</sup> Italian Episcopal Conference, Roman Missal, Common Preface VIII: *Jesus, the Good Samaritan*.

<sup>30</sup> Cfr. FRANCIS, Message for the World Day of Peace, 1<sup>st</sup> January 2014.

<sup>31</sup> *Ibidem*.

<sup>32</sup> NARO M., *La reciprocità*, Milan 2018, pg. 121.

<sup>33</sup> *Ibidem*.

## V. THE CHURCH: A COMMUNITY CALLED TO BE PRESENT, TO WELCOME, TO CURE AND TO HEAL

### *The pastoral accompaniment of people in psychological distress and their carers*

In this time of the Covid-19 pandemic, the Church of Christ feels particularly called to be close and in solidarity with every person who suffers from this terrible virus and bears its consequences both in the body and in the mind. The Church was always “truly linked with mankind and its history by the deepest of bonds”<sup>34</sup>. “The deep interest which the Church has always demonstrated for the world of the suffering is well known. In this for that matter, she has done nothing more than follow the very eloquent example of her Founder and Master”<sup>35</sup>.

The Dicastery for Promoting Integral Human Development is gathering a number of testimonies from all over the world to prove that the Catholic Church cares for the multitude of people affected by the coronavirus. Spiritually supported in prayer and through works of charity, these people are continuously presented to the Lord Jesus, Divine Physician, so that He may treat and heal them, restoring in them their *integral health*. In fact, for the Church, health does not only include the body, but the *whole of man*, with all his psychological, social, cultural, ethical and spiritual components. Rather, we believe that health and salvation are interwoven. It is not a mere coincidence that these two terms come from the same Latin root, *salus*, meaning totality, fullness and achievement. From our faith perspective, health means fullness of life, in communion with God and our brothers and sisters. The source of this health, like the source of life itself, is the Lord Jesus, who says of himself: “I came so that they might have life and have it more abundantly” (*Jn 10,10*)<sup>36</sup>.

### *Presence*

In her attempt to spread the salvific message on the fullness of life and health in Christ to the people affected by the pandemic, the Church’s first duty is to be a *PRESENCE*. To be a presence for those who suffer in the body and mind is an integral part of the Church’s evangelical mission; if the Church renounced this obligation, she would betray her true identity. The commitment to be a loving and healing presence, bearer of hope, embraces the *WHOLE* Church, as this cannot be exclusively “delegated” to specialists, such as hospital chaplains, social and healthcare professionals, religious congregations or specific associations. Both mental and spiritual suffering is a fundamental human experience: no one in the Church is immune from it and can remain indifferent to it. Consequently, it is not only those who care daily for the sick, the elderly, detainees, seafarers or other categories of vulnerable persons, but “it is the whole community of believers who assists and consoles, becoming a healing community that makes Jesus’ desire concrete so that all may be one flesh, one person, starting from the weakest and most vulnerable”<sup>37</sup>. Often, it is the capacity to act together in

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<sup>34</sup> “The joys and the hopes, the griefs and the anxieties of the men of this age, especially those who are poor or in any way afflicted, these are the joys and hopes, the griefs and anxieties of the followers of Christ. (...) That is why this community realizes that it is truly linked with mankind and its history by the deepest of bonds. II VATICAN COUNCIL, *Gaudium et spes*, n.1.

<sup>35</sup> JOHN PAUL II, *Motu proprio, Dolentium hominum*, n.1. “The deep interest which the Church has always demonstrated for the world of the suffering is well known... the Church has ... encouraged among Christians the blossoming of various works of mercy, but she has also established many religious institutions within her with the specific aim to fostering, organizing, improving and increasing help to the sick.”

<sup>36</sup> «In Jesus, the ‘Word of life,’ God’s eternal life is thus proclaimed and given. Thanks to this proclamation and gift, our physical and spiritual life, also in its earthly phase, acquires its full value and meaning, for God’s eternal life is in fact the end to which our living in this world is directed and called». *New Charter of Health Care Workers*, n. 135

<sup>37</sup> FRANCIS, Address at the Audience with the Italian Association against Leukaemias-Lymphomas and Myelomas (AIL), 2<sup>nd</sup> March 2019.

communion, a "presence that is capable of seeing, intercedes and knows how to patiently weave relationships that lead everyone to give their own healing response"<sup>38</sup>.

Therefore, every local Church, under the guidance of her Bishop, must rediscover in herself this *HEALING PRESENCE*, that shapes the *healing community*, as it engages in taking care of the relationship with the other<sup>39</sup>. All the members of this community, in the diversity of their charisms and ministries, play an irreplaceable role and are exposed to an action of mutual healing. Even a sick person, who cannot heal physically, a person with disability, an elderly or a mentally frail person can find their *healthy identity* in the relationship with themselves, others and God. In this *community-that-lives-communion*, the healing (salvific-healthy) grace is present not only in a specific ministry, such as the health care ministry, but in its pastoral agency: in the word, and rite, in caring, in social engagement and relationships.

The people unsettled by the isolation and disruption of their normal social ties during the health emergency need to recover this essential aspect of health. There is a profound connection between interpersonal relationships and a person's integral health. Human relations have a healing and therapeutic power when they open up to hope and love. We are born out of a love relationship and even though we do not express it, we seek love. Emotional bonds keep us alive. That is why, from the beginning, the Church can and should know that each of her members must be knowledgeable in the relational art that inspires fraternal love and thrives thanks to God's love<sup>40</sup>.

## **Hospitality**

Now, the Church of Christ in particular must present herself as a hospitable community, in which mutual care both given and received can be experienced<sup>41</sup>. This corresponds to her nature as hospitable family,<sup>42</sup> that welcomes the children of God, without any distinction whatsoever, especially at times of great weakness and helps them rediscover their identity, leading them to fulfil the life that is in them and to discover their specific salvific contribution. In this view, the parish community may have a lot to offer through inclusive, non-critical and unconditional love.

As far as people with mental disorders and dysfunctions are concerned, in the Church, the healing community, the necessary professional psycho-social support cannot be overlooked; however, also in this field, the primary type of care is the *diakonia of love*, that can be practiced by all those who feel called by the Lord<sup>43</sup>. The Church's history is full of great and significant examples of people who served mental health sufferers (Saint Dymphna, Saint John of God), a work that can be easily accepted and acknowledged by anyone. In general, this is the awareness of the heart that is expressed in welcoming, listening and accompanying. The voices of the Church in the world, gathered by the Vatican Covid-19 Commission, pointed out that the main need of those affected by the pandemic is to be fraternally welcomed and heard. Many, at times tragic, stories are waiting to be

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<sup>38</sup> LATIN AMERICAN EPISCOPAL COUNCIL, DEPARTMENT OF JUSTICE AND SOLIDARITY, *Discípulos Misioneros en el mundo de la salud. Guía para la Pastoral de la Salud en América Latina y El Caribe*, n. 99.

<sup>39</sup> Cfr. SANDRIN L., *Comunità sanante. Dalla pastorale della salute alla salute della pastorale*, Savona 2019, 47-53.

<sup>40</sup> "Love also impels us towards universal communion. No one can mature or find fulfilment by withdrawing from others. By its very nature, love calls for growth in openness and the ability to accept others as part of a continuing adventure that makes every periphery converge in a greater sense of mutual belonging. As Jesus told us: "You are all brothers" (Mt 23:8).", FRANCIS, Encyclical letter, *Fratelli tutti*, n. 95.

<sup>41</sup> Hospitality evokes ancient meanings, that is why hospitals were given this name. Cf. COMMISSIONE EPISCOPALE DELLA CEI PER IL SERVIZIO DELLA CARITÀ E LA SALUTE, "Predicate il vangelo e curate i malati", n. 32". *La comunità cristiana e la pastorale della salute*, Rome 2006, n. 23.

<sup>42</sup> "A Church truly according to the Gospel cannot but take the form of a hospitable home, with its doors open, always. Churches, parishes, institutions with closed doors must never be called churches, they should be called museums!" FRANCIS, "The family – community", Speech at the General Audience, 9<sup>th</sup> September 2015.

<sup>43</sup> "While professional competence is a primary, fundamental requirement, it is not of itself sufficient. We are dealing with human beings, and human beings always need something more than technically proper care. They need humanity. They need heartfelt concern", BENEDICT XVI, Enc. Lett. *Deus Caritas est*, n. 31.



told, shared and heard. “One of the most healing things that we can do as people of faith, is listen to others, listen to what they are going through and meet their spiritual needs”<sup>44</sup>.

It is fundamental for community leaders to listen with compassion and know when to refer people to mental health professionals, instead of trying to solve psychological problems by themselves or dismissing them. We cannot be psychiatrists or specialists in the field, but we have all received a spiritual call to be with the people for whom physical and mental suffering emerged or was amplified during the pandemic. Our communities must be capable of listening, welcoming, engaging in “therapeutic relationships”, true compassion, helping the sick overcome a sense of uselessness and of being a burden for the society. It shall be a “mutual gift”: for the sick who shall not feel marginalized and for the Christian community who in the care of her frailest members shall bear witness to the fact that no one is excluded from the ecclesial body. “The Church is either a healing community that welcomes - or better still, knows that it is also made of - these weaknesses, or else it cannot be called Church”<sup>45</sup>.

### ***Accompaniment***

It is urgent to create spaces of welcome in our ecclesial communities, as well as counselling and accompaniment centres. It is an opportunity to involve many lay volunteers, who under the careful guidance of their pastors could be encouraged to offer their availability, time, healing and consoling presence. The accompaniment of sick persons must include their families. In fact, the whole family is affected by the events connected to illness, as this has major repercussions on family relationships, and in general on the balance of the family structure<sup>46</sup>.

It shall be the task of pastors to find the best ways to listen and accompany in order to help sufferers and their families draw nearer to the communion with God and their brothers and sisters. It is worth mentioning some best practices in spiritual accompaniment that have been adopted through the communication media (mobile phones, tablets, and computers) by hospital chaplains to accompany patients, helping them contact their families, support the healthcare personnel and celebrate the sacraments, rites and rituals. In addition, prison chaplains, and their collaborators have accompanied detainees virtually with their reflections on the “good news”, bringing consolation and hope. As long as the pandemic persists, this type of virtual ministry shall remain a precious tool to bring a healing presence to those who suffer from anxiety and fear and live in isolation.

No matter the form of listening and accompaniment that we provide to suffering people, we cannot neglect prayer. Prayer sends a welcoming message and enables people to know that their communities are supporting them. Therefore, when possible, it is desirable to organise liturgical celebrations with mental health sufferers, their families, social and healthcare workers, and mental health professionals, volunteers and all those who are an active part of the healing community that is the Church<sup>47</sup>.

The pastoral accompaniment for mental health sufferers should be intertwined with the catechesis on the therapeutic and salvific power of the Church’s sacraments that enable the encounter

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<sup>44</sup> Aleteia, “12 modi per sostenere persone con malattie mentali nella Chiesa”, 05.06.2019.

<sup>45</sup> Angelelli M., «Uno sguardo conclusivo», in: UFFICIO NAZIONALE DELLA CEI PER LA PASTORALE DELLA SALUTE, *Chiesa Italiana e salute mentale. Cultura del provvisorio, scarti e nuovi poveri: il disagio psichico al tempo della tecnoliquidità*, Roma 2018.

<sup>46</sup> COMMISSIONE EPISCOPALE DELLA CEI PER IL SERVIZIO DELLA CARITÀ E LA SALUTE, “Predicate il vangelo e curate i malati”, n. 32..

<sup>47</sup> “Not only is it praiseworthy for individual members of the faithful to ask for healing for themselves and for others, but the Church herself asks the Lord for the health of the sick in her liturgy.”, CONGREGATION FOR THE DOCTRINE OF FAITH, *Instruction on the prayers for healing*, 14.09.2000. n. 2.

with Christ, “bodily and spiritual medicine...” to heal the contrite of heart.<sup>48</sup> There are mainly two sacraments of healing: the sacrament of Penance-Reconciliation and the Anointing of the Sick .<sup>49</sup> However, the healing grace *par excellence* that the Lord gave His Church is the Eucharist. Wherever the Holy Mass is celebrated, and in particular, when sick and suffering people are present, the Church, healing community, finds its fulfilment, Christ’s healing and redeeming love is expressed, and healing is achieved by re-establishing the communion with God and the brothers and sisters. “For in the blessed Eucharist is contained the whole spiritual good of the Church, namely Christ himself, our Pasch.”<sup>50</sup> It is therefore necessary to continue to celebrate the Holy Mass, especially in treatment centres and places of human suffering, to ask the Divine Physician for health and salvation (*salus*) for all.

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<sup>48</sup> Cf. II VATICAN COUNCIL, *Sacrosanctum concilium*, n. 5.

<sup>49</sup> *Catechism of the Catholic Church*, n. 1421.

<sup>50</sup> *Catechism of the Catholic Church*, n. 1324. The Eucharist is also called “medicine of immortality.” Ibidem, n. 1331.

## ACCOMPANYING MEANS HOPING TOGETHER AND LOOKING AT THE FULLNESS OF LIFE

### Elements for further reflection

Psychological suffering, always intertwined with the anxiety for a fleeting future, is never limited to a pain that drugs can mitigate and treat; it is about solitude, a fixation on abandonment and death that the Word alone – both received and shared - can treat and heal.

However, talking does not always mean voicing something. Talking means to be present to listen to the others, to their stories and at times, their silence. The Word of God, in the biblical narrative and in Jesus' preaching, reveals the patience of the Father, who calls each person to life and faith, though passing through worry and death. This "mystery of faith" inspires anthropological representations and the schools of spirituality that consider the human person as a living being on the way to its fulfilment.

Today more than ever, we need the skills of experts in psychology, psychiatrists and social accompaniment. While respecting their specific expertise, dialogue enables all of a person's dimensions to be considered. The spiritual and psychological dimensions have many commonalities; we can and must encourage all the stakeholders to find common ground, in order to promote the well-being of those struggling in solitude.

The painful conditions that many encounter during their existence, at times push them to the limit of their physical and mental strength. Only faithful friendship and fraternal closeness can offer them the uplifting and consoling "fresh water" of hope.

The Church, community of Christ's disciples, is called to follow the "detour" leading to the "wounded man", as the Good Samaritan did, to care, lift up and love the one who was torn apart in the body and inner life. The mission of the faithful and of those who seek the Truth is accomplished in mutual hospitality, thanks to which we become brothers and sisters in one patient and caring love.

We need time, all the time of our lives, to share the message of discreet and safe faith with those who suffer in the darkness of anxiety.

"All of us have a responsibility for the wounded, those of our own people and all the peoples of the earth. Let us care for the needs of every man and woman, young and old, with the same fraternal spirit of care and closeness that marked the Good Samaritan."<sup>51</sup>

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<sup>51</sup> FRANCIS, Enc. Lett. *Fratelli tutti*, n. 79

## **PRAYER**

God, our Father, infinite Tenderness, you know each of us, with our stories, our hopes, our wounds and our desire to be loved. Come and touch us in the intimacy of our lives, and give us your faith, in our happiest days as in our nights of apprehension.

Jesus, our Brother, you who came close to those men and women who were wounded by life in the body and soul, come to lift us up and heal us with your Word, your Love and your Forgiveness.

Holy Spirit, you who renew and give new breath, come and visit those who experience solitude and find it hard to believe in a better tomorrow. Support those who offer their closeness and consolation. Give us all patience and inner peace.

Amen.