

Grief, Trauma and COVID-19



**Support
After Suicide**

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Understanding the impact of COVID-19

Bereavement that is traumatic

The grief caused by suicide is often traumatic. Trauma means 'wound or damage'. A traumatic experience involved a wound or damage to our mental world that results in being unable to come to terms with it. As a result, we are put into a painful, altered state, but are unable to get beyond it, we keep remembering it and with all the distress and it damages our sense of safety and security about others and ourselves. In trauma we tend to have no choice about the way we respond.

Grief that is expected and understood is painful but gradually can be accepted and often involves comforting rituals. It is more familiar and can be called ordinary grief.

Grief that is traumatic cuts through the world that we knew it. We feel the sadness of grief along with anxiety, fear and distrust. It has a shattering effect on our world and it seems impossible to move on. It damages the assumptions and expectations which formed the basis of our confidence in ourselves and the world. We need to feel secure to be able to manage this process.

In grief, we cannot accept that our loved one is gone. There is a collision between the reality and what we want, with a painful realisation every time we think of them. The increased arousal with trauma, makes it more intense and therefore harder to accept the pain. Trauma activates fear and takes us back to the original distress.

The emotional impact of trauma creates a response which involves increased arousal, a surge of energy and over-activity in our minds and body. There is the constant recycling of the event or rumination in our minds.

There tends to be an oscillation between the trauma taking us back to the tragic event of the death and the grief which takes us back to the loss of the person and their place in our lives. alternating reactions take a long time to process. We need to track the arousal and work with it. It energises certain features that carry the

most painful parts i.e. a memory of police coming to the door or feelings of guilt, anger and betrayal. They are glued them into place in our conscious mind by the arousal.

To recover, we have to change the meaning. This happens when we make sense of it – my loved one is no longer here. Then the relationship with the loved one is changed – they are gone. Things making sense even though painful helps us to develop meaning; however, the meaning must be made not just in our heads but deep into our bones. The energy of increased arousal means things are pulled out of their context interrupting our ability to make meaning. When we start to talk about what happened we can create a channel for the energy to disperse and find a meaning.

The impact of COVID-19

Our frame of reference has to remain stable otherwise we cannot make meaning. The COVID-19 pandemic is disrupting our frames of reference – social, moral, legal etc. For example, Support After Suicide mobilises the social frame of reference i.e. a community and we can make sense of our experience by talking about it with others who have also lost a loved one to suicide.

Our relationship with a person builds a frame of reference, stable assumption and networks. Trauma ruins the frame of reference and recovery is difficult because the frame of reference is interrupted. COVID-19 is also disrupting our frames of reference and changing aspects of life we have always taken for granted. We need to feel secure otherwise our arousal is increased. We need our relationships and ways of being to remain stable yet with the pandemic this is not possible.

Threats

There are three threats from COVID-19 that have a disruptive effect on our frame of reference

1. **Illness** – The illness can be severe, people can die, so we are asked to take

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this very seriously. This creates a threat, which increases arousal. We have to initiate protective behaviours and change our routines e.g. wash hands for 20 seconds, use hand sanitizer, gloves, PPE.

2. **Isolation** - disruption of our social networks and routines increases our arousal. Some people take it seriously and others don't (perhaps they are not aroused enough to take it seriously). What is the impact of this? How does it affect our frames of reference? It will show up in people's emotions
3. **Consequences of isolation** – economic, occupational, financial, people losing jobs and this increases arousal, work-related disruption. This has a different form of threat and is highly arousing and goes into the future. Relationships affected. Physical symptoms, headaches etc.

Generic arousers

These are not initiated by threat but by disruption and keep the arousal elevated

1. **Novelty** – this means we have never dealt with this before therefore we cannot draw on past experience to know what to do and we don't have any routines. The novelty of COVID-19 is beginning to wear off.
2. **Uncertainty** – this means we don't have enough information to arrive at a clear understanding so it is difficult to make decisions. I do not know about the future.
3. **Change** – everything is changing all the time and this requires adaptation. I have lost my bearings

We need to keep recognising the arousal in the situation since this makes things difficult. Uncertainty evokes frustration, whilst anxiety makes us angry. When we are anxious, cannot see - like fog on a windowpane - and cannot make decisions. These all interfere with the work we need to do with grief and trauma.

Focusing on the meaning will help. Why are we doing what COVID-19 requires? To prevent the illness. But the more successful we are, the more it takes away the reason for doing it. We have to hold the whole reality of what is happening otherwise it no longer makes sense and we become frustrated and angry.

Different responses to the isolation

There are different responses to social isolation. There are those who are **introverts**, who focus on their own experience, go inside and like time for self. Then there are the **extroverts**, who like being with others, being active, talking and needing social connection. In stress, we go for comfort, security and control. Some people like isolation, but the longer it goes on it is possible the introverts become too isolated, going inside and becoming depressed whilst the extroverts get angry and frustrated and start climbing the walls.

Increased arousal narrows our focus onto the problem that is arousing us and therefore we tend to ignore other things, miss things or fail to recognise capacities and opportunities. We latch on to what others are doing wrong, i.e. the government, those not taking it seriously.

It is important to recognise your own skills and resources. What would you have used if you were free? How can you translate this into your restricted environment? There are different styles and ways of responding vary.

The consequences of isolation are that you may feel forgotten about, invisible, useless, not yourself, have lost your bearings, and your identity. Our identity is the idea I have about myself based on the activities I engage in with others and is often based on feedback from others. Damage to our identity is the consequence of trauma and grief and the work we need to do is to preserve it. People improve supports to identity through rituals and jokes. We can ask, what will help me confirm the sense of who I am?

What can we do to support making meaning of traumatic grief?

1. **Develop new rituals** – rituals and symbols speak to a deep part of us. Find new rituals, ceremonies, things to do, new symbols or make a shrine in your home if you cannot go to the cemetery. Improvise to create new frameworks and new rituals
2. **Become visible** – make connections with other people which reduces the threat to our identity.
3. **Create routine and structure** – be active. What can I do? What do I like doing? Work out how to do things then repeat them daily weekly monthly then the new routines can have a life of their own.
4. **Adjust networks** – convene networks, reach out and create new networks. i.e. Facebook, telephone etc. Reach out and do things for people and ask people to do things for you.
5. **Hold the time frame** - time is a construct. Make dates, plans for the future. Keep a track of time and mark a potential date when it might end.
6. **Share your frustrations with others** – talk to others who may feel the same; keep working at understandings, compare situations and ideas with other people.
7. **Find common ground** – reduce the sense that what is being felt is unique, realise I am not alone; have real exchanges with people.
8. **Hold on to your identity** – emphasise what gives us fulfilment and meaning; rituals and jokes can help us hold on to who we are.
9. **Make a plan for self-care** – let others know what you need and they can support you in it.

Be active, reach out.

From a presentation given to Support After Suicide on 16 April 2020.