*Lloyd Cunningham, SVD**

COVID-19: Our Collective Trauma

Dialogue with Psychologically Affected People

The author reports on his own experience of being infected with COVID-19. From his background as a clinical psychologist, he focuses on the effects on mental health. In the collective trauma resulting from the pandemic, there are several groups who are even under normal circumstances excluded from society, but have undergone a more severe exclusion during the pandemic, such as chronically mentally ill persons. After the shared experiences of isolation and loss there will be no easy return to normal life. Rather, there is the call to find new ways for deeper human relationships and to make a change for better life.

I was asked to write this presentation as I was recovering from the physical symptoms of COVID-19 myself. My symptoms began with what I thought was seasonal allergies, but after day two of a runny nose and a sinus headache I felt something different in my body. It is hard to describe but I knew it was not allergies. A day later, I went to get tested and find out what was going on. I found after waiting two days that I was positive for COVID-19. The test confirmed what I suspected, but before going to bed that night, I experienced a panic attack—I felt dizzy and needed to sit down, my breathing became shallow, and sweat began pouring out of my body. Having helped others through panic attacks, I knew I needed to sit down, force myself to breathe more deeply and ride out the attack breathing deeply and drinking water to hydrate. The panic attack was not caused by COVID-19. It was triggered by many thoughts and fears leading up to testing positive. I think as a 67-year-old man, who had heard that people in my age category had the biggest risk of suffering complications leading to hospitalization and ultimately death. Was I going to be one of the more than 2,936,926 casualties world-wide or 562,000 from the United States, who died of the strange disease that had changed how we live since March of 2020?[1]

Today mental health professionals report that those who have experienced the physical symptoms of COVID-19 may not be out of the woods for ongoing mental health symptoms. There are findings that during the course of disease some patients develop blood clots, which can cause possible limb amputations, pulmonary disease, or neurological disorders that reveal themselves as either long or short-term psychosis. The psychosis may continue even after physical recovery. [2] Ongoing medical study is warranted to understand the full impact of COVID-19 on those who have contracted the virus. However, mental health experts report that whether we have contracted the virus or not, a significant proportion of the population in the world has been effected, through fears and anxiety of either

---

* Lloyd (Sam) Cunningham, born 1953 (Dana/IL, U.S.A.), ordained in Techny 1981, received an M.Div. from Catholic Theological Union, 1982. M.A. in Mission Theology from Catholic Theological Union in 1987. Received M.A. in Marriage and Family Therapy, 1999 and Psy.D. in Clinical Psychology from Adler University in Chicago. Presently, Assistant Professor of Psychology at Divine Word College and a Bi-lingual Licensed Clinical Psychologist in Iowa specializing in Race and Ethnicity.

[1] World Health Organization (WHO) "Coronavirus Dashboard," last modified April 12, 2021, https://www.who.int

[2] Mental Health America, "Fact or Fiction: Can COVID-19 Impact Brain Function and Mental Health?" updated March 23, 2021.

contracting the disease or what will be the fate of the person who has tested positive for the virus. For many people these fears and anxieties have been compounded from the effects of physical isolation from family and friends, as well as effects of the measures imposed by governments to control the spread through mandated lockdowns and curfews which have shuttered schools, business sites, churches, bars, public transport and restaurants. This has meant that in many countries, all public places and events have been closed down, and even family gatherings have been restricted to only those living in one household.[3]

COVID-19: As Identified Patient

When I began studying psychology, I first studied family systems. I soon learned that a family would approach a therapist saying that one of the members needed to "be fixed" because the whole family was in distress due to the behavior or symptoms of what we called the "identified patient." However, more often than not the "indicated patient's" behavior was a siren's call for help for the whole family because there was some type of relationship distress. Often the distress was in the relationship of the parents who might be visibly fighting with each other. The identified patient or siren would first begin to act out in order to draw the attention of the parents from their disagreements unto the identified patient. The parents would drop their fight and put their attention onto the acting out child. The acting out of the identified patient-child becomes the projected focus or even scapegoat for the conflict that exists between the parents.[4] Unfortunately, the tension and conflict that exists in the relationship between the parents is not dealt with, until either the family seeks family counseling, or an intensified crisis develops in the relationship of the parents that again draws their focus from the acting out of the identified patient.

COVID-19 is the identified patient in our world today and we are rightly focusing our attention in the world on the disease, which does need our attention, because people are becoming acutely ill, placing a strain on the health systems of their locales, and are dying. For many families COVID-19 has become a major stressor that has forced people to work from home, if they have not lost their job, often fighting with their children for the use of the computer and internet bandwidth because school assignments of the children just as work assignments of the adults need to be completed. As I write this, I know I am speaking about a minority of people who even have access to computers and internet. This is true even here in the United States because this type of infrastructure is still scarce in rural communities as well as poor urban communities, which are often disproportionately composed of racial and ethnic minorities.

In this way, COVID-19 is the identified patient and should be examined through the lens of psychological symptoms, along with the state of mental health in our societies around the world. COVID-19 is the siren call beckoning us to examine beyond the symptoms of the virus and the fears that we may have of contracting it because we will find the tensions and stressors that we all live with but are now exacerbated by new layers of anxiety and depressed feelings.

Today, using the tools of insight from psychological systems, I believe we are called, as mental health professionals, to examine the state of mental health in our societies. Often due to stigma, a lack of knowledge and mental health professionals, as well as funding for mental health services especially in marginal and underserved communities there is often a disregard for psychological symptoms that are not accompanied by physical pain. This social disregard for the care of mental health exists with individuals, families, communities,

[3] Daniel R. Weinberger, Opinion Contributor "Will COVID-19 Leave Us With A Long Term Mental Health Crisis?," *The Hill,* last modified April 13, 2021, http://thehill.com

[4] Michael P. Nichols (ed.), *The Essentials of Family Therapy,* Boston, MA: Pearson [6]2014, 96.

governments and the church. Sitting in congregations, I have heard very few homilies that have called people to be as attentive to the symptoms of their mental health as to be attentive to their moral health. I believe as a priest-psychologist our mental health has an influence on both our spiritual and moral wellbeing.

The stress of the presence of COVID-19 is creating more and more symptoms in individuals and families of anxiety and depression as they live in isolation due to physical distancing. These uncomfortable feelings and states at times lead to the use of mal-adaptive coping strategies such as substance abuse, suicidal ideation and domestic violence.[5]

Collective Trauma

In this paper listening to the siren call of COVID-19 I would like to present how the disease has affected most of us due to elevated levels of fear and anxiety provoked by the news we hear, our experiences and the isolation we live due to lockdowns called by political leaders to curb the spread of the disease. For most of us, fear and anxiety already exist in our minds and bodies. They are necessary emotions that exist as warning lights to protect us from people, places and things that may be harmful to us. Both emotions are already unconsciously sitting in our bodies but with COVID-19 the warning lights grow bright which affects our moods, concentration, energy levels and immune system, which in turn affects our relationships with each other and our willingness to engage in our work and social world. For some this has led to the disorders of social anxiety and/or depression. Both often trigger a reluctance to participate in the complicated world of living in a pandemic. It has become so prevalent that some mental health experts have coined the idea we are living through a collective trauma. We discover a world that has often existed in an unconscious way, until we feel the physical pain of anxiety such as through an anxiety attack that feels like a heart attack, or we cannot get out of bed because of tiredness or aching limbs caused by depression.

We often take our mental health for granted because we do not have the time or the energy to contemplate it. Our fragile mental health is often not contemplated because we are too distracted with life around us. However, when an event that is perceived as traumatic confronts us, the resulting emotions can become overwhelming and tax our usual coping mechanisms. COVID-19 is a shared traumatic experience. It has created a collective trauma triggering our anxiety and feelings of depression not wanting to succumb to the disease and at the same time mourning those who do.[6]

The use of the term collective trauma has made sense to me as the calendar year moved from 2020 to 2021 and I kept hearing repeated over and over again, "Good Riddance to 2020!" Felix Wilfred in his article *Disclosing and Concealing. Human Fallibility and Civilizational Upheaval,* writes, "The year 2020 has turned out to be *annus horribilis"* or Horrible Year.[7] It seemed to never end.

I was reminded of a nightmare which reoccurred in my sleep when I ran marathon races. In the dream I felt my energy was getting low and I was looking forward to the finish line, which I was told was very close, but then when I got to the spot of what I thought was the end, the finish line had been moved another mile. This is the 2020-2021 experience of COVID-19: The end of the precautions and restrictions seems in sight. Then another wave surfaces and we are back to governments declaring more lockdowns and quarantines. For some this brings anxiety. Others feel the hopelessness of depression just wanting to give up the race. Others exhausted with COVID fatigue throw up their hands, drop precautions and seek to return to life before COVID. Still others

[5] Weinberger, "Will COVID-19 Leave Us with A Long Term Mental Health Crisis?"

[6] "The Implications of COVID-19 for Mental Health and Substance Abuse," last modified April 12, 2021, https://www.cdc.gov/mentalhealth/learn/index.htm

[7] Felix Wilfred, Disclosing and Concealing Human Fallibility and Civilizational Upheaval: *Jeevadhara* 51, no. 351 (2021) 6-25, 8.

frustrated and angered by what seems will go on forever resort to violence to express their anger.[8]

The restrictions for gathering in groups have made the treatment for collective trauma more difficult because one of the primary treatments for collective trauma is to use group or community therapy. There is comfort in groups for anxiety and animation for depression.

Remembering the Chronically Mentally Ill

As a clinician, who has worked in prisons, homeless shelters, mental hospitals, and Catholic Charities I would like to bring our attention to another world that the Pandemic has severely affected. These are the people who do not fully participate even in the pre-pandemic social world because of their chronical mental illness and psychotic symptoms that are not understood, even by their families and friends, not to mention the societies where they dwell. They are judged as dangerous, because of how they talk and act. In some societies their illness is given a religious meaning—the demonically possessed. However, no matter if they are judged as psychologically ill or religiously possessed, they are often isolated and quarantined by their families and/or societies. These are the chronically mentally ill, who would be diagnosed psychologically as schizophrenic, bi-polar 1, delusional, demented, or exhibit severe depressions and anxiety disorders. Even in public places, members of society act as if the mentally ill are invisible because their behavior is not considered "normal." Our internal warning systems question whether it is safe to be around them or not. If the truth be told, I have found in dealing with family members of the chronically mentally ill there is a felt discomfort expressed because of shame and if a family member has a disease of the mind, they are afraid it is contagious. For that reasons if the chronically ill are not living on the street, they are quarantined in hospitals, group homes, nursing homes, and prisons.

It is in these congregant settings that COVID-19 has hit with a vengeance. Many of the people who died at the beginning of the pandemic were living in nursing homes, hospitals, and prisons. Visiting restrictions were imposed on these sites in an effort to control the rapid spread of the disease. As a result, people who were isolated from society were now denied in-person visits, from the family members and friends who connected them with the outside world. Mental health providers were often denied access as well, so therapy that could have been beneficial for the psychic health of the person was abruptly stopped.[9]

What Is the Prevalence of Mental Health Challenges Today?

It is reported by the Center for Disease Control (CDC) that the symptoms of anxiety disorder and depressive disorder increased significantly in the United States during April to June 2020, compared with the same time frame, in 2019. Representative panel surveys were conducted among adults 18 years and older across the United States June 24-30, 2020. 1,497 people responded to the survey. Overall 40.9% of respondents self-reported at least one adverse mental or behavioral health condition, including anxiety disorder or depressive disorder, 30.9% of respondents indicated that they were experiencing symptoms of trauma and stressor related disorders (TSRD) which they related to their experience of the pandemic. Notably, 26.3% of the respondents reported they begun to use or increased their use of substances (which would include alcohol as well as legal and illegal drugs) to cope with stress or emotions related to COVID-19. 10.7% of the respondents indicated that in the past 30 days they had considered committing suicide. Suicidal ideation was significantly higher among respondents aged 18-24 (25.5%) and among Hispanic

[8] The Implication of COVID-19 for Mental Health and Substance Use, last modified April 12, 2021, https://www.nytimes.com/2020/12/08/health/COVID-mask.html

[9] Ibid.

respondents (18.6%) compared to Black respondents who self-reported at 15.1%. The highest group of respondents who had thought about suicide at least days prior to responding to the survey identified themselves as either care givers for adults or essential workers (30.7%).[10]

Looking at the data just sighted and reviewing studies conducted around the world there are groups of people who show more vulnerability to the effects of COVID-19. Adolescents, young adults, women, health care and essential workers, along with non-Caucasian communities appear to be the most adversely effected and report more symptoms of anxiety and depression, which gets expressed in less positive coping strategies such as suicidal ideation, use of substances, and domestic violence.[11]

Vulnerabilities

There are multiple reasons given for why these groups are the most vulnerable to the effects of the Pandemic. What they seem to share is the instability of work or school. Women, racial and ethnic minorities are often employed in jobs that provide less employment security with little unemployment benefits. There is a greater chance that they will not be working from home. Their salary is still needed for family survival, but may be non-existent due to employment lay-offs. At home, they are required to do child-care and help their children continue their education in front of the computer if they have internet access. Both parents and children are living with overwhelming insecurity. Parents not knowing if they will have a job and children not knowing if they will be in class with their friends or trying to share the family computer with their siblings and parents. Young adults, health care workers and front-line workers wonder if today will be the day they contract COVID-19 at work. Adolescents quarantined at home are isolated from their friends, and are never sure when they will return to school.[12]

What Are the Common Factors of the Trauma that Link Us Together?

The two most common factors that link us all together and our Common Trauma as we live through the experience of COVID-19 are isolation and loss. Throughout the course of the year and half we have lived with different forms of isolation. The forms of loss have been many and perhaps not as obvious, because the life that we lived and perhaps thought we would live has changed. We are mourning the loss of people and a way of life. What was certain in 2019 is not so certain in 2021.

Isolation

Work places, schools, hospitals, places of business, places of entertainment, churches have emptied out and closed their doors in an effort to stop a virus. Families have had to stay within their houses to protect themselves from other family members, friends and neighbors. There was no way of knowing who was carrying the virus, so it was safer to stay to oneself. This has led to nation states shutting their borders. Internationally nations have closed their borders and restricted international travel. Resulting in nations being quarantined from other nations.

Loss

We have all lost something or someone due to COVID-19. It is hard to enumerate the losses that we have all experienced in our isolation because they are so numerous. For each person it will be different. I am not a football fan so the limited number of football games on television were not a loss, but I do enjoy going out to coffee shops with friends and having dinner at a restaurant. These were

[10] Center for Disease Control and Prevention, Weekly/August 14, 2020/69 (32); 1049-1057, https://www.medrxiv.org/content/10.1101/2020.04.22.299 76141v1

[11] The Implications of COVID-19 for Mental Health and Substance Use.

[12] Center for Disease Control and Prevention, Weekly/August 14, 2020/69 (32); 1049-1057.

big losses for me. I also lost a number of senior community members due to COVID-19 and I could not go to their funeral because of social distancing restrictions. Important life events, like birthdays, anniversaries, graduations and ordinations are held without any close friends and family present.[13]

Vaccines Bring Hope

At the end of December pharmaceutical companies began rolling out vaccines against the virus. Immediately, there was a sign of hope. Quarantined seniors after receiving their vaccinations were able to meet with other seniors living in the same nursing home. Couples were united. I did not think that it would be a big deal to get the vaccinations, but after getting the second shot it felt like a huge boulder of stress was lifted off my shoulders. I did not realize how much stress there was until it was lifted, because I felt a freedom to move and be in public places.

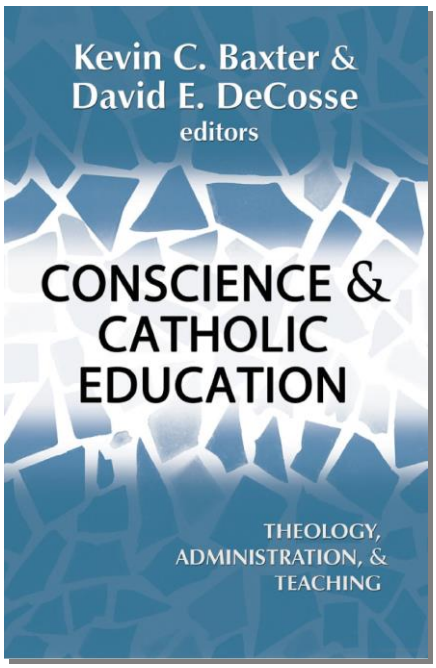
Because an ever-growing number of people are receiving the vaccine which appears to be effective, many social restrictions are being dropped. Adult children are gathering with their more vulnerable parents whom they have not been in physical proximity with for over a year. Masks are coming off and we are once again seeing people's faces. Church communities are gathering, praying and singing. People are once again going to restaurants and public events.

We Will Have to Adjust to a New Normal

Collective trauma does not just disappear, or I should say the feelings of anxiety and fear do not instantly dissipate. They will be experienced for a while, as will the virus. There are still so many unknowns. Will the vaccinations be available for everyone in the world? Will everyone get one? Will the vaccinations work against all new variants of the disease? How long will the vaccinations work in our bodies? Will we need booster shots? These are just a few questions that separate us from the normal of 2019.

There are social questions that need to be addressed. How do we change the social inequalities that exist between races and genders? COVID-19 shed light on the fact that people of color, women, and the chronically mentally ill were more adversely effected. How do we address the unequal access to the infrastructure of technology and internet—not to mention education? How do we address the accessibility to good and equal health care for all communities of people? How do we assure the availability of medicines and vaccines for people of all nations? If these questions are not addressed in the new normal no one will ever truly feel secure, because if a disease effects one community, one group of people, one nation, one continent, we are all affected. COVID-19 has taught us that isolation is not healthy for our integral well-being. This is a chance to move to a new normal, different from the past. The identified patient, COVID-19, has evoked a siren call to find a new way to pay heed to faulty relationships and make change for a better life, which can become our new normal.

(Ref : *Verbum SVD*, Fasciculus 2 - 3 Vol.62, 2021, pp.321 – 330)



(Gift from ORBIS Books to SEDOS Library)

[13] Lindsey Phillips, Coping with the (Ongoing) Stress of COVID-19: *Counseling Today* 62, no. 12 (2020) 26-31.