

## Living Alongside the Coronavirus

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The trip out of Eastern Europe took three flights through four airports over 22 hours. Arriving in Kiev, Ukraine from Chisinau, Moldova, I was greeted by wandering crowds, long lines, and lots of security forces with dogs trying to manage the flow. The Coronavirus had not even been around long enough to be officially named Covid-19. People were flooding out of Asia and turning transfer points like Kiev into holding tanks for very scared people. Frightened, harried, and perplexed, most wore masks and carried their own food and water with them. Some groups attempted to push through the lines and were quickly directed to stay put. You could feel the fear like electricity before a thunderstorm. Most of the children were crying.

Frankfurt, Germany was worse. The aircraft pulled up to the gate but the gangways did not extend. Instead, flight line employees circled the plane with yellow tape while the pilot announced everyone would be disembarking from the rear of the aircraft. Down the stairs we went and were met by police who checked passports for points of origin east of Kiev and healthcare workers screened passengers. Some people were escorted away while the rest of us were put on buses. Most people were left in the dark regarding their questions and none of us knew where we were being taken. Uncertainty, doubt, and disbelief this could be happening was angrily expressed in multiple languages which nobody needed to understand because attitudes were obvious. As it turns out, we were bussed around the outside of the terminals to a central collection point (most likely to prevent us from interacting with the crowds inside as much as possible). The lack of

information coupled with uncertainty and suspicion we were being mistreated produced significant anxiety in the buses on the way to wherever we were going.

The large hall we were placed in was filled wall-to-wall with people shoving and pushing, trying to get to the few security checkpoints for processing to our next flights. Noisy, hot, and angry, the crowd was admonished repeatedly to settle down and get back in line. Angry faces reluctantly lined up only to quickly become a pushing shoving mass all over again. Snippets of conversation while we all waited included questions about who you knew, where you were from, and had you been exposed. Worse, did you know someone who succumbed to the disease? People moved away from anyone with an answer that made them feel unsafe. Now, many hours into the journey no matter where it started for anyone, stress was beginning to show.

Our flight to Los Angeles was filled to capacity with over 200 people, many I recognized as having shared the flight out of Kiev to Frankfurt. When I found my seat, the gentleman next to me was feverishly wiping down the hard surfaces of his seat, tray table, and back of the seat in front of him. He wore a mask, and leaning away from me, settled into a position looking out the window and studiously ignored me for the next ten hours. A large man across the aisle and three seats behind me wheezed, coughed, sneezed, and blew his nose for all ten hours without much care to cover up. He annoyed everyone around him and there were actual calls to toss him off the plane. I am not sure they were joking.

Trauma can be classified in three ways.<sup>1</sup> Trauma 1 (also called primary trauma) consists of a short term unexpected traumatic event or cluster of traumatic events. This includes sudden surprising devastating events, dangerous overwhelming events with or without physical personal injury and of limited duration. Restraining people using snarling, barking dogs in Kiev; the yelling, shoving, and angry outbursts in the overheated hall in Frankfurt; news of a loved one passing due to the Coronavirus; rough treatment at the security check points all could be examples of Trauma 1.

Trauma 2 (secondary trauma) consists of sustained and repeated ordeal stressors; a persistent unrelenting level of stress. This includes repeated or chronic and anticipated traumas, ongoing physical or sexual abuse, sustained presence in a combat zone/actual combat; unrelieved caregiving for a disabled loved one, or first-responder stress fatigue dealing with the wounded or killed in the wake of mass violence and disasters. This form of trauma is more difficult to identify because the stressors may not manifest in symptomatic behavior but will result in characterological and interpersonal problems. Trauma 2 can continue beyond the remission of Trauma 1 and trigger repeated Trauma 1 experiences when trauma is experienced again. The sustained difficult experiences accompanied by uncertainty, fear, and perceived danger or risk to life continuously experienced over a long period of time by these children and adults all could be examples of Trauma 2.

Vicarious Trauma occurs when family members, especially children, loved ones, or close friends are affected by the impact of trauma they witness in a Trauma 1 or 2 victim. Vicarious trauma

can produce PTSD vicariously in others. Children are the most often overlooked population when it comes to Vicarious Trauma. Mothers come next. Grief incurred by the death of a child can be a source of both direct and vicarious trauma. We describe a wife who has lost her husband as a widow, a husband who has lost his wife as a widower, and a child who has lost their parents as an orphan. But there is no word to describe a parent who has lost a child. Sometimes the loss of a child can result in a condition of profound grief (unresolved grief over an extended period of time) which can produce PTSD in the mourning individual(s). Children throughout this trip were profoundly exposed to frightening experiences in the manner in which their parents and others were acting, to say nothing of the bewildering efforts of their parents to shield them from possible infection from an invisible deadly enemy.

The earliest indication of this collateral stress injury to children and adults came, of course, from the Chinese.<sup>2</sup> “A survey by the Chinese Psychology Society published by the state media last week found that of 18,000 people tested for anxiety related to the coronavirus outbreak, 42.6% registered a positive response. Of 5,000 people evaluated for post-traumatic stress disorder (PTSD), 21.5% has obvious symptoms.”<sup>3</sup> At the moment, most health agencies say there is little that can be done to prevent the somatic disorders, depression, and anxiety that are uniquely tied to the spread of this disease. The Global Health Security Agency describes their vision: “Our vision is a world safe and secure from global health threats posed by infectious diseases—where we can prevent or mitigate the impact of naturally occurring outbreaks and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks when they occur, and employ an interconnected global network that can respond effectively to limit the

spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact.”<sup>4</sup> Unfortunately, these goals will probably never be accomplished, “Without explicit attention to existing health inequalities and underlying social determinants of health, the Global Health Security Agenda is unlikely to succeed in its goals and objectives.”<sup>5</sup> Adding the rigors of global travel to the complexity of ending the outbreak of Coronavirus multiples the possibility of co-morbid conditions needing treatment.

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers practical advice for coping with stress during infectious disease outbreaks.<sup>6</sup>

- “Keep things in perspective: Set limits on how much time you spend reading or watching news about the outbreak. You will want to stay up to date on news of the outbreak, particularly if you have loved ones in places where many people have gotten sick. But make sure to take time away from the news to focus on things in your life that are going well and that you can control.”
- “Get the facts: Find people and resources you can depend on for accurate health information. Learn from them about the outbreak and how you can protect yourself against illness, if you are at risk. You may turn to your family doctor, a state or local health department, U.S. government agencies, or an international organization.”
- “Keep yourself healthy: Eat healthy foods, and drink water. Avoid excessive amounts of caffeine and alcohol. Do not use tobacco or illegal drugs. Get enough sleep and rest. Get physical exercise.”

Maintaining your health will increase your resilience to disease and specially to stress fatigue. The key is good nutrition, exercise, and sleep along with meaningful relationships and meaning and purpose in work.<sup>7</sup> This is not a list to choose your favorite thing to focus on. It takes all of these things working together to create and sustain your resilience.

There are some important things to do that will limit and even prevent exposure to the Coronavirus. This virus is spread in large droplets by coughing and sneezing. Surfaces where these droplets land are infectious for about a week. This virus only infects your lungs through your nose or mouth via your hands or an infected cough or sneeze:

- Do not shake hands, hug cheek-to-cheek, or kiss anyone.
- Use disinfectant wipes to open doors, hold hand rails; use a knuckle to touch light switches, elevator buttons, or ATM key pads. Use disinfectant wipes supplied at grocery stores on the handles of your shopping basket or cart.
- Use a paper towel or disposable glove to hold the gas nozzle when pumping gas
- Use a mask to keep from touching yourself on your face.
- Wash your hands with soap for at least 20 seconds or more. Use hand sanitizer often that contains at least 60% alcohol, especially if you are involved in any activity that brings you into contact with people or places where other people have been. Take hand sanitizer with you in case you are not able to wash your hands.
- Cough or sneeze into a disposable tissue and discard. Use your elbow only if you have to, but keep in mind that your clothing will carry the virus and can be passed on for up to a week.

- As much as possible, put four to six feet between you and others in conversation with you in case the virus may become airborne.
- Stay optimistic! Realize how important a positive outlook on life is to your overall health. Do not allow fear to shape your thinking. Fear produces regressive self-protective decisions, while judicious confidence and common sense allows you to lean into whatever comes your way taking initiative instead of only reacting.

Anticipate that the Coronavirus will be with us for a while, that it may be alongside us throughout our day in ways we do not understand or see. Keep in mind that this virus is spread by touch, it has to touch us, and then it has to be conveyed to our lungs. Live like it is alongside all the time.

#### References

<sup>1</sup> Jernigan, J. The Well-Being and Mental Health Spectrum Instructor Guide. Sana Initiative. 2019, Trauma: 32-36.

<sup>2</sup> Kirton D. Chinese Public Dial in for Support as Coronavirus Takes Mental Toll. *Medscape* 925213, Feb 14, 2020.

<sup>3</sup> Ibid.

<sup>4</sup> US Department of Health and Human Services. Global Health Security: Vision and Overarching Target. <http://www.globalhealth.gov/global-health-topics/global-health-security/Overarching%20Target.pdf> .

<sup>5</sup> Quinn S.C., Kumar S. Health Inequalities and Infectious Disease Epidemics: A Challenge for Global Health Security. *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, 2014; 12(5): 263–273.

<sup>6</sup> SAMSHA, Coping with Stress During Infectious Disease Outbreaks. *HHS Publication*, No. SMA14-4885, 2014.

<sup>7</sup> Jernigan J. Bringing New Light Into the Darkness: Secrets of Sustained Resilience. *Keynote Address*, Montana Department of Health and Social Services, Feb 9, 2018.

#### About the Author

Jeff Jernigan, PhD, BCPPC, FAIS is a board certified mental health professional known for influencing change in people and organizations by capitalizing on growth and change through leadership selection and development. Jeff currently serves Stanton Chase Pacific as the regional Life-Science and Healthcare Practice Leader for retained executive search, and is the national subject matter expert for psychometric and psychological client support services. A lifetime focus on humanitarian service is reflected in Jeff's role as the Chief Executive Officer and co-founder, with his wife Nancy, for the Hidden Value Group, an organization bringing healing, health, and hope to the world in the wake of mass disaster and violence through healthcare, education, and leadership development. They have completed more than 300 projects in 25 countries over the last 27 years. Jeff currently serves as a Subject Matter Expert, Master Teacher, Research Mentor, or Fellow in the following professional organizations:

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