Stress, uncertainty and isolation are common pandemic experiences. But is it trauma?

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MARY LOUISE KELLY, HOST:

Back at the start of 2020, two years ago, Julie Hogan was on the list for a kidney transplant. And that February, she got the call. There was a donor.

JULIE HOGAN: I remember standing at my sink and thinking, what about this virus? Like, is this going to be a problem?

KELLY: But it was a rare opportunity that wasn't going to come around again. She said yes to the transplant.

HOGAN: And the day I was discharged was the day the country shut down.

KELLY: She is thankful for the transplant, but it left Julie severely immunocompromised. Even now, fully vaccinated and boosted, she and her husband and college-age daughter all wear masks at home. They have to be extremely careful about who they see, what they do.

HOGAN: We're trying to control for everything, and it's, you know, kind of impossible.

KELLY: Julie works from home. She rarely leaves the house, really only for lab tests. And when she does these days, it's incredibly stressful.

HOGAN: I'm so nervous. Like, my heart rate is through the roof when I'm out for anything. And I wonder, you know, like, if I'm ever able to go out safely again and be normal and, like, go into a store. Like, am I going to be feeling that forever?

KELLY: That kind of anxiety, viewing the world as unsafe, is often a symptom of trauma. But Julie is conflicted calling it that. It doesn't fit the definition of trauma that she knows. There's no violence, no explosion, no assault.

HOGAN: It seems hard to then say, well, this is really traumatic (laughter) because I have to stay home.

KELLY: But she says when she thinks about it, the past two years have felt traumatic, her sense of safety in the world completely upended.

HOGAN: It just feels hard to sort of accept that. And, you know, well, what do you do about this kind of trauma? I mean, what do I do?

KELLY: NPR's Kat Lonsdorf has been reporting on the pandemic and trauma. She'll take it from here.

KAT LONSDORF, BYLINE: The word trauma gets thrown around a lot these days, but generally speaking, trauma is an emotional response to a terrible event, usually an event that threatens your life or the life of someone near you and results in feelings of significant fear or helplessness. Think about that definition, and then think about this pandemic. Does it apply?

ROXANE COHEN SILVER: I have no difficulty calling this a trauma, personally.

LONSDORF: Roxane Cohen Silver is a professor of psychological science at the University of California Irvine. She's been studying collective trauma since the 1980s.

COHEN SILVER: Collective trauma is a stressful experience that is shared by many people.

LONSDORF: Think 9/11, a mass shooting, a natural disaster.

COHEN SILVER: The event happens. There's great tragedy, and people pick up the pieces of their lives.

LONSDORF: This pandemic, though - it's different. There isn't a singular event.

COHEN SILVER: This has been a slow-moving disaster with not even a clear start, certainly no obvious endpoint. And it has escalated in intensity over time. So it is very, very different.

LONSDORF: It makes it harder to categorize.

LANNY LANGSTROM: I was just a wreck. You know, I was an absolute wreck every minute of every day.

LONSDORF: Forty-two-year-old Lanny Langstrom lives in Utah with his family. The early months of the pandemic for him were really just an anxious blur.

LANGSTROM: I was desperately trying to stay away from, like, this thing that I thought was going to kill me at any second.

LONSDORF: He remembers worrying that if he died from COVID, his 6-year-old daughter might not remember him. He was so stressed out he eventually called a mental health hotline, and they suggested he seek therapy, something he'd never done before.

LANGSTROM: My therapist, pretty early on, actually, talked about my symptoms as being, like, actually like what trauma victims experience.

LONSDORF: Lanny was surprised.

LANGSTROM: When I think of trauma, you know, I more imagine, you know, one of these brave young men that go over to Afghanistan, and they're driving a Humvee, and it gets blown up.

LONSDORF: He says he almost felt guilty calling his experience in the pandemic, one where he has not gotten sick, traumatic.

LANGSTROM: Well, certainly, I'm not a warrior. You know, like (laughter), I'm not a soldier. But at this point, we've experienced, like, 800,000 people dying, you know?

LONSDORF: His therapist helped him realize that lots of people were reacting to the pandemic like he was.

ARTHUR EVANS: We absolutely are experiencing a mental health tsunami.

LONSDORF: Dr. Arthur Evans is CEO of the American Psychological Association. A survey by his organization found a significant increase in the demand for mental health treatment last year. That's on top of another big increase in 2020.

EVANS: And we expect that it will grow even more next year, so we haven't even crested this tsunami yet.

LONSDORF: Providers are stretched thin. Waitlists are growing. People are reaching out for a myriad of problems, he says, but anxiety, depression and other trauma-related disorders are at the top. Evans says he's all for talking about this pandemic in terms of trauma, especially because it can help destigmatize what so many people are experiencing.

EVANS: I think for a lot of people, the idea of having a mental health challenge is there's something wrong with me. And I think what the idea of trauma helps people to understand is that, no, this is something that is happening to me, and how I'm responding is a natural response.

LONSDORF: But experts are quick to point out that trauma research has shown that the mental health effects usually present later - months, sometimes years after an event. Tamar Rodney is an assistant professor at Johns Hopkins University School of Nursing and specializes in post-traumatic stress disorder, or PTSD. She says she's already seeing the signs in some of her patients - maybe not all the symptoms but some.

TAMAR RODNEY: But that doesn't mean that because it didn't hit clinical significance, we shouldn't be paying attention to it.

LONSDORF: She says right now, especially as the pandemic drags on, we need to be paying attention to the warning signs - irritability, trouble sleeping, drinking more than usual, fatigue, loss of joy.

RODNEY: We want to say, address the symptoms as they come. We do not need to get to full-blown depression or anxiety or PTSD before we deal with it.

LONSDORF: Dr. Evans agrees, especially because right now there just isn't enough treatment to go around.

EVANS: We can't treat our way out of this. The magnitude of the problem is too large.

LONSDORF: We've got to check in with ourselves, with friends, families, strangers. After nearly two years of being told to isolate, it's more important than ever to reach out. Kat Lonsdorf, NPR News.

KELLY: So many questions raised by that reporting, questions I want to put now to Dr. Bessel van der Kolk. He's a psychiatrist, neurologist and author. His book "The Body Keeps The Score" is all about the brain and the healing of trauma.

Now, this book published eight years ago, 2014. But last year, in the midst of the pandemic, it topped The New York Times bestseller list for months. It was one of the most sold books on Amazon last year. And I will tell you at my local library right now, there is a huge waitlist, which, for a challenging and technical account of trauma, seems to say something about how we might be feeling as a society.

Bessel van der Kolk, welcome.

BESSEL VAN DER KOLK: Hi - good to be here. Thank you.

KELLY: What do you make of the popularity of your book right now?

VAN DER KOLK: I'm astounded by it. It's a very difficult book to read.

KELLY: Wow. I mean, is it a stretch to say this may be something to do with how people are feeling in this moment, trying to figure out, is what I feel trauma? - and that, you know, maybe what one would hope would be an unusual and extraordinary experience, trauma, is not so unusual at the moment?

VAN DER KOLK: So let me first define PTSD. The preamble was this is an experience outside of the realm of usual human experience. And, boy, were we blind and dumb calling it like this because trauma is ubiquitous. And that's why I'm a little bit worried about everything being called a trauma because we need to be very precise because if we don't know what we're treating, we may give the wrong treatment.

KELLY: Yeah. Yeah.

VAN DER KOLK: So to call this thing a collective trauma - my reaction is, yeah, not for me.

KELLY: Not for you.

VAN DER KOLK: I'm settled in my life. I have friends. I'm involved in projects. I'm fine.

KELLY: Your argument would be that what most of us are experiencing in this pandemic is not trauma. Is it traumatic? I mean, you wouldn't argue with the idea that this is deeply affecting people.

VAN DER KOLK: It's deeply affecting all of us on a very important level. What do we miss? We miss understanding what the future will bring to us. A very important part of mental functioning is to know, oh, next week, we'll do that. I'll see you in a few weeks - and being able to have time in your life and a sculpture of your life. And that's gone. None of us can make plans for the future because we don't know what's going to happen. That is the difference.

And another important definition of trauma is that even after the threat is over, you continue to feel that threat. I'm not sure that's true for most of us.

KELLY: Is it possible we don't have a word for what this is, that we need a new word for what this is and how it is affecting us?

VAN DER KOLK: Yeah. That's really what I'm encouraging us to do - to really identify what is making us all feel like we're barely hanging on. Maybe the threat of COVID, maybe the isolation, not being able to feel safe with other people - that is so...

KELLY: Yeah.

VAN DER KOLK: ...Against our private nature. Our private nature is to hug people and to relax with other people and all these things that make you feel alive and safe. A lot of those elements are not there right now.

But it's much more than, actually, a traumatic event. Let's just deal with the memory of that event, and you'll feel much better. No. It is an ongoing stress, and we don't know who, when the stress is over, will have permanent effects and who won't.

KELLY: Yeah. It's a double whammy - isn't it? - the not knowing that this is ever going to end or when and that even the people who should bring us solace are a threat.

VAN DER KOLK: Exactly. It is very painful, and a lot of us are very upset a good amount of time. And that may express itself in our relationships with our partners, with our kids, with our parents as we are more irritable. But we are also more grateful for human contact.

KELLY: Yeah. Well, that prompts to where I think I would love to end with you, which is, what can we do as we are living through this and yet needing to heal and find our way to something resembling a healthy, normal life?

VAN DER KOLK: It's important to really do an inventory about how are you coping with the trauma. How has your life changed? What's been difficult for you? And, indeed, it's likely that people are drinking much more. They're drugging much more. They may become much more irritable. All these things may compound your life.

But a very core issue of recovery or dealing with trauma is moving together, dancing together, some sort of rhythmical engagement for the people around you. So hopefully you have a body with whom you go hiking and who's safe to be with. But you have to do something and feel that organism that you live in that is actually doing things and engaging with the world around it, and that's much more challenging for all of us.

KELLY: That is Bessel van der Kolk, founder and medical director of the Trauma Research Foundation in Massachusetts and the author of the book "The Body Keeps The Score." Dr. Van der Kolk, thank you.

VAN DER KOLK: Thank you very much.