

## COMMENTARY

## COVID Pandemic: Answering the Trauma Questions

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The day I received my COVID vaccine, I must admit it was rather anticlimactic. In spite of that, I felt a definite sense of relief. Far more dramatic was 2 days prior, when my wife, Kathy, received her vaccine. I escorted her to the Health Department site at the appointed time. We were directed to the line for those who might have an allergic reaction. The line of cars moved steadily, and the firefighter giving shots was efficient. After a brief wait to monitor for side effects, we were free to drive away. She was okay.

For us, the vaccination campaign is finally getting underway. We are scheduled for our second vaccines. We can release the fear of dying because we will be more protected. As more people receive vaccinations, my sense of relief and hope that things get better will continue to grow. As with the many traumas that unfolded during my professional career, I will study how the pandemic has caused people to suffer and helped them to grow.

This article addresses the COVID pandemic through answering *five trauma questions* (Figley, 1989) that help people come to terms with critical life incidents and pave the way for the future: What happened? Why did it happen? Why did I behave the way I did then? Why am I behaving the way I am now? What will I do if something like this happens again? The questions are answered from the perspectives of the general population, with an emphasis on health-related subgroups.

**Politics and Pandemics. What Happened? Why?****General Population**

Our country has been in crisis for a year. The pandemic brought a new level of suffering to our already troubled political climate. Disruptions to social networks at home, work, and school pulled away an important protective factor at a time when that factor was needed for social well-being. We feared getting sick. We asked ourselves: Will our lives be changed forever? Will the debilitating impact on those who suffer from COVID eventually go away? Will we need to wear a mask next year? When will life go back to normal for us and our children/grandchildren?

National grief and mourning became a staple on the nightly newscasts, competing for the lead story against the latest political crisis that came to a head that day. At night, people pondered the ongoing, relentless questions about the future; the real life struggles to stay afloat; an election of a U.S. President during an extraordinarily divided nation, divided by politics, racial justice, and equity; and the breakdown of vaccine production and delivery. Americans experienced the cumulative stress of unrelenting bad news.

Everyone was a risk for debilitating consequences, as were the systems in which they functioned. Adaptive and maladaptive coping strategies emerged. Additional stressors were shouldered by those in the medical and mental health systems, which called for strong counterbalancing strategies.

**Trauma Practitioners**

As practitioners, we faced the fears of infection as we reassured our clients and colleagues. We were concerned about our work conditions, which had to be adapted due to the pandemic. Could we risk seeing clients face-to-face? Would virtual appointments provide the support the clients needed? We asked an additional question of ourselves: How do I best serve my clients when I'm facing the same situation(s) myself?

**Why Did I Behave the Way I Did Then? Why Am I Behaving the Way I Am Now?****Systemic Impact**

What best represents the full enormity of this pandemic are the variables that best describe what we are going through together: *Shared cumulative trauma, collective trauma, and systemic trauma* including *secondary trauma, vicarious trauma, and compassion fatigue*.

Who could have imagined how 2020 would turn out and the virus would spread? We wondered (if not worried) about death, dying, and surviving the pandemic. Will our lives be changed forever as a result of debilitating symptoms that take hold after being ill? Masks hid our smiles but not our widened eyes communicating our feelings rather loudly without a sound.

As the pandemic went into the summer, the times when families gather and catch up with members living near and far, gave way to the reality. The summer of 2020 would be like no other with its antisocial rules of social distancing, face coverings, and frequent

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hand washing. Missing time with loved ones and colleagues was the norm. Awkward meetings and lively Zoom calls connected us across time and space, sometimes with lots of laughter and relief. We found ways to cope, albeit often second best to the lives we knew before.

Shared trauma has received the least attention due in part to being the most recently introduced variable. Yet, it has emerged from the pandemic as one of the most important constructs in understanding the mental health consequences. Compassion fatigue, secondary trauma, and vicarious trauma have been the major mental health variables of interest throughout the pandemic. But another set of variables must be considered: Shared trauma and shared resilience and the publications that stipulate their incidence and prevalence.

As noted recently (Figley, 2021), the concept of shared trauma provides an important framework for practitioners' understanding of the consequences of their work with the traumatized. It was noted by Carol Tosone (2021), a colleague at New York University, in her new book that shared resilience is a desired outcome of her work with survivors. It is her focus as a trauma practitioner to enable her clients to experience the reward of trauma resilience.

The countervailing resilience-based set of variables are the positive events associated with the context of the traumatic ones. In addition to trauma survivors' bad outcomes there are also positive outcomes or a mixture of both. Survivors experience positive, rewarding experiences through the smiles, support, and help of others. This kindness and joy counterbalance the trauma. It is the magic of the experiences of human kindness, humor, playful play, empathy, kindness, social support, compassion for self and others, and some physical, temporal "space" to heal or simply to breath of air.

### What Will I Do If Something Like This Happens Again?

In years to come there will be journal articles that describe the COVID-related medical breakthroughs, innovative treatment approaches, and theories. Similarly, researchers in the field of psychological trauma/traumatology will examine the pandemic's effects on the general population, medical professionals and paraprofessionals, and practitioners. The findings will document how each sector adapted. Each drop of knowledge for a new, post-COVID time is another element of the future and of our history. The flood of new knowledge about our new world, published across the spectrum of journals, provide the additional directions we must take to address mental health seriously on par with medicine.

During this first year, both the clients and the practitioners are fellow survivors of the Pandemic. As fellow survivors, *both* client and patient are potentially more susceptible to trauma symptoms. Obviously, the blurring of professional and personal boundaries creates challenges for the practitioner, such as increased self-disclosure for both client and practitioner.

This pandemic, this *collective* trauma, is experienced at all levels—global, multinational, societal, community, interpersonal, and intrapsychic. And experienced at all levels like never before in more than a century. Among the benefit of experiencing a pandemic are the lessons learned. Like most academics, I have spent considerable time keeping track of the developments and have continued to publish and present my work.

The assessment and psychometric strategies not only take into account the clients and practitioners most at risk in working with fellow survivor. Additional factors also must be considered with an increased exposure to posttraumatic reactions and psychopathology.

Both practitioners and survivors are exposed to powerful and personal experiences they share together. Both try to cocreate their clinical experiences on a positive and productive note. What do practitioners regain from these sessions that are held up as a source of wisdom and inspiration? They are valuable lessons to be shared with fellow practitioners and students through publications, presentations, and their advice to students, interns, and the media, when appropriate.

### Retaining Our Compassion

Healthline published the results of interviews with experts in mental health and discussing how best to confront and manage pandemic-related compassion fatigue or more specifically, *retaining your compassion* during the pandemic. This is an important distinction that needs to be addressed for all of us: Confronting and managing the pandemic while retaining our compassion. The more compassion we dispense, the more we feel fatigued. Yet, it is necessary to counter with a sense of pride and joy of the work we do. As trauma practitioners we frequently find, through our work, reports about others' misery. Sometimes too much detail quickly turns into sadness at best. We all know "the drill" when our compassion for victims turns us into ones.

### Conclusion

These are the times that try our souls as they have in other eras. This essay is about learning from experiences and research findings from and through the pandemic. Only a fraction of the lessons is discussed here, of course. My efforts are clear as are my conclusions, I trust, for now. Like others I find I must pause and consider the questions we are left with at this point mid-pandemic.

I recall similar periods of introspection and addressing decades-old research questions with new insight and energy. Disasters and other collective trauma play out among those who survive them—each one different for those who survive them. Unlike those who immediately responded to disasters at the front in. I tend to follow up with interviews with survivors after they rebuild like I did in New Orleans following Hurricane Katrina when Kathy and I first move to New Orleans in 2008.

What I have concluded from my experiences in the Pandemic, beyond the sense of appreciation for my current and past students and colleagues at Tulane University, my family, and friends, is hope. I have found that throughout this pandemic, though it was challenging, dangerous, and full of doubt, I never lost hope. I found hope over and over everywhere I looked, including in the eyes of emergency medical workers and the people who cleaned up after them. We need everyone to step up and be part of the solution. Relief is on the way in 2021 but the pandemic continues and so does my hope.

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