



Covid Loss as Trauma

Symptoms of trauma cluster into three categories:

1. Persistent avoidance of stimuli associated with the trauma or *generalized psychic numbing*
2. Recurrent distressful recollections associated with the traumatic event
3. Persistent symptoms of increased arousal (Nord '97)

Regarding the experience as traumatic allows a framework for normalizing the abnormal experience and helping the survivor to understand the experience as extraordinary.

Traumatic experience:

- “has a profound effect on (survivors’) fundamental assumptions about the world (Janoff-Bulman '92)
- Overwhelms the individual
- Is “injurious or harmful to the psychic apparatus” (Niederland '71)

The continual challenge is to adapt and “Without a meaningful response from others, the victim is left isolated in the meaninglessness of the trauma, and thus becomes further traumatized”.

Factors in traumatic loss:

- Quantitative: seemingly ongoing, continual and relentless
- Qualitative: Disease process has a sudden onset nature
Disease process entails high levels of anxiety and uncertainty due to the uncertainty of severity/progression
Disease process characterized by horror, fear and sadness; due in part to grotesque symptomatology and possible lack of resources that could have resulted in a different outcome
- Social context: community-wide trauma leaves no-one ‘untouched’ in a position to help

Individual Factors in traumatic loss:

- Severity of the stress
- Loss history
- Trauma history (including abuse, assault, neglect)
- Prior personality: defense mechanisms and coping styles
- Health status: physical, psychological
- Covid status



Caregivers and vicarious traumatization

Exposure to individuals who are traumatized can result in caregivers experiencing vicarious symptomatology; making them vulnerable to the increased likelihood of burnout, increased likelihood of secondary stress responses; and the “tragic transformation of hope to cynicism” (Pearlman and Saakvitne '95)

The shattering of the assumptive world

Our assumptions form the basis for our security in the world and how we understand and make meaning of our experiences. We are largely unaware of how we base our reality on assumptions, as they form the background from which we operate in the world. For example, we assume that gravity is a constant, that the sun will rise and set, that there is some purpose to our existence. Prior to Covid 19, a reasonable and unexamined assumption within the to-be-affected communities was “the people to whom I am attached will not be randomly eliminated by a pandemic from which there is no protection”.

Traumatic loss severs the self “from its own history, its own grounding” (Lifton '93). Since the “individual self is interpersonal at its very core”, Covid loss may be experienced as a “threat to one’s very identity” (Uroda '77) Each loss is another blow to the self within a social network of meaning. The need to make meaning, then, becomes paramount; to attempt to establish control.

A typical mechanism for making meaning is to blame. The Nazis were responsible for the Holocaust. Saddam Hussein can be blamed for the Gulf war. Where can blame be assigned for Covid? Since the beginning of the pandemic, it has been important to lay blame: The Chinese, the Americans “the Government is not doing enough” etc. When no credible source can be found on which to lay blame, the anxiety may be generalized to “develop a lifelong inability to trust” (Vanderkolk '89). We are seeing this with the profusion of conspiracy theories.

Inability to trust, coupled with prolonged anger, frustration, suffering and lack of support, may result in a survivor response of narcissistic entitlement, “I deserve your care and I better get it!” The experience of such loss may be seen to justify irritable, demanding, hard to please behaviour; what Parsons ('93) named “Pervasive ego-centric non-giving behaviour”. Such behaviour may be viewed as self-destructive in that it both undermines chances for support and inhibits resolution of intrapsychic conflict.

Another common behavioural response to trauma is “chronic passivity” (Van der Kolk '89) coupled with a tendency to isolate. Survivors adopting this strategy may be willing to engage in the painful work of examining the impact of multiple loss when the accumulation becomes more unbearable than re-exposure to memory. Therapeutic work is difficult for survivors as emotions are feared as the heralds of trauma. Living in the reality of an ongoing traumatic process brings



into question the value of opening to an emotional response when the survivor's daily existence is characterized by a death surround.

For this reason it is important to respect participants choices to pass or participate by observation if approaching the grief response risks eliciting a retraumatization.