

BETWEEN ROTATING VICIOUS CIRCLES AND MOMENTOUS SOLIDARITY. THE CORONA PANDEMIC AS A PROVOCATION TO (PASTORAL) PSYCHOLOGY

Klaus Kießling

*Sankt Georgen Graduate School of Philosophy and Theology
(Frankfurt am Main)*

Abstract

Emotional vulnerability and how to respond to it during the Corona pandemic are the focus of this article from the field of (pastoral) psychology. It outlines strategies for the accompaniment of people in crises and ways in which they deal with crises from monitoring to blunting, from behavioural immune systems to conspiracy theories. Revisiting old patterns of behaviour combined with a narcissistic rejection of one's own fragility, or closing oneself off in acceptance of the call of a strong leader, as well as influencing social change based on solidarity, three psychological approaches can be identified as a way out of the crisis. It becomes apparent that we are not all in the same boat; on the contrary, the inequality between an inflatable boat and a luxury yacht is becoming more distinct. However, the Christian message of the resurrection of the dead brings hope, with caution and humility. After all, even the Crucified and Resurrected One allowed himself to be identified by his wounds. KEY WORDS: Corona pandemic, vulnerability, stress, anxiety, conspiracy theories, crisis (accompaniment), solidarity.

Anotacija

Šiame (pastoracinės) psichologijos straipsnyje dėmesys skiriamas emociniam asmens pažeidžiamumui, ypač koronaviruso pandemijos laikotarpiu. Aptariamos pagalbos krizę išgyvenantiems žmoniems strategijos ir problemų sprendimo būdai – stebėjimo, imuninės elgsenos sistemos formavimo, konspiracijos teorijų, kt. Peržvelgus senesius elgsenos modelius, narcisiškai atmetus savo trapumą, atsiribojimą nuo pasaulio ir stipraus lyderio pasirinkimą, taip skatinant solidarumą grindžiamus socialinius pokyčius, galima skirti tris psichologines prieigas, kaip išeitis iš krizės. Akivaizdu, kad mes – ne vienoje valtyje, priešingai – ryškėja nelygybė tarp pripučiamos valtys ir prabangios jachtos. Vis dėlto krikščioniškoji žinia apie mirusiųjų prisikėlimą teikia vilties, kuri yra atsargi ir nuolanki. Galiausiai net Nukryžiuotasis ir Prisikėlusysis leidosi atpažįstamas iš savo žaizdų.

PAGRINDINIAI ŽODŽIAI: koronaviruso pandemija, pažeidžiamumas, stresas, nerimas, sąmokslo teorijos, krizė (palydėjimas), solidarumas.

DOI: <http://dx.doi.org/10.15181/tbb.v88i1.2410>

Introduction

Burdensome, transient processes of change with an unpredictable course and conclusion are rightly known as *crises*. From a psychological point of view, they mark an interruption of the previous continuum of human experience and action: because the means available to the affected persons for dealing with the challenges and stress with which they have been confronted are no longer adequate. Crises

are associated as much with emotional destabilisation as, more or less, with the collapse of the ability to organise tasks. The persons affected are often left empty-handed: in fear, in a 'dis-astrous' situation, far from every good star (Latin: *astrum*). For the threat remains invisible: *Corona viruses* are about 100 nanometres in diameter, that is, one ten-thousandth of a millimetre. They owe their name to the club-shaped spikes that resemble a crown (Latin: *corona*) that surrounds the virus when viewed under an electron microscope. The viruses themselves do not multiply, rather they are blueprints that require a host in order to have any impact: it is animals and humans that generate or build new viruses (Spitzer, 2020, pp. 30–60, 105–116).

1. Anxiety and other stress reactions in crises

People differ as to how they react to *psychological stress*: with anxiety, indifference, fatalism. Anxiety and fear are on one side of the spectrum, frank denial of danger on the other. A moderate degree of anxiety, not so small that it can be ignored, but not so large that it has a paralysing effect, can be the motivation for managing a crisis (Taylor, 2020, p. 50; Benoy, 2020).

Anxieties may be helpful if they not only torment but also act as a warning. In a pandemic, these may be fear of infection or other fears of illness; fear of loss, when mortality, both our own and that of our loved ones, is ever-present; economic and social anxieties, including the worry about relatives not being able to be with those who are dying; anxiety about supplies, which end in panic buying; political anxieties and worries, for example, regarding the tendency towards autocracy in several countries.

Psychoneuroimmunological research indicates that stress factors resulting from the pandemic can also make people who are extremely anxious and who demonstrate particularly negative emotions unusually susceptible to infection (Taylor, 2020, p. 65). Psychological factors, therefore, play a major role in infectious diseases. Stress not only increases susceptibility to them, but can actually impede the effectiveness of vaccines, since a functioning immune system is necessary in order to produce antibodies to combat the viral antigens.

Some people recover as soon as the danger is over, while others suffer in the long term from post-traumatic stress. In particular, this can be in the form of *adjustment disorders*, with a widely varying range of symptoms, most of which emerge within a month of a stressful personal experience: anxiety and depressive reactions, also rage and anger; suspicion and lack of understanding of the measures taken, particularly among people with cognitive impairments and symptoms of dementia; disorders in social behaviour, addictive disorders, and suicidal tendencies.

The restrictions on personal contact as a result of the pandemic have hit some groups of people particularly hard: single people, for whom the cushioning effect of social proximity is lost; single parents who are faced with the double burden of childcare and work, of home-schooling and working from home; homeless people and those in accommodation for displaced persons, who at most have very limited social structures to fall back on; people who live at subsistence level and now, more than ever, fear the loss of their livelihood.

Prosocial behaviour patterns are evidently seen in pandemics more frequently than socially destabilising behaviour, such as riots (Taylor, 2020, p. 66). In this context, the issue is *physical distancing* and certainly not *social distancing*. Here people are motivated to support one another without being in proximity to one another. The isolation resulting from quarantine, not simply the fact of being alone, is a risk that must be taken seriously, a massive stress factor that weakens the immune system and reduces stamina. Loneliness is painful, it hurts, and it can be deadly.

Lockdown is intended to protect us from disease; but at the same time, it reduces our natural resistance to disease, so should lockdown be relaxed? This question is not intended to pit virology and psychology against each other. Virology remains important, but so does psychology, for the Corona crisis and its development are strongly influenced by people's experience and behaviour. The *prevention paradox* is a challenge in its own way: the more effective the measures are, the greater the doubt about their necessity (Spitzer, 2020, pp. 192–197). Prevention can become a victim of its own success.

2. Monitoring or blunting? Response to emotional vulnerability in crises

Personality traits are contributing factors towards emotional vulnerability. A distinct *negative emotionality* fosters adverse reactions to stress stimuli and leads to anxiety and despondency. Being *intolerant of uncertainty* also makes people susceptible: it is associated with a need for predictability; uncertainty can have a slightly debilitating effect. If someone cannot endure uncertainty, or refuses to do so, they will be highly likely to experience considerable psychological pressure during a pandemic.

People differ as to whether and how they worry about information on potential health threats, or whether they evade this: do they compile important evidence in the style of *monitoring*, or do they distract themselves in the style of *blunting*? *Blunting* stirs up fewer worries and less suffering, but can also make people careless. A *tendency towards unrealistic optimism* allows people to believe that negative events are more likely to happen to other people than to themselves, whom they

consider to be resistant, virtually invulnerable, meaning they may ignore recommendations on hygiene and other advice, and thus spread the virus (Taylor, 2020, pp. 67–78).

The so-called turkey fallacy fits this context (Mukerji, Mannino, 2020, pp. 42–44): as long as we escape the pandemic and have not had to experience it, we can scarcely imagine and cannot even believe, even as scientists and politicians, that what happened in Wuhan was about to befall Europe as well (*argument from incredulity*). A turkey that is being fattened for slaughter is given fresh hay and food every day, and assumes from this affirming experience that it will continue. The sum of experience, whether ours or the turkey's, hardly allows any other conclusion, and we fall for the turkey fallacy.

In contrast, the *monitoring* strategy (observing, examining) confronts people with fear of disease, that is, with the tendency to be alarmed about stimuli caused by the pandemic and to over-exaggerate the danger. For psychological hygiene, it is important to limit media consumption to restricted periods, and not to be constantly and randomly exposed to threatening news, and thus become demoralised.

3. Behavioural immune systems and conspiracy theories

During a pandemic, a behavioural immune system is employed as a psychological concept (Genkova, Schreiber, 2021), the stigmatisation and hatred of strangers increases when the latter are held responsible for the source of the infection, and Corona virus is described, for example, as the China virus: this is intended to lessen the insecurity arising from the situation and to restore the control that has been lost. There is someone to blame, the enemy has been identified, and a front line clearly drawn, often in the form of a noisy war of words; the problem seems to be clearly defined, making it manageable. It was possible for the authorities to cover up the spread of the Spanish flu for a long time simply by the fact of its name. For pandemics appear so threatening because they encroach from all sides, have no respect for borders, and are characterised by exponential growth, which means that people cannot hold them off, either physically or temporally, as they may still feel they can in the case of global warming, at least as long as the summers continue to be more beautiful.

Conspiracy theories are attempts to explain the origin of significant events as a result of secret plans made by powerful agents. They are evidently widespread in all cultures. More than one third of the population of the USA considers climate change to be a hoax promoted by groups out of financial interest (Taylor, 2020, pp. 95–101). The group that denies climate change and the group that questions the gravity of Corona virus overlap (Spitzer, 2020, pp. 86–91). These patterns of

explanation are so far immune to falsification because they suggest that the conspirators are using disinformation as a means to hide their actions. Consequently, those who attempt to disprove them place themselves under suspicion of being party to the conspiracy and thus perfectly integrated into the conspiracy theories.

The tendency to be affiliated with conspiracy theories is associated with a variety of motives: people are attempting to understand their own environment, to maintain control over it, and to preserve a positive image of themselves and their own group in the face of threats. This tendency is correlated to suspicious attitudes and narcissistic leanings that are nourished by the belief that they have access to special knowledge. Those who are unable to cope with uncertainties and ambiguities rely on this.

The belief in conspiracy theories goes hand-in-hand with the rejection of vaccinations, and with a pronounced *psychological reactance*, that is, with a motivational reaction to rules or regulations that are perceived as a threat to personal self-determination (Taylor, 2020, pp. 128f.).

Brief interventions and an encouraging style of conversation, which does not run the risk of hardening the reactance, but which sets incentives in the form of *nudging*, for instance, by pointing to the importance of herd immunity, can be used as a response to these ideas.

Science communication (Forschungsinstitut für Philosophie, 2020), clear information on reliably conducted studies, and easy access to them, are also helpful in demasking rhetorical techniques (*these* masks do not originate from an attitude of worry and *must* be removed!) and the uncovering of other kinds of deceit, such as when experts with academic titles that they have acquired in completely different fields want to have their say. What is also needed are places for debating the varying positions of experts that conflict, which are not simply placed alongside or contrasted with each other like alternative facts, but rather allow people the opportunity to form their own opinion, and thus develop the necessary tolerance of equivocality, which will enable them to endure ambiguities and contradictions. Reasoning powers and tolerance of ambiguity are safeguards against the enticement to succumb to conspiracy theories.

4. Rotating vicious circles

As a result of the pandemic, people are experiencing *massive emotional distress*: through the loss of loved ones; through other traumatic experiences, for example, in a particular magnitude when the prescribed measures act as a trigger because people were often locked up during their childhood; through depressive illnesses and anxiety disorders, which are triggered or intensified by the current

crisis situation; and generally through the loss of daily routines and contacts, and a daily structure which provides security and is a curb against anxieties that may then float freely when there is no other support left. These people need professional help. They need to understand that it is not their reactions that are crazy, it is the situation that is crazy, and that is what can drive someone crazy.

Vicious circles that are already in motion will accelerate: the abuse of children and domestic violence are increasing; mechanisms for social protection have been set aside by the restrictions on personal contact. A dependency on the media is fostered when behavioural addiction gradually develops, and when limits are no longer set by other people, other tasks, or commitment to a schedule.

Gaps that already exist will widen: (partial) closures of day-care facilities for children and schools reinforce educational inequality. Children need other children, but instead they learn the dangers of interpersonal contact. The *grown-ups* who are coming out of lockdown have also been subject to a specific kind of psychological stress. Adults have been threatened with short-time working, loss of employment, poverty, and loss of community, art and culture, all of which are nourishment that we now lack.

5. Crisis support thanks to digitalisation, coping and resilience

The *digitalisation* of educational support at school and university, as well as of psychological support, is essential, even if this makes initial consultations more difficult, and while people are able to see the eyes of others, they cannot look them directly in the eye, but only understand indirectly the impression from the eyes of the other person. On all sides there is a lack of experience about whether and how people can be reached and accompanied using digital media, and there is a lack of digital infrastructure, especially for those who are already disadvantaged. We need common forums, which protect connectedness. In a crisis with distancing, less presence than usual is feasible, but sometimes more presence originates when, for example, a video call permits a sight of the person's own four walls, or if a colleague, unaware that her camera and sound are turned on, causes other members of a Zoom meeting to be involuntary witnesses of how she interacts with her husband and child before they are able to point this out to her!

Regular daily routines and clear daily schedules remain important, and regular telephone contact signals interpersonal loyalty, even in difficult times, and offers comfort.

Stress reduction is also helped by sporting activities, and by clear instructions as to how even children can minimise the risk of contagion, so as to counteract the imminent loss of control and to strengthen their *self-efficacy*. Self-efficacy is also

important for adults, who can be motivated by achieving significant goals through their own actions (Betsch, 2021).

This type of accompaniment and these *coping* strategies aim to help people pull through crises with as little damage as possible (Lengning, Rakoczy, Jenisch, Opwis, Schmidt, 2020). Furthermore, *resilience* is linked to the challenging issue of how it is possible to flourish in spite of adverse circumstances, of how to activate resources, also from faith (Stangl, 2017). Resilience corresponds psychologically to vulnerability.

6. Crisis accompaniment in care and pastoral care

The pandemic is also nightmarish for the reason that people are being confronted with their *vulnerability*. This originates from *care* for our fellow human beings (Maio, 2020): a care that is not understood as smothering someone with care or as the opposite of self-determination, but as their basic principle, in the sense that care means understanding another person from the point of view of *their* worries. This kind of care, this concern, becomes a care that is shared; it encourages relationship. Care responds to a need, to the vulnerability, the finiteness, the mortality of the other person. It expresses our 'yes' to them, and our esteem for the person is, as it were, the fertile soil of our care. This accepting attitude calls on us to value and protect someone or something that is being threatened in their integrity. This care exists in the care for body and soul, it has a healing effect, also in its creativity, so that this yes to the other person enables them to see themselves as a new creation.

Of course, conspiracy theories also circulate in spheres of religious influence, so that religion is always a risk as well as a resource. These ambivalences must be addressed in psychological counselling, as well as in the various settings of pastoral care. During a pandemic, one of these is *remote or on-line counselling*, which has developed from the experience of traditional telephone counselling and, via Zoom, for example, does not restrict communication only to what one can hear (Noth, 2020). Then there is *hospital chaplaincy*, which focuses on Corona wards and also on the accompaniment of the families of people who have become ill or passed away with Covid-19, people who have experienced painful loss, which has been further exacerbated by not being permitted to visit their loved one or to say goodbye, even at the deathbed of the deceased person (Terjung, 2020). How can humanity end before life has ended, although the very word refers to this (Latin: *humare*, to cover with earth, bury, inter)?

A world damaged by a pandemic is full of (pastoral) psychological affronts. It calls for experienced counsellors in a church that makes itself vulnerable as well, also in view of the wounds it has inflicted on others. A church that makes self-pro-

tection its highest priority and is not willing to be stigmatised will injure others. Its vulnerability, its power to hurt, makes it blind to vulnerability, both its own and that of those to whom it is called.

7. Accompaniment of carers and relatives in a crisis

Those who help also require help, above all, *carers*: when exposed to an increased risk of infection and death; when overworked and exhausted; when confronted with the death of other people and the inability to save them; when attacked by people who aggressively make demands on the already scarce (nursing) resources; when isolated from their own environment during measures to counteract the pandemic and in their anxiety about being spreaders of the disease themselves. These people need preventive training for dealing with psychologically stressful situations during a pandemic, and the offer of intervention and postvention in the form of long-term support after the end of a pandemic.

Most care-giving is done by *relatives* who are carers (Tammen-Parr, Schumann, 2020), mostly women. The current crisis also intensifies the issue that these family efforts are scarcely noticed or honoured, and instead are now subject to additional strain, for example, when day-care services for a family member with dementia are cancelled. Care in the family already means that the common history of hurts, wounds and unsettled issues gains new relevance, and, beyond that, under the current conditions, also means that the physical and emotional closeness and confinement between the person requiring care and the carers, who are at the same time separated from all other social contact, causes an extreme escalation of dependency and expectation, anxiety, overburdening, frustration and despair, thus provoking violence. *Emergencies* reveal something: distressing situations 'emerge' and can no longer be suppressed; they come to light and become more apparent than ever before.

It is only when we lose it that we realise health is not something to be taken for granted (Gadamer, 1996). 'Keep well' is suddenly our overriding wish, but one that admittedly has an exclusionary and devastating effect on those who are already ill. And 'stay at home' leads nowhere if someone does not have a roof over their head, or to a catastrophe if the home or child's bedroom becomes the scene of a crime.

8. Psychological ways out or exits

Three psychological ways out of, or exits from, the crisis come to mind:

1. The first aims to return to old patterns, continues narcissistically to reject one's own fragility, and rejects, even in retrospect, the insight that the time

before the pandemic cannot be considered normal, but must also be seen as lethal (Gabriel, 2020). After all, the good old times led to the pandemic, so that old threads can no longer be picked up. Thus, the pandemic does not mark the interruption (*inter-ruptio*) of a normality that can be regained, but a disruption (*dis-ruptio*, Sedmak, 2020, p. 76).

2. The second way represents a reaction of resignation, which likewise cannot withstand a confrontation with one's own mortality and the associated existential fears. Instead, a passive attitude and a leaning towards totalitarianism give rise to a cry for a strong leader (Agamben, 2020).
3. Thirdly, there remains the option of societal change (Žižek, 2020; Sollberger, 2020), which aims for world-shaking *solidarity*. It requires solidarity that does not originate in fear, as that would also lead to panic buying, which would really be a sell-out of solidarity (Klöcker, 2020; Pontifical Council for Interreligious Dialogue, World Council of Churches, 2020). Solidarity grows from the realisation that people are connected by this same fragility, and are thus all in the same boat. This third way, which does not rely only on our common humanity, but also on our solidarity with creation, is the one that is needed.

Conclusions

1. All in the same boat? We are by no means all in the same boat: some are in an overcrowded inflatable boat, others in a luxury yacht. Viruses may find their way everywhere, but with varying effects; inequalities are multiplied. Equality in the face of the virus seems only a socially romantic notion, as inequalities that have to do with resources are making social fault lines more noticeable than they were before the crisis.

As an example, I will mention Peru, one of the countries most severely affected by the pandemic. Conflicts that have been simmering for decades are escalating into a social catastrophe: massive social and economic inequality; numerous forms of discrimination that hinder people from living with dignity; and a lack of access to health services, education, drinking water, sewage systems, electricity and the internet. People who live in poverty cannot adhere to hygiene rules when the lorry that brings water does not come, when living and sanitary conditions are adverse, and a daily presence in the street market remains essential if the family is not to starve. After all, about 70% of the population in Peru is employed in the casual sector. The largest number of deaths in the pandemic have been among people who live in poverty, and the increasing destruction of the Amazon rainforests is exposing humanity to further dangers beyond the pandemic (Weiler, 2021).

2. Fear and/or hope? Bats, civets, snakes, pangolins and other animals are dangerous for humans when pathogens which are harmless to the animals themselves can be transmitted to us. And yet it is not the animals that are ousting us, but we who are ousting them, by restricting their *habitat* through the deforestation and urbanisation of many regions, increasing their proximity to us, and therefore increasing the probability of zoonotic transmission between animals and humans. At the same time, the production and consumption of meat for a global market mean that pathogens can be carried to every place in the world within a few hours, and factory farming also causes enormous stress, which weakens the immune system of the affected animals and increases the risk of viral transmission. Furthermore, climate change is creating conditions that favour the spread of specific pathogens (Mukerji, Mannino, 2020, pp. 26f. and 92f.).

The combination of bats, deforestation and factory farming is becoming a ticking time bomb, a catastrophe. As the Greek term discloses, a *catastrophe* requires a turnaround, a change in our ways. At the end of a drama, it stands for all the damage humans have done. The present catastrophe, with all the wounds that it is inflicting, is also man-made.

The Crucified and Risen One does not reveal himself as one without wounds; indeed, he can be identified by the marks of his wounds. This message calls for humility, the courage to have humility that is not driven into a corner by paralysing fear but is moved by care and by a love that opens wide to others. This message gives us hope, allows us to remain open in, and in spite of, times of distress for what may still come, and to trust in the power of heaven. People who hope, face their fear. And it is in places of fear and worry that our task lies. The message that raises the dead will fan and nourish hope, even for those who can only survive their hopeless situation when others vicariously stand in their place for the present and uphold for them the hope that gives life. Hopefully.

Acknowledgements

This first version of this text was published in German (Kießling, 2021). I would like to thank *Theologisch-praktische Quartalschrift* in Linz, Austria, for permission to publish the English version, and Mrs Janet Mayer for the translation.

References

- Agamben, G. (2020). *Wir sollten uns weniger sorgen und mehr denken*. Available online: <https://www.nzz.ch/feuilleton/giorgio-agamben-zur-coronakrise-wir-sollten-uns-weniger-sorgen-und-mehr-nachdenken-ld.1550672> [2021-02-28].
- Benoy, C. (Ed.) (2020). *COVID-19. Ein Virus nimmt Einfluss auf unsere Psyche. Einschätzungen und Maßnahmen aus psychologischer Perspektive*. Stuttgart: Kohlhammer.

Klaus Kießling

- Betsch, C. (2021). *COSMO – Covid-19 Snapshot Monitoring*. Available online: <https://projekte.uni-erfurt.de/cosmo2020/web> [2021-02-28].
- Forschungsinstitut für Philosophie. (2020). *Corona. Antworten auf eine kulturelle Herausforderung*. Hannover: Forschungsinstitut für Philosophie.
- Gabriel, M. (2020). *Wir brauchen eine metaphysische Pandemie*. Available online: <https://www.uni-bonn.de/neues/201ewir-brauchen-eine-metaphysische-pandemie201c> [2021-02-28].
- Gadamer, H.-G. (1996). *Über die Verborgenheit der Gesundheit*. Frankfurt a.M.: Suhrkamp.
- Genkova, P., Schreiber, H. (2021). Vorurteile und Solidarität in der Corona-Krise. Eine empirische Untersuchung zur Entstehung von Einstellungen zu kultureller Vielfalt in Krisensituationen. *Report Psychologie*, Vol. 46, No. 1, p. 12–19.
- Kießling, K. (2021). Zwischen rotierenden Teufelskreisen und weltbewegender Solidarität. Die Corona-Pandemie als (pastoral-)psychologische Provokation. *Theologisch-praktische Quartalschrift*, Vol. 169, p. 227–236.
- Klößker, K. (2020). Gott in der Krise finden. Theologische Antwort auf die Solidaritätsfrage in der Pandemie. *Herder-Korrespondenz*, Vol. 74, No. 5, p. 30–32.
- Lengning, A., Rakoczy, K., Jenisch, E., Opwis, M., Schmidt, J. (2020). Psychische Gesundheit und Wohlbefinden in Zeiten von Corona. Erste Befunde aus der #stayhealthy-Studie. *Report Psychologie*, Vol. 45, No. 7+8, p. 14–22.
- Maio, G. (2020). *Den kranken Menschen verstehen. Für eine Medizin der Zuwendung*. Freiburg i.Br.: Herder.
- Mukerji, N., Mannino, A. (2020). *Covid-19: Was in der Krise zählt. Über Philosophie in Echtzeit*. Stuttgart: Reclam.
- Noth, I. (2020). „Teleseelsorge“ – Fernseelsorge ganz nah. *Wege zum Menschen*, Vol. 72, p. 271–275.
- Pontifical Council for Interreligious Dialogue, World Council of Churches. (2020). *Serving a Wounded World in Interreligious Solidarity. A Christian Call to Reflection and Action During COVID-19 and Beyond*. Vatican City: Pontifical Council for Interreligious Dialogue, and Geneva: World Council of Churches.
- Sedmak, C. (2020). *hoffentlich. Gespräche in der Krise*. Innsbruck: Tyrolia.
- Sollberger, D. (2020). Nachwort: Endlichkeit und Entschleunigung – Wie wird die COVID-19-Pandemie unsere Gesellschaft verändern? In: *COVID-19. Ein Virus nimmt Einfluss auf unsere Psyche. Einschätzungen und Maßnahmen aus psychologischer Perspektive*, p. 122–129. Stuttgart: Kohlhammer.
- Spitzer, M. (2020). *Pandemie. Was die Krise mit uns macht und was wir aus ihr machen*. München: Münchner Verlagsgruppe.
- Stangl, E. (2017). *Resilienz durch Glauben? Die Entwicklung psychischer Widerstandskraft bei Erwachsenen*. Ostfildern: Grünewald.
- Tammen-Parr, G., Schumann, F. (2020). COVID-19 bringt Pflegenden und Angehörigen in Not. In: *COVID-19. Ein Virus nimmt Einfluss auf unsere Psyche. Einschätzungen und Maßnahmen aus psychologischer Perspektive*, p. 61–71. Stuttgart: Kohlhammer.
- Taylor, S. (2020). *Die Pandemie als psychologische Herausforderung. Ansätze für ein psychosoziales Krisenmanagement*. Gießen: Psychosozial-Verlag.
- Terjung, J. (2020). Erfahrungsbericht – Klinikseelsorge in Zeiten von Corona. *Wege zum Menschen*, Vol. 72, p. 557–562.
- Weiler, B. (2021). *In der Pandemie „sitzen wir alle in einem Boot“ – oder doch nicht?* Available online: <https://www.feinschwarz.net/in-der-pandemie-sitzen-wir-alle-in-einem-boot-corona-in-peru> [2021-02-28].
- Žižek, S. (2020). *Wir Verdrängungskünstler: wie das Coronavirus uns verändert*. Available online: <https://www.nzz.ch/feuilleton/slavo-j-zizek-wie-uns-das-corona-virus-veraendert-ld.1542809?reduced=true> [2021-02-28].

Klaus Kießling – professor and director of the Institute of Pastoral Psychology and Spirituality and of the Seminar of Religious Education, Catechetical and Didactics at the Sankt Georgen Graduate School of Philosophy and Theology in Frankfurt am Main.

E-mail: kiessling@sankt-georgen.de