PTSD and the Pandemic

Whenever I am disturbed in my emotions, as happens more often these days, (trouble sleeping, tending to worry, feeling anxious, depressed or stressed out), then it helps me to know *why* I feel this way. I look for reasons, for the cause of my discomfort. Psychologists and therapists ask the same question when dealing with clients who come to them for help. They look for a *diagnosis,* a label for what is troubling their clients and they use terms like *neurosis,* or *psychosis,* or *severe anxiety disorder,* etc. as the cause of mental disorders. One such term that is more and more in the news lately is *post traumatic stress disorder,* or PTSD for short. What does this mean?

History

PTSD was coined by Pierre Janet who was a psychiatrist in Paris, France about 150 years ago. Like his contemporary Sigmund Freud in Vienna Austria, he was attempting to treat people suffering from *hysteria.* Hysteric people (women mostly) at that time suffered from neurological symptoms like paralysis in their legs, or blindness or deafness and there was no apparent physical explanation for their symptoms. Freud believed that the cause of their suffering was psychological, that his patients were afflicted by inner conflicts between what they wanted to do and what they forbade themselves to do. Freud believed that his patients secretly harboured unacceptable sexual fantasies which they kept from their awareness by means of those neurological afflictions. That was their function. Once these hidden conflicts were brought to light in therapy through a socalled *talking cure* which Freud named *psychoanalysis* (literally an analysis of the mind) these pseudo-neurological symptoms tended to disappear, and the patient was cured.

Janet took a different approach. He wanted to know which events in his patients' environment were the cause their hysteric symptoms. In his analysis he discovered that his patients had been subjected to negative experiences during childhood. These experiences were so severe and so abnormal that they impaired his patients' ability to function normally as adults. They had been neglected as children, or sexually, physically or emotionally abused by their caregivers, the very people who were supposed to be looking after them and protecting them. This ill treatment was so severe that these children grew up being unable to trust their world as a safe place to live in, unable to trust that they could ever count on others for help, and unable to trust their own ability to look after themselves. In short, Janet

believed that the cause of their emotional distress lay *outside* themselves in their environment. What they had experienced was very traumatic and that was why they had become disturbed. So, instead of a *psycho*analysis he advocated for an *environmental* analysis. With that he started a research tradition called *psychotraumatology*, which eventually led to the diagnostic discovery of PTSD.

Dynamics

Researching psychologists who lived after Janet and Freud's time studied other examples of externally induced traumatic experiences. Kardiner, Grinker and Spiegel, studied combat neuroses in soldiers caused by the atrocities of world war I and II (Kardiner and Spiegel. 1947). Still others researched the negative emotional effects of concentration camp incarceration, of rape, of domestic violence, etc. They discovered that survivors of these different traumatic experiences all showed an identical set of symptoms, which we know today as the syndrome of PTSD.

To quote Judith Herman, in her book *Trauma and Recovery* (1992)

> The many symptoms of PTSD fall into three main categories. These are called "hyper arousal", "intrusion", and "constriction". Hyper arousal reflects the persistent expectation of danger; intrusion reflects the indelible imprint of the traumatic moment; constriction reflects the numbing response of surrender.

Hyperarousal means that the bodies of traumatized people are perpetually physiologically on the alert for danger. Their behaviour shows a kind of frozen watchfulness. They cannot relax and are ill at ease in their own skin.

Intrusion is what Kardiner (1947) called "a fixation on trauma". It means that one is perpetually compelled to relive in flash backs the trauma once experienced as if they were happening now. These flash backs are not thoughts that one thinks, but rather vivid sensations and images that one feels and sees. They are like the experience of unspeakable horror, they feel like a silent scream, or like a "death imprint" (Lifton, 1980) that one cannot escape. And they are extremely painful, like rubbing salt in an open wound.

Constriction occurs because reliving these traumas evokes such emotional distress that trauma victims seek to avoid experiencing them at any cost. They do so by altering their state of consciousness via a process of dissociation. They fool themselves by pretending that the trauma never happened. They numb their perceptions and develop feelings of indifference, of emotional detachment and

become very passive in their behaviour. In essence this is a process of unconscious denial. By doing this they partially succeed in escaping their torment but at the expense of raping their emotions and assaulting their memories. As a result they constrict their lives so that everything becomes a defence against the flash backs.

Application

What can PTSD teach us about our current emotional reaction to the Covid-19 pandemic? How are they the same? How do they differ? All of us have negative experiences like illness, or death of a loved one, or accidents sometime in our lives. But for an experience to be traumatic in the sense I just described it has to be severe, abnormal, overwhelming and out of the ordinary. Can that be said of the current pandemic?

It is severe enough to infect and even kill many people worldwide. It happens to us, and not because of something we do. It comes at us unexpectedly. It is not something we had experienced before like a cold or the flue. It literally stops us dead in our tracks and makes normal life as we knew it impossible, including expressions of physical affection like hugging and closeness. The way to show love to others now is to keep our distance from them. Older people are the most vulnerable. They die alone in hospitals and longterm care facilities, the heroic, sacrificial efforts of nurses and doctors notwithstanding. Presently there is no cure or antidote. For younger people work becomes difficult or non-existent and finances are scarce. Both the present and the future are unpredictable. The virus seems to inflict people at will and recovery is uncertain. In short, covid-19 overwhelms us and there does not seem to be an end in sight.

Comment [H1]:

Response

So, there appears to be a considerable overlap between the PTSD and the pandemic symptoms. Both are traumatic experiences. Both are severe, overwhelming and out of the ordinary. The difference is that the PTSD trauma happened in the past, whereas the pandemic faces our lives now. So, our response to it best fits the description of *intrusion*. Given the "right" conditions *right now*, anyone can be infected by the virus, even though its effects are more deadly for people like the elderly and others with compromised immune systems. It is this situation that keeps people up at night. What can we do to allay our fears?

I am a privileged retired elderly white male, financially solvent and well protected in my own home through self isolation. Far be it from me to suggest solutions to

others whose lives are so much more precarious. My sleepless nights and worries are more for those others than for myself. But even they may benefit from some of the conclusions I have come to.

First of all, I am actually thankful for my emotional discomfort. It tells me that I am still alive, able to feel and to care. The objective situation *is* worrysome and for me to feel at ease and sleep well at night I would have to pretend that everything is OK when it isn't. Such denial would constrict my life to living in a magical emotional bubble.

Second, I have come to realize the difference between what I can and cannot do to help the situation. I am neither an MD or a nurse. With gratitude to them, I have to leave the care of those stricken by the virus up to them. My own responsibility in this regard is to keep myself and others from getting sick. For my welfare I am also dependent on, and grateful for truck drivers, grocery store clerks and other essential workers. Without them I would be lost.

Third, being an introvert, I nevertheless have come to realize how important social contact is for my own emotional wellbeing. (I personally miss hugging others and being hugged). So, I am making an effort to stay virtually in touch with others via zoom or telephone and through outdoor visits with friends in small groups.

Fourth, PTSD sufferers are relieved and eventually healed when they can talk about their trauma to sympathetic, empathetic listeners. I think that is also true for people who feel overwhelmed by the pandemic. I feel best about myself when I can be of service to them in this way.

Finally, the pandemic has brought me closer to God. This is happening to me while spiritual support from my church is reduced to watching a weekly one-hour worship service on the TV screen. God's presence in my life brings to my mind the many occasions He came through for me in times of trouble. I know my secular friends will not understand this, but God's constant care for me gives me the courage to believe that things will get better and that some day everything will be all right.

Herman, J.L. (1992) *Trauma and recovery*, USA: Basic Books.

Kardiner, A. & H. Spiegel (1947) *War, stress and neurotic illness*. New York: Hoeber. 537.

Lifton, R.J. (1980) The Concept of Survivor, in J.E. Dimsdale, Ed. *Survivors, Victims, and Perpetrators: Essays on the Nazi Holocaust.* New York: Hemisphere, 113- 126.