What do you think about the recent general overtly positive message presented by the government in the UK some of it could be misleading?

I think we talked about this question during the discussion. Just to add some further thoughts- the government is really under fire at the moment in their leadership role, including from the media and having to negotiate a path through intense scrutiny and also powerful projective processes- including a wish to provide certainty in an uncertain situation. Navigating this path takes wisdom and thought. It's very hard as we all know not to react under pressure. As mentioned in my talk communication between the leadership and the public is key and this includes the detail of the information upon which decisions are being made which allows the public to show creativity in addressing dilemmas and common sense based upon our own situations and in keeping with the framework of the guidelines. The level of anxiety- and reactions against this- are powerfully affecting us all as mentioned in the talk, with some struggling to return to more normal functioning as restrictions lift and others re-acting/ acting more perhaps in defiance of the reality. A helpful psychodynamic idea is the need for depressive position functioning in which losses are mourned and moved through and a degree of anxiety and uncertainty can be better tolerated in keeping with the reality. This can be helpfully modelled by the leadership of any organisation. In contrast defences against the reality of ongoing vulnerability despite lower risk can include a manic defence leading to actions in defiance and denial of ongoing vulnerability. The government has a very difficult task to both recover the country from lockdown- and the state of mind/ fight flight/" covid mindset" it engenders- whilst keeping realistic about the ongoing risks and importance of avoiding further spikes in transmission as much as possible. J O'R.

Can you say a bit more about splitting between staff that have had to take on very different workloads? how to have those discussions? I have noticed some animosity in the teams I work with.

I have heard this issue raised by a number of staff teams, troubled by how some staff e.g. those returning to work after working from home are facing hostility from colleagues more at the forefront of the pandemic in their work. It's a very difficult reality that different staff groups have been differently affected and this really has the potential to split teams. Some have had to face much more risk, loss and trauma in the workplace, not been adequately protected, become unwell and some have died. This is very difficult to come to terms with. There is fertile ground for projection and splitting when distress and anxiety levels are very high and a potential target for projections are staff groups who have had less exposure to the virus as they have been able to work at home/ in more protected settings and are vulnerable to projected feelings of inadequacy, failure, helplessness, uselessness etc. And it can be easier to react with anger and to find a target to blame than to feel helpless, frightened and vulnerable. However, we have all been powerfully affected and had losses to face and staff working from home or in lower risk areas have also spoken of intense guilt, shame, feelings of uselessness, loss and isolation. I think if staff have a framework to recognise and to see that these are splitting processes, and to address their widely ranging experiences, talking together as a group has the potential to be healing and for shared understanding/ recovery of previously good colleague relationships. On-line platforms for reflective practice mean that more staff are usually able to attend meetings and I've found it helpful to encourage dialogue between these groups so they develop a better understanding of the difficulties they have each struggled with. J O'R.
What containment entails for university students

Containment means distress, anxiety, fear and other emotions are expressed to another who can recognise them and process them, so they become understandable and available for thought. It means we are less likely to be led by our emotional states and better able to think. And to take action then from a position of thought. I’m not sure quite what the question refers to in terms of university students but young people have been very adversely affected by the restrictions and have considerable anxieties, uncertainties and losses to face. As with us all, emerging from the covid mindset and the importance of finding ourselves in a different position, mindful of risk but no longer needing to be so restricted and the importance of regaining activities under adapted conditions will be very important - living with a level of anxiety without the anxiety becoming the tail that wags the dog as it were. Hopefully this will allow some creative ways for learning and other really important aspects of university life to be recovered. Jo O’R

This question made me think of a specific cohort of medical, nursing and paramedics students who were pulled out of the final months of their degrees to support NHS at the first stages of the pandemic. They had an additional task of facing unplanned/premature transition from being a student to taking on a new role with demanding professional responsibilities. I imagine that they experienced a range of emotions in response to this, from excitement to anxiety, anger or even guilt about not being fully prepared. Their loss of the last few innocent months of university life might have therefore been experienced in a different way to other students and they are likely to have additional needs to those of other students. I imagine that realising that their chosen professions might put them at increased risk of dying which is likely to be particularly real for BAME students, might have placed them under additional stress and make their need for containment by the new organizations they joined greater. I am aware of some additional support as well as reflective spaces put in place for this cohort and I hope that they would not stop with the end of lockdown but continue for as long as they are needed. ME

Can you comment on recognising and embracing the shadow side of an organisational culture (my favourite phrases were ‘skiing off piste’; ‘tilting at windmills’ and ‘being hung out to dry’. These phrases were better remembered than the Trust values!!

Actually during the Covid19 phase most of us had a 70% reduction of referrals and were underemployed, with a threat of being furlonged due to our BAME risk or alternatively had the threat of being redeployed hanging over us. I wondered if this scenario has reactivated the shadow culture without managers being able to deal with it, due to social distancing limiting ‘corridor conversations becomes reactivated. J O’R

I think the covid crisis has shed light on a number of societal and institutional injustices and cultural practices which really need to be addressed. Importantly BAME colleagues and patients have been disproportionately affected in a number of ways as you say- and pre-existing splits, prejudices and blind spots have been exposed and potentially widened. All crises are also opportunities to address and to change areas which have been neglected -our collective shadow as Jung would have called it. One aspect of the pandemic is that it has highlighted aspects of this shadow and destructive aspects of man’s activities in a wide range of ways including prejudice, our relationship with the environment and wildlife, patriarchal power structures, cracks in organisational functioning, failures of leadership, fake news and denial, economic and social inequality, attitude to both the young and the elderly- the list goes on. It is also an opportunity to re-activate debate and institute changes if we are able to use the potential to look at ourselves and our ways of being and relating and to learn- which will also need inspired leadership and international cooperation. Jo O’R
How about trauma in politically unstable countries and conflicts, does the trauma differ?

Cultural issues are extremely important to recognize and work with in trauma and it is always vital to acknowledge that we may need to explore these in understanding the impact of potentially traumatic events on others. Having said that, what makes an experience traumatic is uniquely individual – it depends on that event occurring at that moment to that individual with their particular background and history. So, we always need to discover and try to explore what the impact of this happening to them is and not presume that we know already. Jo S

I have just noted all 4 presenters are white ladies, is that the gender and ethnicity proportion for people working with trauma… can they understand cultural issues?

I am not sure I have those figures, but it is a very good point. I think there is a lot more work to be done to get real diversity in psychotherapy. And as I said above, I think it is vital we work at trying to understand and learn about different cultural issues – to be curious, open and willing to learn is a necessary stance in this field. Jo S

Yoga information

Just wanted to say thank you – that is a helpful link to know about. We run a trauma yoga group as part of our trauma service. It is a growing evidence base that demonstrates yoga is a good adjunct treatment with trauma therapies. Jo S

Media question

Thank you. You may have noticed I did put a point in one of my slides about the impact of the media as a potentially re-traumatising aspect but due to constraints of time did not go into details. You are right that it is potentially very problematic as it keeps re-activating the fight / flight / freeze response. Jo S

Going back to normal life and hope

I would have wanted to say more about hope / resilience / protective factors if there had been time. I was not wanting to suggest it is only traumatic – there is an enormous amount of creativity, positive change and perhaps even post-traumatic growth that has occurred and continues to do so. And yes change happens all the time and we grow and develop from it. Jo S

BAME - ? additional anxieties

I wouldn’t presume anyone has the same anxieties and I think you are right to suggest – as I think you are – that in this crisis BAME may have additional concerns due to the growing evidence that they are more at risk from the virus. I think it will be vital to learn from the research to understand more about this risk and to address this. Jo S

Dr Jo Stubley, we have submitted an eCPD module called ‘introduction to Trauma Informed Care’ (see attached submission); comments / suggestions much appreciated.

So, it was nice to see similar areas covered by you. In terms of SACE’s directly providing poor physical health outcomes (reflected in shorter Telomere lengths), I wonder if Angiotensin II excess during the Covid19 infection could enhance reactive oxidative species and inflammation, due to loss of SACE2 proteins due to the spike protein getting attached to them. Angiotensin II appears to be a central molecule determining length of life via atherogenesis, increased oxidative stress and
mitochondrial dysfunction. Don’t know if Angiotensin II gets into the nucleus but will find out!

Thank you for your feedback and for attaching the eCPD module. I am not aware of any studies that are looking specifically at Angiotensin II but would be very interested in what you find out. I have had a brief look through the module, and I think it is very good. It is really important that we all learn more about the impact of trauma and ways to work with it.

For someone like me who had Covid and admitted to ITU how do I support my family?

I am sorry to hear you have had that experience and I do hope you are recovering well. I can imagine it was a very frightening time for you and your family and it will probably take some time for all of you to be able to find what best helps you all. I think the quote from Judith Herman makes a lot of sense to me – we need to be able to share with others what has happened in order to find meaning. There is also good evidence that having support from family and friends after a difficult experience is a strong protective factor in terms of being able to move on. So being there for each other, finding time to talk when it feels right, finding activities and pastimes that bring joy and hope and acknowledging gratitude are all important ways to support each other.

Jo S

There might be some experiences relating to hospitalisation that are difficult to share with people close to us because of the fear of causing them distress. As doctors, we can sometimes struggle with them for too long, believing that we should be able to digest and manage them by ourselves. If they don’t ease up with time, we recommend reaching out for professional help. Therapist’s support at the right time is likely to help resolve those issues sooner so we can return fully to our professional and personal roles. There is a number of confidential self-referral services for doctors which offer timely interventions that can be approached in those circumstances.

Risk

I agree that risk is difficult to quantify and has to be balanced against protective factors. When we are talking about risk it is partly to ensure that those who are potentially more vulnerable can get access to support and interventions that would hopefully reduce that risk.

Jo S

Hello regarding gardening/horticulture, can it be a good media for people who have experienced trauma to EXPRESS their feelings like the way they do in art therapy or storytelling therapy?

Yes it can be a form of self-expression and the physical work can help release negative emotions. The creativity in gardening is partly human and partly the power of the natural growth force. This makes it a more accessible form of creativity for some people.

S S-S

Not a question, just a comment on how sad it was to lose the grounds of the old mental hospitals, which were often very carefully planted with trees and shrubs. Not to mention the farms which were attached to the hospitals. I am sure it helped patients’ recovery to be able to walk outside in nature or work with living plants and animals.

The model of Green Care draws on this but with difference that it is community based and often with an emphasis on sustainability. Unfortunately access to programmes like this including social prescribing schemes is variable around the country.

S S-S
What's the role of oxytocin in reducing stress? I understand being kind generally increases oxytocin level and positively enhances stress management.

Broadly speaking oxytocin reduces the amygdala's response to fear stimuli. Although in some situations it can have the opposite effect. Part of the stress relieving and calming effect you refer to is likely to arise through release of endorphins. S S-S

How do we connect to nature living in an urban society during restrictions on going out of the house?

It is difficult. Introducing houseplants and window boxes can help to create a connection to nature but lockdown was extremely hard for people without a garden or access to a park nearby. Low income neighbourhoods are much more likely to suffer from lack of access to green space. This is a largely unrecognised aspect of social deprivation that the pandemic has highlighted. S S-S