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Four Positive Lessons Learned During the 2020-21 COVID-19 Global Pandemic:
Implications for Spirituality in Clinical Practice

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Abstract

While the COVID-19 global pandemic has wrecked havoc for over a year in ways that we have not seen in our lifetimes, many important positive lessons have been learned during these tumultuous and what has felt like apocalyptic times. Upon close reflection, four critical and positive lessons were learned by this author that have implications for how we productively move forward in our efforts to provide spiritually and religiously informed psychotherapy services both now and in the future. These important lessons include the benefits of telehealth and “telespirit” services as well as highlighting the advantages of reflection, discernment, and resetting our life priorities. Although the pandemic took many lives and created economic chaos for countless people across the globe, several positive developments emerged that will provide an opportunity for better spiritually informed clinical practice in the future.

Keywords: COVID-19, pandemic, lessons, telehealth, telespirit

Much has been written and discussed about the short and long-term consequences of the COVID-19 global pandemic (e.g., Del Rio, Collins, & Malani, 2020; Yelin, Wirtheim, Vetter, Kalil, Bruchfeld, Runold, ... & Leibovici, 2020). Certainly, the pandemic resulted in many deaths and serious illness across the globe as well as economic devastation, widening inequality gaps, and loss of people, jobs, educational and economic opportunities. The pandemic will likely forever alter our community and lifestyles in multiple, complex, and both intended and unintended ways for both good and bad. However, little has been discussed thus far, about the implications of the pandemic on spirituality in clinical practice, the focus of this journal. With now over a year of shelter-in-place and quarantine restrictions, a great deal of time for reflection has led me to conclude that there are four positive primary lessons learned about how COVID-19 has and will continue to impact spirituality in clinical practice and those who work in this area of professional service. These include the explosion of telehealth and “telespirit” services and opportunities as well as the quarantine advantages of both time and space for reflection, discernment, and resetting our life priorities. It should be acknowledged that these reflections represent one clinician’s perspective from the United States and thus a western bias is likely relative to the lived realities of professionals from across the globe.

Lesson 1: Telehealth

Certainly, health care professionals, including practicing mental health clinicians such as psychologists, counselors, psychiatrists, and many others have quickly adapted their professional services to telehealth platforms in order to continue treating their clinical patients (e.g., Reay, Looi, & Keightley, 2020; Whaibeh, Mahmoud, & Naal, 2020; Zhai, 2020; Zhou, Snoswell, Harding, Bambling, Edirippulige, Bai, & Smith, 2020). Even those who were quite reluctant to provide clinical services through digital technologies such as Zoom, FaceTime, and other more

specific professional health care service platforms have had no choice but to adapt to these telehealth strategies since in person services across the land were forbidden or at least greatly restricted in most locations. While many reported their strong reluctance to this transformation in the way professional clinical services are provided, both clients and professionals alike quickly adapted to the change in service delivery and even generally reported that they liked it much better than they expected (Reay et al., 2020). The convenience of telehealth quickly became apparent. Advantages included avoiding the hassles of commuting and negotiating both traffic and parking, being able to wear comfortable casual clothes at all times, and being able to log on for professional services from most anywhere there is reasonable privacy and a reliable internet connection. These unexpected benefits convinced many of the value of telehealth (Reay et al., 2020; Whaibeh et al., 2020; Zhai, 2020; Zhou et al, 2020). Of course, not every patient is appropriate for online telehealth services (e.g., actively suicidal or homicidal patients, young children, those with severe thought or personality disorders, those unable to secure privacy or reliable internet connections) but for many, online telehealth services proved to be both high quality and very convenient (Reay et al., 2020).

State regulators and legislators quickly altered the restrictions of state licensing laws to allow professionals to conduct telehealth services and to do so across state lines (e.g., Perrin, Pierce, & Elliott, 2020). Additional efforts by organizations such as PSYPACT further helped to provide licensing reciprocity across state lines for qualified mental health service providers and in many, but not all, American states (e.g., Perrin, Rybarczyk, Pierce, Jones, Shaffer, & Islam, 2020). These efforts provided the additional benefit of clients finding skilled providers from across the country and thus they were no longer limited to professional services available only in

their local geographic area. This was especially helpful for those who live in rural environments or for people who need specialists who are difficult or impossible to find close to their homes.

Telehealth is likely to be here to stay long after the pandemic is over with many advantages for providing quality professional mental health and related services regardless of geographic location (Perrin et al., 2020). More people can be served regardless of where they happen to live. The pandemic forced health care providers to take telehealth seriously for the benefit of many in great need.

Several examples of the benefits of telehealth during the pandemic illustrate these advantages.

Case Example 1: I provide psychological screening evaluations for those who wish to enter ministry as ordained clerics in the Roman Catholic, Episcopalian, and Orthodox Churches. Since few professionals conduct these evaluations and few are authorized to do so from these respective religious communities, applicants often have to travel great distances to complete these psychological screening evaluations. They travel from multiple states and several other countries to do so. Telehealth and changes in licensing laws during the pandemic put an end to travel demands and evaluations could then be conducted from wherever applicants happen to live.

Case Example 2: Lea, a psychologist in private practice, moved from the west coast to the east coast during the early months of the pandemic to be closer to her aging and increasingly frail mother. Before her planned move, she worried that her patients on the west coast would have difficulty transitioning to new therapists once she left but telehealth opportunities along with changes in licensing laws during the pandemic allowed Lea to continue to treat her patients seamlessly from her new east coast location.

Lesson 2: Telespirit

The explosion and acceptance of telehealth health services during the COVID-19 pandemic was paralleled by the explosion of spirituality based opportunities and services as well (Counted, Pargament, Bechara, Joynt, & Cowden, 2020; Koenig, 2020; Molteni, Ladini, Biolcati, Chiesi, Dotti Sani, Guglielmi, ... & Vezzoni, 2021). Religious institutions and organizations (e.g., churches, synagogues, temples, and mosques) also adapted to the pandemic restrictions by moving their religious services and other programming (e.g., pastoral counseling, lectures, bible studies, life transition ceremonies, faith sharing groups) to online platforms using Zoom, YouTube, and so forth (Koenig, 2020; Parish, 2020; Sulkowski & Ignatowski, 2020). Additionally, new spiritually and religiously based services (e.g., faith sharing sessions, spiritual direction and pastoral care) were developed and offered online as well (Weinberger-Litman, Litman, Rosen, Rosmarin, & Rosenzweig, 2020). While many reported that attending religious services or spiritual programming online may not be quite the same as participating in person, it provided unique opportunities for spiritual and religious engagement never before available (Parish, 2020; Sulkowski & Ignatowski, 2020). For example, anyone could virtually attend religious services, lectures, study sessions, counseling sessions, life transition ceremonies (e.g., weddings, funerals, coming of age events) and so forth from around the globe. People were no longer limited to local offerings close to home. Anyone with a reliable internet connection and either a computer or Smartphone device could take advantage of these events and opportunities regardless of their physical location. Additionally, people could shop around for the services, opportunities, and ceremonies that appealed to them and that best fit their needs and tastes. If one did not find a religious service compelling in one location, a few quick clicks on their device would bring them to another service or setting anywhere in the world.

Additionally, religious communities have been able to offer the unique appreciation of various spiritual practices, such as lamentation, to cope with the loss and grief so many people have experienced during the pandemic associate with illness, death, and the loss of jobs and lifestyles as well. Religious communities also have been able to attention to the epistemological and ontological concerns and issues associated with existence, knowledge, and general ways of understanding our world and the world beyond as well.

These “telespirit” services are likely to be here to stay after the pandemic is over as well given the convenience and acceptance of these new offerings. The pandemic forced religious and spiritual communities and organizations to creatively adapt to online methods of conducting their ministries and services with much greater accessibility for everyone.

Several examples of the benefits of telespirit during the pandemic illustrate these advantages.

Case Example 3: Rev. James Martin, S.J. is a well-known Jesuit priest, popular author, and editor at *America* magazine. During the first four months of the shelter-in-place COVID-19 lockdown, he offered 30-minute daily faith sharing Facebook Live sessions where he would read a biblical passage (i.e., the gospel reading of the day), discuss what it meant, and fielded questions from the attending audience. These sessions built a supportive community with typically over 25,000 people viewing these sessions each day. After COVID-19 quarantine restrictions were lifted, he offered these faith sharing sessions on a weekly basis to continue the services and community connections.

Case Example 4: A local university offered their campus based religious services on Sundays online using YouTube. Soon friends of the university including alumni, parents of students, donors, and others joined in providing a larger and richer spiritual community with

hundreds of participants for each service. Additional online activities and services were offered (e.g., bible studies, lectures, social events) and the pastor felt that this was a great way to reach out and stay connected with alums and others who no longer live in the local area.

Lesson 3: Reflection and discernment in quarantine

Spending months in quarantine with shelter-in-place restrictions and precautions provided many people with a lot of time for reflection and discernment. Without the pre-pandemic distractions of busy life activities, travel, and active engagement with the world at large, having time alone, or with only immediate family or “podmates,” offered an opportunity for ongoing reflection about all sorts of matters and led to a variety of contemplative and meditative practices for many (Plante, 2017). In multiple ways, many people were on retreat or lived contemplative monastic lives for months. Of course, essential workers in health care, food services and delivery, and other critical and essential services could not work from home and shelter in place in the way that many others could who conducted their jobs remotely with a computer. Additionally, people with small or school aged children may have experienced overwhelming distractions that prevented them from having the quiet reflection and discernment time available to those who had either no children or adult children living away from home (Letzel, Pozas, & Schneider, 2020). Yet for so many people working from home, the pandemic provided an opportunity for the type of deep reflection and discernment that is not normally possible for busy people in pre-pandemic society. Thus, the pandemic forced many to stop their busy lives and use the opportunity to reflect and discern.

This deeper opportunity for reflection and discernment also provided a unique opportunity for deeper considerations of ontological and epistemological considerations of

meaning, knowledge, and existence. Additionally, important sacred and other texts could be used for better understanding the wisdom of living through a global crisis.

Several examples of the benefits of reflection and discernment during the pandemic illustrate these advantages.

Case Example 5: Sam is a busy Silicon Valley professional who traveled often for work. Although he has never been a big fan of air travel for work he found himself agreeing to serve on various boards and committees that resulted in more travel than he desired and frequently to far away east coast cities such as Washington, D.C. and Boston. The pandemic grounded him for over a year and during this time of quarantine, he had the opportunity and time for more careful reflection and discernment. He took frequent daily long walks that included prayer and meditation helping him think more deeply and clearly about his future. Over time, he decided that he would no longer travel preferring to stay close to home, spending more time with his family and spiritual community, and agreeing to meetings only if they were local or could be conducted using online formats. He reported a sense of freedom and relaxation once his decision was made and claimed that it took the global pandemic for him to really think about how to best proceed in this regard.

Case Example 6: Zach is a high school student struggling with obsessive compulsive and depressive challenges. Attending high school from home has been difficult for him since he is away from friends and cannot participate in extracurricular activities. As a religiously oriented person, he found solace by starting online spiritual direction with a local cleric and several other supportive online religious communities where he felt that he could learn better coping skills including meditative exercises as well as build a community of support. Over time, Zach found that his new activities were very helpful to him and that he hoped to continue them once the

pandemic was over selecting a faith based college to attend next year in the hopes that these kinds of activities would be available to him on campus.

Lesson 4: Resetting our priorities

Living through turbulent times, such as during a deadly global pandemic as well as the additionally severe co-occurring stressors (e.g., economic difficulties, racism, political divisiveness) forces us to clarify our priorities and offer a special time to consider our deepest goals and desires. Typically, severe stressors make us better appreciate important relationships and values that may inspire us to be better people, care for others, and push aside more frivolous distractions and less meaningful goals (Plante, 2017). When the world has been turned upside down, as it has been during the COVID-19 pandemic, we have the unique opportunity to think more clearly and carefully about what truly matters that provide us with an opportunity to hit the reset button on their lives and to adjust with greater purpose and meaning. Ontological and epistemological reflections have offered a reinterpretation of our lives and provides thoughtful hermeneutics for a deeper appreciation of life and hopefully, increased wisdom about what matters and what doesn't when confronted with such a stressful global crisis and trauma.

Several examples of the benefits of resetting our priorities during the pandemic illustrate these advantages.

Case Example 7: Bob sheltered in place with his wife and young son during the pandemic and had a great deal of time to think about his and his family life moving forward. After thoughtful consideration, he and his wife decided that they wanted to devote more of their time to their families and less to their careers and ultimately decided to adopt another child from who was interracial. They felt that they had the ability to bring another child into their home and reset their priorities on family life and community service. Being religiously focused, they felt that

their lives could be more selfless and consistent with their religious and spiritual values by accepting another child into their home.

Case Example 8: Fran recently graduated from college and anticipated going to graduate school in science. The pandemic gave her time to think more thoughtfully through her options and she decided to get a degree in bioethics and public health wanting to serve others in the community given what she had learned during the public health crisis of COVID-19. Her religious background encouraged community service and social justice activities and these interests encouraged her to find more meaning and purpose to her life by using her education to help those in need.

Conclusions

Clearly, the COVID-19 pandemic has taken a toll on many. Sadly, the virus has killed more than 500,000 Americans and millions across the globe. Those who survived the virus often have had to deal with long haul symptoms and unexpected health, financial, and both mental health and physical health problems. Additionally, there is plenty of post-traumatic stress among health care and other front line workers. Many are also grieving the loss of loved ones, the loss of their jobs and lifestyles, and have seen many of their family, work, and educational plans and hopes fade away. The pandemic also highlighted the structural social and racial disparities in our society that disproportionately impacted poor and marginalized communities in particular. Additionally, the pandemic based lack of physical connections, grief and loss issues, and the modeling of both heroic and not so heroic behavior while coping with pandemic related stress and restrictions all are important to assess and reflect upon as the pandemic fades away. The jury is still out in terms of long term consequences and further research will hopefully address them in due time. Yet the pandemic has also offered an opportunity for growth with several possible

long-term lessons learned for a better life and future. It will be a challenge to hold onto the positive lessons learned as the pandemic fades and life returns to pre-pandemic ways of being and living. As former Chicago mayor, Rahm Emanuel, once famously stated, “Don’t let a crisis go to waste” (Harman, 2021). For us in the spirituality in clinical practice area of research and clinical practice, embracing the advantages of telehealth, telespirit, and ongoing opportunities for reflection, discernment, and resetting our life priorities may be some good that comes out of very difficult and dark times (Bland, 2020). We may need to constantly remind ourselves of these positive outcomes and Mayor Emanuel’s wise counsel.

References

- Bland, A. M. (2020). Existential givens in the COVID-19 Crisis. *Journal of Humanistic Psychology, 60*(5), 710-724.
- Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2020). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: does religious coping matter?. *The Journal of Positive Psychology, 1*-12.
- Del Rio, C., Collins, L. F., & Malani, P. (2020). Long-term health consequences of COVID-19. *JAMA, 324*(17), 1723-1724.
- Harman, J. (2021). The World—And the Workplace—Are Changing: Our Mission Stays the Same. In *The Future of Think Tanks and Policy Advice in the United States* (pp. 171-173). Palgrave Macmillan, Cham.
- Koenig, H. G. (2020). Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. *Journal of Religion and Health, 59*, 2205-2214.
- Letzel, V., Pozas, M., & Schneider, C. (2020). Energetic students, stressed parents, and nervous teachers: A comprehensive exploration of inclusive homeschooling during the COVID-19 crisis. *Open Education Studies, 2*(1), 159-170.
- Molteni, F., Ladini, R., Biolcati, F., Chiesi, A. M., Dotti Sani, G. M., Guglielmi, S., ... & Vezzoni, C. (2021). Searching for comfort in religion: insecurity and religious behaviour during the COVID-19 pandemic in Italy. *European Societies, 23*(sup1), S704-S720.
- Parish, H. (2020). The absence of presence and the presence of absence: Social distancing, sacraments, and the virtual religious community during the COVID-19 pandemic. *Religions, 11*(6), 276.
- Perrin, P. B., Pierce, B. S., & Elliott, T. R. (2020). COVID-19 and telemedicine: A revolution in

- healthcare delivery is at hand. *Health Science Reports*, 3(2).
- Perrin, P. B., Rybarczyk, B. D., Pierce, B. S., Jones, H. A., Shaffer, C., & Islam, L. (2020). Rapid telepsychology deployment during the COVID-19 pandemic: A special issue commentary and lessons from primary care psychology training. *Journal of Clinical Psychology*, 76(6), 1173-1185.
- Plante, T. G. (2017). The 4 Ds: Using Ignatian spirituality in secular psychotherapy and beyond. *Spirituality in Clinical Practice*, 4(1), 74-79.
- Reay, R. E., Looi, J. C., & Keightley, P. (2020). Telehealth mental health services during COVID-19: summary of evidence and clinical practice. *Australasian Psychiatry*, 28(5), 514-516.
- Sulkowski, L., & Ignatowski, G. (2020). Impact of COVID-19 pandemic on organization of religious behaviour in different Christian denominations in Poland. *Religions*, 11(5), 254.
- Weinberger-Litman, S. L., Litman, L., Rosen, Z., Rosmarin, D. H., & Rosenzweig, C. (2020). A look at the first quarantined community in the USA: Response of religious communal organizations and implications for public health during the COVID-19 pandemic. *Journal of Religion and Health*, 59(5), 2269-2282.
- Whaibeh, E., Mahmoud, H., & Naal, H. (2020). Telemental health in the context of a pandemic: the COVID-19 experience. *Current Treatment Options in Psychiatry*, 7(2), 198-202.
- Yelin, D., Wirtheim, E., Vetter, P., Kalil, A. C., Bruchfeld, J., Runold, M., ... & Leibovici, L. (2020). Long-term consequences of COVID-19: research needs. *The Lancet Infectious Diseases*, 20(10), 1115-1117.
- Zhai, Y. (2020). A call for addressing barriers to telemedicine: health disparities during the COVID-19 pandemic. *Psychotherapy and Psychosomatics*, 1.

Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A.

C. (2020). The role of telehealth in reducing the mental health burden from COVID-

19. *Telemedicine and e-Health*, 26(4), 377-379.