



COVID-19 and Trauma



Michael Paterson is a Consultant Clinical Psychologist, a Professional Speaker and an expert on trauma.

In 2019 he was a keynote speaker at the Workplace Health Leadership Group's 'Managing Workplace Health: Fit for Purpose' Conference.

In this article (using some of the clips from the Conference) Michael gives us his thoughts on the tsunami of mental health issues that we may both experience and witness in our work environments as we slowly edge out of lock down.

Michael begins the article by reminding us that psychological trauma isn't the preserve of a physical act or incident such as a fire, car crash, an assault or medical emergency and can equally manifest itself in recovery from lock down as our reactions can be the same.

"COVID-19, it is like an unseen assassin. It is out there, and nobody knows when it will strike"

It is well documented that contracting the virus will be a gentle push for some, but for others their lives will be terminated in the most unpleasant way. But what about

those that have not been infected (or at least don't know if they are)?

Survival

There are those who will ignore the danger, perhaps through denial, or seeing themselves as being at low risk. For others, they recognise the danger to themselves or people close to them. Because we don't know who the assassin will terminate next, or when it will happen, it's natural to experience some apprehension, anxiety, or indeed fear.

Freeze, fight or flight?

As human beings we are geared towards survival. We have evolved to respond with flight, fight, or freeze when faced with threat. When threat occurs the primitive part of our brain sounds an alarm and then stress hormones are released to help us go into a state of increased physical and emotional arousal, ready to spring into action to fight for our lives or run away. ***Whether it is the unseen assassin COVID-19, or some other threat, our reaction is the same.***

We've been conditioned to respond to threat with freeze, fight or flight which appears when we are confronted with something that is

Potentially life-threatening. We can see threats like a fire, a car crash, an assault or a medical emergency. Yet COVID-19 is invisible which means we might stay in an alert state, not switching off.

We have been told that we are fighting a war against the virus, and indeed we have our frontline defences with the health care workers and emergency services. There are also those in the second line of defence providing essential and other services. All of them are at risk of increased exposure to the virus and many have been casualties of battle. For the rest, those working from home remotely, those who have been furloughed from work and those without paid employment, they have been socially isolating as advised. Everyone has lost someone or something in this war. Whether it is the death of a loved one or



colleague, or the loss of income or one's livelihood, or the loss of social interaction; there is a threat to our sense of safety and personal control.

Why Uncertainty abounds

When faced with a threat situation and unable to do anything about it,



people might feel powerless, angry, upset. This will be fed by earlier life experiences of vulnerability or lack of control, thus adding to current stress and increased arousal. We have heard of instances of domestic disharmony and an increase in domestic violence during the period of lockdown. This incarceration, with no clear end in sight, is like a prisoner with an indeterminate sentence, not knowing when the doors will open and they can be free again.

There is currently talk of returning to work, getting the economy going again to stave off the effects of the expected long-term recession. The return to work has to be in a safe way for everybody. However, nobody (including experts and political leaders) yet knows when we will be at the end of this pandemic **so the danger remains**, the assassin is still lurking and indeed might never leave. Without certainty, returning to work will bring with it issues of morale and continued physical and emotional arousal as staff remain alert and business owners struggle to get cash flowing in their attempts to keep their businesses afloat.

Just as happened at the end of the Second World War, there will be great rejoicing when the lockdown measures end and the new normal arrives. However, psychological

trauma can stay locked in the brain in a way that continues to affect people for years to come.

In November 2019 Michael spoke at the Workplace Health Leadership Group's Conference on the topic of understanding and supporting people exposed to psychological trauma and extracts of that presentation are included in this article to give the reader a chance to think about this whole area of trauma that we will

witness in the weeks and months ahead.

How does trauma manifest itself?

During his presentation at the Conference Michael spoke about how individuals become traumatised, how they react and the factors that lie behind exposure to trauma.



[This 10 minute clip from the conference](#) covers Michael expanding on these concepts.

The physiology of trauma

During the Conference Michael explained just what happens in the body when an individual experiences trauma and how our brains are set to respond to real and perceived threat. He demonstrated this using an



example. [In this clip](#) we see this in diagrammatic form.

Components of a Psychological Trauma

In order for our brain's primitive structures to respond to a threat situation, or something that predicts it, the trauma memory needs to be stored in an accessible way. In this [9 minute video clip](#) Michael explains this is an understandable and straightforward way that will leave you clear on how this happens.



Recognising the signs and what can be done to help

We all have seen, and will continue to see family members, friends or colleagues suffer from overload of their ability to cope. Some struggle in response to unrelenting work pressure, while others have been in situations involving threat to themselves, or others, and they had a disturbed emotional response. Either way, the physiological and emotional response can be the same.

[In this video clip](#), Michael explains the physiological, emotional and behavioural signs for us to watch out for and tells us what we can do to get help.



Reaching conclusions

The COVID-19 pandemic has caused heartache and pain for many to date.

The knock-on effects will be felt for many years to come, though some will weather this better than others.

Through us understanding how being exposed to a threat situation can lead to a negative impact on our lives, and by being able to recognise

the indicators of this, we can be better placed to help ourselves and others now and into the future.

You might have been already dwelling regularly on some past event or life circumstances you endured. Alternatively, you may now be more aware of events you experienced after having accessed the information provided in this article by Michael. If this describes you, and the memories are accompanied by some uncomfortable emotion and/or feeling in your body, do consider seeking help.

Your GP can act as a referral source for NHS and private practice, and prescribe medication if necessary, particularly if your life feels in turmoil and/or your mood is low.

Many workplaces have a confidential employee support programme, these usually offer a set number of sessions face-to-face or by phone/online. Counsellors, psychotherapists, clinical psychologists and counselling

psychologists working privately are also available. There are different levels of training and expertise ranging from those offering basic counselling to those able to work with complex trauma (multiple traumatic experiences over a prolonged period).

Article by Dr Michael Paterson, Director, TMR Health Professionals.

Thanks go to the Workplace Health Leadership Group for allowing extracts from their 2019 Conference to be reproduced.



Michael Paterson speaking at



CONFERENCE

Managing
Workplace Health:
Fit for Purpose

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Dr Michael Paterson, Director, TMR Health Professionals

Dr Michael Paterson is a Clinical Psychologist with particular expertise in assessing and treating traumatic stress in people from a range of backgrounds, including police and military.

A former police officer, Michael was medically retired from the RUC after being severely injured in a rocket attack on his police vehicle in 1981.

He later studied Psychology, and went on to achieve two doctoral degrees, one of which was in Clinical Psychology. During 2008 he was awarded an OBE for Services to Healthcare.

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