The psychological consequences of the Covid-19 pandemic on individuals, families, and communities are both dramatic and subtle. They accumulate more and more each day. There’s grief over what’s been lost, uncertainty about how to navigate daily pandemic life, and fears for the future. The resulting experiences of depression, anxiety, sadness, loneliness, relational conflicts, substance abuse, and violence increase daily, as do the number of deaths. But there are also resilient experiences as some people and families benefit from more time together and some spend more time being creative and caring for each other. Also unlike a symptom-based diagnosable mental illness or disorder, we are all accumulating some version of PTSE. These accumulating experiences are common and shared.

The APsaA Covid-19 Advisory Team has started referring to this constellation of responses and adaptations as PTSE (Pandemic Trauma and Stress Experience). By doing so we hope to indicate its profound scope and depth, its specificity, and its difference from PTSD with which it is frequently confused. Our description comes from our work with patients and students; from consulting with and supporting, and being supported by, colleagues; and our experiences as citizens also making their way through the pandemic.

What is PTSE?

• A set of expectable individual, family, and community reactions to the enduring global Covid-19 pandemic.

• A building up of internal emotional and interpersonal disruptions that result from having to adapt to our “neo-normal” way of life, one replete with uncertainties and dangers and lacking the freedom of life as it used to be.

• Internal conflicts between individual and public health requirements on the one hand and individual needs for community, contact, and familiar activities of daily life on the other.

What does PTSE look like?

It looks different in different people and different situations. It is occurring in individuals as well as communities. Many features reflect the harmful consequences of accumulating stress and trauma. However, there are also features that reflect resilience and positive adaptations.

• Individuals:
  • Fear for the future, weariness for the present, and grief for a lost past
  • Increased frustration and despair
• Increased withdrawal, isolation, and fear of others as a source of infection
• A grinding weariness and decreased attention to personal and public safety
• Loss of focus, both on specific tasks as well as general goals
• Increased mental mistakes, a kind of fuzzy thinking
• Hypervigilance to potential losses
• Realistic worries about finances
• Disruptions of normal patterns of behavior
• Closer family ties and reliance on friends
• Increased altruism, including worry about others

• Individuals with a positive test:
  • fear of dying alone
  • fear of infecting loved ones
  • fear of or adaptation to mental or physical long-term effects
  • loss of income
  • fear of being isolated and ostracized.

• Communities:
  • Increased fear, xenophobia, violence
  • Loss of financial and human resources
  • Overburdened infrastructure
  • Cultural disruptions
  • Increased volunteerism and community cohesion
  • Expanded entrepreneurial and creative activities
  • Growth in political and social engagement

**What to do about PTSE?**

• Cultivate and preserve generally positive experiences and relationships
• Identify your specific physical, emotional, and mental stressors caused by the pandemic.
• Seek ways to mitigate the effects of individually-specific stress
• Try to identify and then maximize sources of individual and collective resilience
• As always, seek help when needed and accept help when offered
• Be most mindful of the following core areas central to emotional and physical balance:
  • Medical
  • Physical
  • Mental/psychological
  • Spiritual
  • Community Resilience

Finally, take control over whatever you can do for yourself and the community to help end this pandemic, especially wear your mask and get the vaccine when it becomes available to you.