

The Danger and Opportunity of Covid-19 (Part 1)

5 March 2020 (Updated 18 April 2020)

By Suzanne M. Anderson, DPST

Westerners have often oversimplified the Chinese symbol for "crisis" to mean danger and opportunity, when in fact, it means "danger at an incipient moment" (Zimmer, 2007). Linguists argue whether "the moment" is neutral or has a positive inflection in its original language. A crisis is an incipient moment--a moment when change begins and has the potential for harm and growth. Part I of this article will address the threat, the emotional and social impact, and Part II, to follow, will discuss the potential to respond with or build resilience in the response of Covid-19.

Part 1: The Danger: The Emotional and Social Impact of Covid-19

Over the last couple of months, I have talked with individuals in China, in the UK (having evacuated from South Korea, in Thailand (having left China), and others around the world. Each person I spoke with is working harder day-after-day, around the clock, to maintain their work responsibilities, to support their families, and, to eke out, in the very little time left, some time to care for themselves.

Talking to people who have survived traumatic situations always has a profound effect on me. Usually, I am onsite. Usually, I have come to where the crisis has occurred and talked to survivors face-to-face. This time I have been providing support remotely—while living in a Covid-19 affected country—however, sitting in the relative comfort and freedom of my home and office in Singapore. Even at a distance, these conversations palpably conveyed the impact of the virus in a way that I have not often felt. And, as always, these conversations impressed me with a profound picture of human endurance, resilience, and creativity. There is no playbook, no set of guidelines on how to survive an epidemic, effectively on house arrest, or unable to go "home." We are making it up as we go along, trying to make the next best decisions we can, professionally and personally.

For those who are not infected, but none-the-less have had their lives significantly altered, the emotional impact of Covid-19 can be overlooked. Unless you are infected, the danger of this virus is invisible, we only see its impact on the society writ large. And while the threat is active (the virus is spreading), the focus is on efforts to stay healthy—to survive. When infections subside, routines are reinstated without evidence of the previous disruption. Also, for those of us strongly affected, but who have not had the virus, the strength of the emotional and social impact can seem larger than it “should” be—after all we “should” be grateful we didn’t contract the dreaded illness. The very real emotional and social burden and accompanying recovery are not given proper due.

Even without the stressor of the Coronavirus or Covid-19 disease, everyone has a pre-crisis equilibrium that is either already distressed or already resilient. We have the day-to-day challenges that life brings—kids trying to get through exams, health issues, challenges at work, elderly parents to care for, and pre-Covid-19 health concerns. The virus can feel like a weighted blanket coming down on top of all of life’s challenges. Those living with the impact of it must find a way

to move around, to do the ordinary things of life, while lifting or holding up the weighted blanket at the same time.

While we may be tempted to want to jump to coping and resilience, for many people, the impact must first be acknowledged. There is a series of reactions and emotions that are not uncommon in crisis—the crisis reaction (NOVA, 2009). Just like Elizabeth Kubler-Ross's stages of grief helped create order out of the chaos of grief and loss, so too can understanding the stages of a crisis reaction help to create some feeling of order and understanding out of our responses to a crisis or disaster. Without understanding this pattern of response to a crisis, victims and survivors often feel like "they are going crazy," and they use those exact words. They hold it together on the outside (think Facebook feeds of how good life is) and see each other doing that while experiencing a rollercoaster of emotions inside and assuming they must be the only one feeling some of the strongest emotions one can experience in a lifetime.

When a crisis first begins, we often experience **shock, denial, and disbelief**. Almost, universally our response is, "I can't believe it!" The event feels impossible, surreal, or incomprehensible. Some of us experience the unfolding of the incident in slow motion, others in fast forward. Some of us feel frozen, unable to move. Often, we are reacting with our old brain (the same one a lizard has), with only our instincts to survive. At this stage, we may also experience regression—we may look for someone else to tell us what we should do. Often, we may go back and judge ourselves harshly for having not used our human brains to organize, plan, analyze, and manage the crisis.

As the denial and disbelief begin to wear off, we can experience what feels like a cataclysm or roller coaster of emotions. Often the first reaction we experience is **fear and terror**. It may feel as if the "veil of immortality" has been ripped away as we "think" or "know" we are going to die. This may have been experienced by some who were sick for other reasons at the same time as the Coronavirus started, and ended up at the same medical facilities as those who are later found to have the virus. A number of people have described experiencing panic and anxiety attacks that they have not experienced before. We are also feeling ongoing fear when someone around us coughs or sneezes.

It is not uncommon in situations like this for us to feel **anger, fury, and even outrage**. This can be directed towards the cause of the crisis (the virus) or towards those trying to provide help in the aftermath. There can also be a strong experience of **secondary injuries**--when we go to

people or organizations seeking help and support but perceive those responses to be unhelpful or insensitive. Employers can be guilty of creating these secondary injuries: employers often expect us to get on with our work, to keep functioning at past performance levels or maybe higher levels without recognizing the personal and professional impact of the crisis.

As we try to get help, fix what has been broken, and make sense out of what happened and why it happened, we often feel **confusion and frustration**. The Federal Emergency Management Agency of the United States identifies information and communication as essential as food, shelter and water and yet confusion and frustration seem particularly salient with the Coronavirus because in the early stages and continuing to the present, information about the disease and how to respond seemed hard to access and continually changing.

As we try to figure out what happened and why it happened, we may experience **guilt and self-blame**, feeling that they "if only" we had done something different, our circumstances in the crisis could have been prevented. We torture ourselves with questions that start with "Why

didn't I...”, “I should have...” and inadvertently friends and family contribute to this when they ask questions that start with, “Why didn't you...?”

We may feel **shame** and **humiliation** if we blame ourselves for how we chose to respond and cope, and especially if our lives are changed for the worse, physically, financially, relationally, or otherwise. Shame and humiliation can be exacerbated if details about our lives in these areas that have remained private become public. For many, there serious financial consequences, wages lowered, jobs lost, or work slowdowns. For others for various reasons, there is a subtler experience, of having to live indefinitely in the homes of family and friends without autonomous control of many of the fundamental routines of one's own time and space.

As we begin to realize how our lives have been irrevocably changed by the crisis, we may experience **grief** and **sorrow**. Each and every physical, material, and intangible loss we experience can trigger its own grief, its own sorrow. The apparent losses are for those who become ill and for those who succumb to the illness. There can be material losses of financial resources that are having to be re-channeled into staying safe. There are many other less tangible losses that are harder to identify. There is a fear of losing time and experience with our friends and loved ones. Many students have lost school trips, graduation ceremonies, proms and other opportunities they have anticipated for years.

For many, there appears to be a sensory deprivation—the loss of being with people face-to-face during this time when most communication is done through a computer. The loss of independence as families are in homes—all day, every day, for days on end with little opportunity to go outside.

The loss of feeling the air on one's face as masks are required to go outdoors. The loss of energy—every time we change our routines, it takes extra energy to develop a new pattern of activity.

The loss of certainty that comes with the normal anticipated pace and sequencing of life and the school year. Typically, families are setting dates and making reservations at this time for the school summer break. The most essential looming question is, "When will this end?" Without knowing that answer, we are not able to plan.

Having experienced this cataclysm of emotion, our hope and goal is a **reconstruction of equilibrium**--otherwise described as creating a "new normal." It is not possible to go back to normal as it was before the crisis. Still, it is possible to create a fulfilling new normal--that while recognising the losses of the crisis--recognizes the unique strengths and growth that have occurred as a result of the crisis. More discussion on the reconstruction of equilibrium throughout and after this crisis will be addressed in Part II.

It is essential to recognize that we will all have very different reactions and ways of coping or creating a new normal. Strong opinions about the “right” and the “wrong” way to cope can create tears in the social fabric of an organization. In this situation, these tears in the social fabric may emerge between the "stayers" and the "leavers," and between those who had a choice to leave and those who did not. By recognizing that each individual will have their own unique experience of reacting and coping and by allowing and supporting each other, we can help to maintain or strengthen the fabric—the relationships—within our organizations.

In a crisis that is time-limited—the disaster comes and goes, and recovery begins quickly—these strong emotions will most often taper off after the one to three months. But in a long-term crisis

where the disaster keeps unfolding, these reactions can last much longer and can come on strongly over and over as the crisis comes closer—there is an infection nearby, a friend is infected, we go into lockdown, and the future we return to work and school, but find that we have to go about our daily routine in an entirely different way. Essentially, the longer the duration of the incident, the more significant the impact. As of this writing, the WHO has issued its 44th daily report and with no definitive end in sight.

We don't have to wait until the crisis is over to take care of ourselves and build our resilience, we can start now. Part II will address ways of coping and developing resilience during the extended duration of this epidemic.

If you are reading this and wondering if it would be helpful to reach out for support, I encourage you to answer the questions of the Trauma Screening Questionnaire. This can provide another perspective on how the circumstances of Covid-19 are affecting you individually. We would encourage you to consider the mental health resources and support offered in your community.

While they will remain anonymous, I would like to recognize the educators in central and eastern China who contributed to this article and add a thank you to long-time friend Pam Schuur who expertly provided editorial support.

Reference

NOVA. (2009). The community crisis response team training manual: Edition 4.0. Washington, DC: National Organization for Victim Assistance.

Zimmer, B. (27 March 2007). Crisis = Danger + Opportunity: The Plot Thickens. Retrieved from The Language Log.