CORONAVIRUS TRAUMA DYNAMICS

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Threat to life
An acute risk from a highly contagious novel virus for which we have no pre-existing immunity, vaccine or treatment, spreading globally.

Lack of safety
A chronic threat to life in terms of real or perceived loss of safety foundations in our lives, such as loss of income, usual support services, confidence in the regular, easy and guaranteed access to food and resources, alongside constant messaging around threat and danger, the neurobiological consequences of isolation and thwarted access to secure attachment relationships.

Powerlessness
A belief, manifested in the nervous system red zone response of freeze, that there is nothing that we can actively do to meet this challenge or protect ourselves from this threat. A loss of the sense of self as being competent and capable: a loss of agency.

Disrupted social engagement system (disconnection)
Being cut-off from human support during a time of crisis or threat, e.g. self-isolation or social distancing. A withdrawal of normal support services, e.g. hairdresser, GP, therapist. Normally supportive people less available or similarly impacted, e.g. busy, on edge, unwell, irritable, stressed. Lack of touch, eye contact and usual cues for social bonding and confused signalling from being unable to see people’s faces properly if covered. Messages to avoid people when our instinct is to seek them out for support.

Disrupted nervous system (dysregulation)
Being pushed out of the green zone and front brain into a largely back-brain dominated response of amber or red.

- Amber: increased emotions (mobilisation) including fear, panic, anxiety, anger, irritation, catastrophising, restlessness
- Red: decreased emotions (immobilisation), including numbness, sense of unreality, denial, depression, apathy, lethargy, hopelessness, shame, despair.

Disrupted meaning-making (disintegration)
Traumatic events overwhelm the sense we make of the world and render useless our templates for life — we have an altered worldview and cannot integrate what is happening into a coherent narrative, to make meaning out of it. Our strategic, integrative, meaning-making front brain is hijacked by our instant, reactive, simplistic, survival-based back brain, and we move into a state of disintegration, losing a sense of coherence in past-present-future, left brain/right brain, body/mind, self/other etc. We veer away from an integrated approach to the world into chaos or rigidity.

HOW TO AVOID TRAUMATISATION

Protecting
Assess the risk through accurate information and take the measures most appropriate to us personally to avoid infection, e.g. social distancing, shielding, hand and respiratory hygiene, improving immunity through sleep and diet.

Planning
Work hard through soothing to re-establish ourselves back in the green zone where we can bring our front brains online to distinguish between real and perceived threat, and where we can plan strategically and then mobilise appropriate actions to re-establish safety or supplies. This might include adjusting budgets, collaborating with others to locate resources (e.g. shopping), redeploying existing skills into new income-generating opportunities, setting up online support networks etc. Focus on how we can make ourselves FEEL as safe as possible, including if necessary limiting input from news sources if the messaging is constantly based around danger.

Performing
Identify what can be controlled and what cannot, and start with something small each day and achieve it. List tiny, completable actions and then tick them off, e.g. getting up, getting washed, getting dressed, making the bed, cleaning a sink, cooking a meal, emptying a bin. Add a reward to each action in order to stimulate the dopamine/serotonin system.

Peopling
Implement where necessary physical distancing but not social distancing: increase contact with supportive others, e.g. via technologies. Remove additional pressures on the social engagement system by installing healthy boundaries with and in unhealthy relationships. Establish or identify a safe tribe and the most effective ways to develop mutual support, e.g. Zoom/FaceTime or outdoor walks. Increase self-care measures to mitigate the loss of care from others and from services. Consider how to proactively build relationships with others during this time. Use visualisations of safe people and safe spaces. Maintain an overall principle of thinking: how can we collaborate in the service of survival during this time, rather than coercing, competing, controlling or coping out?

Patterning
Identify the dominant pattern of response (up into amber, or down into red) and reframe as our best attempt at the time to survive. Express self-compassion and understanding that this is our nervous system’s attempt to survive threat, not a case of being melodramatic, reactionary, weak or pathetic. Use somatic resources to counter the up- or down-swing to come back into the green zone:

- From amber: e.g. slowing down breath, movements and thoughts; meditation or mindfulness practice; grounding exercises which focus on being present in the moment.
- From red: for example, movement of any kind; creating lists of small activities to do and achieve; listening to high-tempo music.

Processing
Talk to others, journal or write to process and make sense of what is going on: ask difficult questions and keep talking or writing until you begin to form a coherent sense about it all. Identify the story that you’re telling yourself about what is happening and what will happen in the future, and question it: where does this story come from? Who is telling this story? Is it the only story? Work continually to bring online the front brain and to think complexly, not simplistically, about what is happening. Consider multiple perspectives and consider what could be your response to the situation rather than a reaction to it (empowered versus powerless). Make flexible plans for the future that are based on things that can be controlled (e.g. self-study to increase skills) rather than things that can’t (e.g. a holiday, a specific job).

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