

WORDS BEYOND THE PANDEMIC: A HUNDRED-SIDED CRISIS

Coord.: José Reis
A collective work by CES

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Universidade de Coimbra



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TRAUMA

Luisa Sales

If trauma means a frightening, limiting experience triggered by an external, unexpected and intense event, likely to jeopardise one's own physical and/or psychological survival or that of others and to cause discontinuity or rupture in relation to previous beliefs and safety standards, then the COVID-19 pandemic has all the conditions to trigger trauma. We see it in its initial period (fear of the virus, invisible enemy with unknown mechanisms of action, danger of serious illness or death, confinement, loneliness, disintegration of one's previous life plans). We confirm it when the signs of its consequences – threats with regard to access to work, individual and collective economic survival, family functioning and support networks – are added. We are concerned with the uncertainty of the repercussions on education, of the rigid separation of age groups, of health service overload, of the unknown pathological consequences on infected individuals and on those who, because of delays in clinical care, see their pathologies aggravated. We remain anxiously alert to new outbreaks, poorer response, and greater suffering. In this context, a new epidemic will easily erupt namely the invasive memories, we call traumatic pathologies (unresolved grief, repressed guilt, unexplained fears or behaviour imprinted by previous generations) and which can disruptively jump out of Pandora's box where we stuff them away. We foresee an increase in traumatic suffering in individuals and communities.

The transformative power of traumatic events, as they impact on the path of individuals and societies, is well known. Trauma results from the interaction between specific events and concrete individuals, in a given socio-cultural context; the responses to overcome post-trauma, the internal strategies for (re)signification of the traumatic experience, and the necessary social support solutions bear the clear marks of the cultural matrix. The current pattern of trauma intervention is predominantly restrictive and based on the traditional clinical model, i.e., on intervention on victims rather than with the victims. It is time to expand the intervention. In a potentially traumatic context such as the current one, the way to act is rather through community-centred intervention(s) with flexible responses that take into account creative diversity, fomenting solidarity-driven information sharing, integrating the knowledge of local communities and technical knowledge centres, and promoting civic intervention, in a process of steady growth both for individuals and societies. This will ensure that the emotional response is improved, stress mechanisms are controlled, the immune response is stimulated, and intervening as the subject of one's own future becomes a real possibility. Spontaneously, such an attitude will begin to take shape – to be sure, the collective acts of solidarity witnessed during the lockdown in response to the COVID pandemic were also, themselves, spontaneous ways of preventing traumatic illness.