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Op-Ed: Re-Entry Anxiety in the Pandemic Aftermath

— Healthcare professionals can help their patients -- and themselves -- recover from the trauma

by Deborah Serani, PsyD

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Trauma is an event that overwhelms the mind, body, and soul. Traumatic events can result from natural disasters, wars, accidents, sexual assaults, and abusive experiences, just to name a few. COVID-19 is a traumatic event, a seismic global crisis that continues to shake the core of our safety and wellbeing. COVID-19 is categorized as a *mass trauma*, whereby many people experienced the same traumatic event.

There are three stages individuals move through when in recovery from trauma: establishing safety, remembrance and mourning, and reconnection. Understanding these phases can help medical professionals provide patients the care they need.

Safety

The first goal is to establish *safety*. This stage was attempted during the onset of COVID-19, with experts recommending the use of PPE, social distancing, education about contagion and hygiene – and mandatory lockdowns around the world.

While many may have been able to establish a sense of safety and security by putting into action effective routines for physical and emotional self-care, others around the world – and even in our own country – did not have access to PPE, adequate healthcare, food, water, and other essentials for weeks at a time. Furthermore, misinformation about COVID-19, how to test for it, treat it, and live with its threatening presence was a convoluted mess of politics, science, power, and money. Broadcasted death rates and sensational media showed the gory overflow from COVID-19 day after day after day, undermining any sense of security for the general public. This media blitz also re-traumatized children and adults who were already experiencing acute and post traumatic disorders from COVID-19.

In my opinion, safety and security were not fully experienced by all people during the pandemic. In fact, I'd argue that research will show us the lingering physical and psychological fallout of not collectively achieving this vital stage of recovery for decades to come. And to this end, healthcare professionals will need to be aware that many of their patients will struggle with re-entry post pandemic. Fear, distress, mistrust, depression, and anxiety in social and public places will likely be noted and reported. Also, worries about reinfection despite being vaccinated, exposure to other illnesses, death, and future disasters may increase absenteeism, social avoidance, and self-imposed isolation.

Remembrance and Mourning

The second task of recovery is *remembrance and mourning*. This stage is where we make sense of the trauma and how it has changed our lives. We mourn the *old life* before the disaster and try to create meaning for the *new normal* to come. COVID-19 challenges many individuals to remember and mourn, because there has been so very much loss. Death and long-haul illnesses were not the only losses mourned from this pandemic. Other *ambiguous losses* like employment, school, graduations, weddings, financial security, social connection, human touch, and freedom to move about in the world. COVID-19 also has shaken our *assumptive world* – the set of core beliefs that make us feel safe and hopeful in daily life.

This second stage in trauma recovery is about moving from helplessness to hopefulness. And for many, moving into a post pandemic world will be shadowed by significant insecurity and despair. Health professionals need to be aware that even the most resilient of people may have had their strength tested. And that vulnerable patients may emerge post-pandemic with anticipatory anxiety and generalized worries for a while to come.

Reconnection

Anytime you experience a traumatic event, your return to the everyday world after healing is called *re-entry*. This stage is often called *reconnection*, where you bond with others again. While some people can shift from a traumatic event with moderate ease, there will be many who experience *re-entry anxiety* – where the adjustment to the new-normal causes anxiety, insecurity, depression, and perhaps even re-traumatization. Health professionals should realize that a certain amount of re-entry anxiety after a traumatic event is expected – and even healthy. Being vigilant about COVID-19 can help others

engage in appropriate preventive behaviors and exercise needed caution.

However, it may not just be a re-entry issue if the following are persistent or worsen over the course of two weeks or more: sleep disturbances, eating difficulties, intrusive thoughts, worries, preoccupation with safety, recurring fears about death, diminished school or work performance, irritability, apathy, sadness flashbacks of memories or traumatic experiences. A more formal clinical mental health disorder may be operating.

Five Trauma Informed Tips for Health Professionals

- Make sure you communicate to your patients that you'll continue to make them safe during post-pandemic re-entry
- Continue to use CDC recommended preventative measures and make sure its routine is practiced by staff – and accepted by all patients
- Recognize that patients may benefit from talking about their lockdown experiences and their post-pandemic worries
- Follow up on patients that cancel appointments or avoid making their regularly scheduled visits to ensure they're not experiencing re-entry anxiety
- Finally, be mindful about your own personal experiences with re-entry. Reflect on how you've moved through the states of trauma recovery during COVID-19, and, if necessary, revisit them again with more trauma informed mindfulness.

Deborah Serani, PsyD, is a practicing psychologist and professor at Adelphi University in Garden City, New York.

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