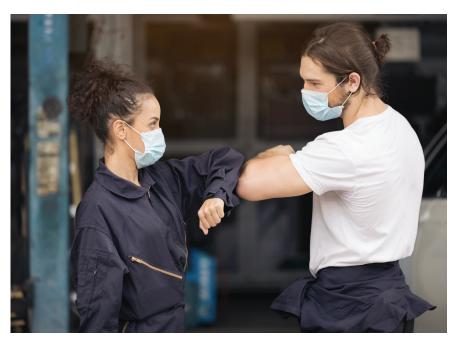Academic Paper

The unfolding narrative from Covid-19:
Emerging themes and skills in practice

By Dr Breda Friel and Jonathan Beavis

Covid-19 became a long-term crisis event, the physiological and psychological impact of which is unfolding across the community. Psychological First Aid and crisis management theories offer an opportunity for the management of community recovery from the Covid-19 crisis. This article articulates theories, and skills in developing and applying such responses across a range of settings.

Introduction

Crises, sudden incidents, or severe emergency events go beyond our capabilities and capacity for response. Such traumatic incidents have an unexpected impact – arising from either an acute episode, such as a sudden death, or other one-off incident, or an accumulation of events, such as bullying, domestic violence, threat of terrorism or long-term health issues. Without doubt, the impact of Covid-19 has progressed into a chronic crisis that has impacted all aspects of functioning. For global and local regions such as Northern Ireland that are post-conflict, or embroiled in persistent terrorist threat, the pandemic has awakened and heightened fear, vigilance, if not terror, resulting in a stress reaction and symptoms that impact well-being and mental health.

As the governmental and societal response to the pandemic changes with the easing of restrictions, the effect of long-term crisis symptoms is emerging. It is therefore essential to understand the psychological and emotional impact on individuals and communities and argue for improved resourcing of therapeutic services to respond to the unfolding need. A noteworthy and peculiar aspect of the Covid-19 pandemic is that while it impacted with a sudden, unforeseen seriousness, many assumed it would be acute and short-term in duration. The impact created shock and surprise as the virus developed into a chronic stressor, overwhelming the coping mechanisms and capacity of so many of those affected.

Given the unprecedented nature of Covid-19, the virus confounded national and international medical experts such as the World Health Organisation (WHO). It evolved, mutated, and changed, with the emerging Delta and Omicron variants escalating uncertainty and necessitating responses at all levels. It is understandable therefore that so many citizens are feeling beleaguered, overcome, and devastated. The uncertainty and fear are exacerbated as

we all witness and experience the devastating effect, varied responses of governments, lack of preparedness, unfolding knowledge and subsequent actions across the institutions of state.

There can be no doubting the necessity for research to advance the knowledge of the unfolding qualitative and quantitative data emerging because of the current pandemic. Indeed, it was evident in 2020 that the formal and informal reflection, discussion, and narrative arising from the pandemic was ahead of the randomised control trials and quantitative research, constructing the knowledge base about symptoms and short- and long-term experience of the virus. Research outputs have generated knowledge and emerging reports of experiences as professionals across services meet clients in practice. Articulating and capturing these emerging themes is an essential consideration in the present circumstances, with the specific focus of offering an understanding of Covid-19 using crisis and trauma recovery and management theory.

The traumatic impact of Covid-19 has been examined against theoretical knowledge on disaster and catastrophe management. The emerging themes for clinical practice have been investigated and the importance of supporting narrative accounts of the unfolding impact of the pandemic is argued as a significant qualitative account of the trauma and crisis due to Covid-19. Finally, the emerging themes for practitioners are considered in responding to the unfolding and presenting mental health and well-being issues. Specifically, we will consider how to frame the pandemic into a theoretical construct, understand the application in context, thereby improving and enhancing understanding and practice for

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frontline professionals across caring disciplines who are engaging with individuals and groups affected by Covid-19.

Defining and understanding crisis and trauma

We define a crisis as any event that overwhelms, the impact of which goes beyond our usual capacity to respond, beyond our capabilities, and defined for this purpose as any event, or series of events that overwhelms our usual coping mechanisms. There is a distinction between the impact of an unexpected onset critical incident that happens suddenly, and chronic events that persist, causing increased stress that lasts for some time. The word 'crisis' evokes images of watershed, emergency, a defining moment or turning point, a sense of danger, disaster, a predicament and experience or trouble. Thus, crises consist of a period following event/s that are potential danger. A critical incident is an event, or series of events, that cause emotional stress to a sufficient level to overcome the usual coping methods of people who experienced it.

Covid-19 developed as an acute, sudden, and unexpected crisis that was expected to be short-term in duration. It quickly evolved into a chronic, unpredictable, and unprecedented global life-threatening episode. It impacted all aspects of functioning, individually,

socially, and culturally at all levels of societal and global life. The unexpected frightens humans who are bound by rationality, limited in the capacity and tolerance of uncertainty and unpredictability.

General populations crave structure and place their confidence in the institutions of state. The consequential feeling of being overwhelmed is understandable as so many citizens witnessed the tentative, slow, and sometimes confusing responses across different countries through mainstream and social media.

Covid-19 and the impact on community

The Covid-19 pandemic has instigated deep reflection on the nature of society and community. Communities, whilst sharing many values and beliefs, are not wholly homogenous. People belonging to a 'community' undeniably build a sense of togetherness around features such as ethnicity or socio-economic status or a geographical place, but they may have very differing views and opinions on other aspects of their lives.

In the past two years, community cohesiveness has come to be challenged because community members have articulated many opposing views. Differences on mask wearing, shielding, social distancing, and 'freedoms' have been points of major contestation and tension. These have often manifested as arguments between neighbours or the breakdown of friendships that had been the bedrock of a local community's sense of togetherness. Added to this has been the deep sense of grief and trauma for those who lost loved ones or who were seriously ill with the disease and are still suffering its consequences.

Critical Incident Stress Debriefing (CISD) and Crisis Management (CISM)

Theory and practices from crisis management and Psychological First Aid (PFA) can be applied to the management of the uncertainty, such as during the current pandemic. The concept of psychological debriefing and management covers a range of typically short-term interventions aimed at alleviating long-term distress. The focus is to intervene at an early-stage post-crisis, thereby preventing and mitigating against the potential development of PTSD (Gist & Devilly, 2002). The application of the model can inform interventions and methods in dealing with the impact of Covid-19. Critical incident stress debriefing (CISD) as one aspect of crisis management (CISM), is structured in a format of phases – the elements of which can assist the facilitation of client narrative and experiences arising from the pandemic. The application of debriefing phases in context offers the structure to set down personal, subjective experience, thereby validating the story of those affected (Lewis & Roberts, 2002, as cited in Dulmus, C. & Hilarski, C., 2003). Whilst the outcome and efficacy of debriefing as a concept has been the subject of debate, the use of it as a structured methodology for capturing the experiences of clients will be considered.

A concise definition of the concept of CISM has eluded writers, with confusion in terminology across the literature about CISD (Mitchell & Everly, 2001). The field of emergency mental health and crisis intervention *per se* has been made unnecessarily complicated because of an imprecise and unreliable utilization of even the most fundamental of terms" *(*Mitchell & Everly, 2001).

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As a method of dealing with crisis events, CISD offers a focused opportunity of time-limited duration for individuals and groups to 'set down,' clarify and organize facts, thoughts, emotions, and symptoms arising from a critical incident, thereby creating structure to the timeline. This process will begin normalizing the abnormal and so commence recovery.

Disaster and catastrophe management theory

Debates are varied about the efficacy of crisis management theory, usefulness of psychological debriefing and the theoretical and practice management of critical events. Discussions range from questions about the effectiveness of CISD interventions or the management and delivery of approaches. Research debates can be generally categorized into those that are advocates of CISD, critics of the methodologies, and personal narrative accounts of crisis events (Lewis & Roberts, 2002, as cited in Dulmus, C. & Hilarski, C., 2003).

There is no doubt that knowledge, skills, and methodologies from Psychological First Aid (PSA), CISM and CISD protocols can offer guidelines in responding to Covid-19. The models offer a valuable part of the repertoire of knowledge, skills and practices that can be applied to the understanding and managing of experiences of Covid-19 in multi-disciplinary settings. The models offer a theoretical and skills-base to counselling and allied health professions when engaging with the impact of Covid-19.

Impact of crisis and trauma

Traumatic events can feel surreal and shocking, with survivors and first responders describing experiences of, among other symptoms, psychic numbing, which is a mental and emotional reaction to trauma. Such numbing is characterized by decreased responsiveness, feeling detached from the external environment. It can also result in reduced capacity for expression and acknowledgement of emotion. As the number of deaths from Covid-19 increased nationally and globally, anecdotal reports emerged of detached coping and psychic numbing – a tuning out coping mechanism by frontline workers and citizens alike.

Trauma is considered as the impact of an overwhelming information flow due to a critical event or series of events. A significant feature of crisis is when there is a perceived threat to life, and the perception of such a threat can create intense fear and horror responses, with subsequent psychological and physiological reactions. The response to possible danger activates a reaction formation, the Stress Response is activated, thereby mobilizing the human into action. The biological reaction is like a vicious circle impacting the balance of neurotransmitters. The pituitary, or master gland and adrenal systems responds to crisis by altering levels of adrenaline and cortisone hormones in response to signals from the hypothalamus. This impacts functions including temperature regulation, thirst, hunger, memory, sleep, and emotional behaviour. This Stress

Response phenomena can create high levels of vigilance and stress in some people because of critical events. Covid-19 presented such a threat – the danger arising from the sudden, unexpected, emerging pandemic. It generated levels of fear and shock unprecedented in our lifetime and with ramifications that are far reaching.

Reactions and symptoms

When a crisis occurs, the impact has a ripple effect varying from acute impact on those directly affected, to variable effects on wider family, and community indirectly in proximity to the crisis trigger. As an unfolding critical occurrence, Covid-19 has defied efforts to categorize or even estimate the potential impact and subsequent management of recovery. The virus produces a wide range and disparate array of symptoms, causing varying levels of ill-health depending on age, culture, social class, ethnicity, and individual underlying health conditions.

Presentations range from the asymptomatic, to those requiring hospitalization, critical care, ventilation, and those who unfortunately succumbed to the virus. Reports have emerged of cognitive symptoms, such as loss of concentration and memory function. Physiological symptoms range from fatigue, muscle pain, palpitations and cardiac problems to chest and lung problems including pneumonia, coughing, asthma and pleurisy.

Emotional symptoms including anxiousness, fear, resignation, mood changes, loss, sadness, anger, hurt, low-level motivation and feeling 'down and/or flat' are reported by those post-viral, those bereaved due to Covid-19 and the wider community. Two years on from its emergence there is the additional economic and lockdown

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fatigue, as people hope for brighter days and easing of restrictions. Those with symptoms, particularly of 'long Covid,' report experiences of being discredited due to factors including lack of medical precedent, poor knowledge, and public assumptions that recovery time ranged from five to 14 days.

Disaster and crisis strike with a sudden violence, impacting individual lives. The sense of ordinariness is gone, the trauma is unexpected, and this can create distress, short-, medium-, and long-term symptoms. The trauma of Covid-19 created multiple experiences of shock and profound feelings of disbelief. Short-term responses require an identification and provision of support following exposure and suffering due to disasters and crises. Symptoms experienced by those affected can include fear of being overwhelmed, of losing control, sadness if injury or death occurred, guilt, anger as particularly helplessness, as witnessed during the pandemic and subsequent lockdowns. Covid-19 generated a particularly troubling range of emotions in families, neighbourhoods and communities as people reacted to the demands of lockdown, social distancing, mask wearing and hygiene rules in social settings. They developed patterns of coping that include maladaptive

defensive mechanisms in dealing with the demands of lockdown and persistent stress, including behavioural avoidance and isolation, anger, rage, fear, and relief.

Responding to the crisis of Covid-19

Community recovery across the lifespan must ensure that emerging adversity narratives, personal commentaries and subjective experiences are afforded the opportunity for validation and consideration. The authors argue that the importance of strength-based, finely tuned management of community recovery phases that are culturally, and context sensitive is essential and a significant feature of planning services through the opening of society in the aftermath of Covid-19. We have witnessed evidence of immense strength and resilience, resourcefulness, and positive coping skills across communities (Morris & Malone, 2020), yet those experiencing marginalization and exclusion prior to the pandemic have witnessed, if not an escalation of isolation, no improvement in social support and connection.

Themes for practice: Reframing approaches

There are profound immediate and longer-term implications for practice arising from Covid-19. Inequalities in educational, employment and economic opportunities have been highlighted, exacerbated for those already marginalized, and with emigration and mobility options less available in times of any recession that might arise. Access to services for emotional, mental health and well-being issues arising from the pandemic are already experiencing widespread demand as highlighted by *The Irish Times* in June 2020, the article

acknowledging that young people, whilst not as physically susceptible to coronavirus, may suffer most economically and psychologically due to the pandemic (Freyne, 2020).

We argue the necessity to do things differently in practice approaches, emphasizing a trauma-informed, strengths based and hope centred approach. This should be aimed at the provision of resilience-based, narrative-centred programmes that are informal or non-formal. Long-term recovery from the pandemic can be supported through preventive, universal and targeted provision for young people and adults using statutory, voluntary and community providers. Transforming policy and provision in such a way will help mitigate against the developing of long waiting lists in the under-resourced statutory mental health services.

Psychological holding
The rapidity and unexpected impact of Covid-19 mean that the time for reflection and assessment on this period may come in the years ahead, such archives may be important for commemorative reflection of the things lost as communities, families and as individuals. We define the concept of therapeutic holding as creating a safe structured listening space involving mental and emotional containment, that respects, supports and validates experiences (Friel, McDermott & Doherty: 2021). This involves non-intrusive assessment of need and concerns with listening ear, therapeutic engagement, and psychoeducation on recovery from crises. At a basic level, people need comfort, calming and connection to information, services, and social supports. Most fundamentally, individuals require confidence in setting down their experience in a

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held space – a development of self-support and emotional self-soothing capacity with steps toward recovery.

The development of structures that offer psychological and emotional holding (Friel, McDermott & Doherty, 2021) is a priority need to facilitate the ventilation of experiences and validation of narrative, particularly those difficult feelings. Recovering from crisis involves the creation of space for physical, emotional, and psychological rest, restoration, and reflection. This is particularly important given the unique signature of Covid-19 with its distinctive symptoms, exclusive and rare impact, resulting in everyone's account being personal, unique, and particular to the individual.

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Loss
The losses associated with critical events can be complex and at multiple levels, as demonstrated during the pandemic. Individuals can experience loss of structure, loss of routine and loss of attachment due to death and enforced separations. For some, the loss is associated with their

sense of a perceived future when circumstances have changed profoundly in social contact, employment, education and future hopes and plans. There is the potential for lost faith in the fact that life has a certain consistency and meaning, such loss of structure impacts relationships resulting in a feeling of disorder. For many, there is an associated loss of meaning and sense of safety. The Covid-19 pandemic, like other traumatic events, created uncertainty for many around travel, living circumstances and loss of turf, defined for the purposes of this discussion as upheaval or grieving for context, absence of neighbourhood, territory, or home setting (Friel, McDermott & Doherty, 2021).

Trauma informed
The trauma perspective is compelling in recognising the physical, emotional, behavioural, and psychological impact of external traumatic experiences (Bloom & Farragher, 2010). Trauma-informed and post-traumatic growth models recognise how highly stressful events challenge beliefs and assumptions regarding control, predictability, and benevolence in the world. Adversity challenges the validity of hypotheses about safety in our lives, causing distress and reaction, the manifestation of exposure to previous or present adverse experiences and traumatic events. Such is the impact of the Covid-19 pandemic, with emerging medium- and long-term physical and mental health symptoms across the lifespan. Crucially, practitioners can apply a trauma-informed approach to reframe the narrative about the impact of the pandemic. Changing a deficit question, such as 'what is wrong with you?' to a trauma-informed question of *'what happened to*

you?', (Winfrey & Perry, 2021) changes the meaning for those affected by adversity, transforming the assumptions, the stigmatizing and eliciting a conversation that recognizes how trauma impacts individual behaviour and development.

Shifting practice with those impacted by Covid-19 to a focus on positive change following challenging life events will create capacity for transformative change. Utilising post-traumatic theory, which we consider as psychologically positive changes that are experienced due to struggles with highly challenging life circumstances, (Tedeschi, 2020) allows for a paradigm shift across professions. Those who have lived through stressful events can be supported to recognise (1) new possibilities, (2) personal strength, (3) spiritual or religious change, (4) relating to others, and (5) a greater appreciation of life (Tedeschi & Calhoun, 2004) – the five key areas where Tedeschi and Calhoun argue positive change occurs through post-traumatic growth.

Conclusion

There is no doubting the societal, community and individual impact of the Covid-19 pandemic, and it is useful to remember the unique signature of Covid-19, the distinctive effect of the physical and psychological factors emanating from the disease and associated lockdown measures. The authors argue that disaster management perspectives and strength-based approaches can offer a framework for symptom mitigation and can support crisis and trauma recovery in practice with clients. Resourcing is essential for individual and community recovery from the crisis of Covid-19. The setting down of individual and community

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narratives through a listening ear and therapy is helping to construct the meaning making, grief and acknowledgement of the journey. What role then might therapeutic services have in connecting with the emerging themes arising from the recent crisis? Long-standing debates from academic literature have noted the role of counselling services in creating safe spaces for emotional and social renewal, and the time for this to be put wholeheartedly into action has clearly arrived. ◗

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