

Dear Friend,

I hope this letter finds you healthy and well. I have sent you this paper in the hopes that it will help you better understand your experience of this pandemic and quarantine that we are all going through. This paper is long, so please take your time as you process it. My hope is that this information will better equip you to navigate these unfamiliar circumstances of the global pandemic and quarantine by helping you understand how your story may be activated during this time.

You are experiencing a trauma right now in real time. Our world is changing before our eyes, and in some ways those changes will be permanent. I want to encourage you to examine our current world circumstances through a “Story” lens, so that you can better understand yourself as well as the reactions of the people around you.

We are experiencing a global and national trauma, unprecedented in the last hundred years. As 9-11 changed the way we travel, this pandemic and subsequent quarantine will change the way we live for the near future. The next wave of this pandemic we are facing will be one of mental health worldwide.

New Traumas Reactivate Old Trauma

Present day traumas reactivate past unresolved traumas from our childhoods. We see this pattern repeatedly in localized trauma populations, such as after 9-11 in New York, and after Hurricane Katrina in the Gulf Coast. Feelings associated with past trauma mix and contaminate present day circumstances, generating strong reactions in people. In a world filled with technology and social media, those reactions can be shared widely, and instantaneously. Those opinions and reactions then invite further responses from a wider audience, often inviting conflict, division, and hostility. We are experiencing this already with angry exchanges online and in stores, as well as protests in front of government buildings.

As we examine the impact of this crisis on our mental health, we need to begin with an explanation for why older memories of trauma would be making their way to the surface now in people’s lives. At the risk of sounding too technical or psychological, we need to look for a moment at how memory functions. Remembering past traumatic memories during a current trauma is linked to a phenomenon called *State-dependent Memory* or *State-dependent Learning*. State-dependent memory is a process in which memory for past events is improved when a person is in the same physiological or psychological state as when the memory was initially formed. That means that it is easier to remember a happy memory when someone is feeling happy, and conversely, it is more likely to remember a sad memory when you already are feeling sad. If you were frightened a lot when you were growing up, and now today you are scared because of the virus and pandemic, those old memories are more likely to be remembered or even influence your mood unconsciously than they may have previously. This process is what we are describing when we say things like, “the smell of these cookies reminds

me of my grandmother and how she would fix cookies for us when we would visit after church on Sundays". State-dependent memory helps us understand then why our memories of past trauma may come flooding forward given this new environment of trauma, confusion, and fear.

I want to explore a variety of issues that we are all facing during this COVID- 19 season from a **Story-Informed perspective**, and some of the related mental health concerns we might expect to see in the future. We must look at people's current opinions, behaviors, and reactions to this crisis, through the filter of their own stories. Remember, there is always a story behind the response. This allows us to understand the reactions of those around us with greater compassion and respond in more thoughtful informed ways. You have at this time the opportunity to address deeper unresolved trauma issues when they are being so strongly activated. Past trauma is often most effectively addressed when it is reactivated, as uncomfortable as it is.

During this universal trauma, all of us are sharing a similar experience to varying degrees. At a time when there is so much that we are not doing, so much that we have all lost, I want to point out four things that we are all doing during this strange and unique pandemic season.

First, we are all reliving our own childhoods in some way right now. Crisis draws us back into our stories with a ferocity unlike anything else.

Second, we are all grieving, to differing degrees, but we are all grieving. The deeper the loss, the deeper the grief.

Third, we are all living a values clarification exercise in real time, both individually and culturally.

And finally, fourth, we are all being invited into understanding ourselves in a more meaningful way. This is an opportunity to develop a deeper and richer internal world.

Let's examine them in more detail one at a time.

First, and possibly most important, we are all reliving our own childhoods in some way right now, and often the worst parts of them. Old roles are reactivated, old feelings are resurfacing, and old defensive or coping behaviors are being employed. Crisis draws us back into our stories with a ferocity unlike anything else. We are all rehearsing old parts of our stories. If we can recognize and acknowledge that with humility, then we can bring our frontal lobes back online. Our consciousness can once again converse with our subconscious, to allow us to make healthier and less reactive choices.

There are a multitude of ways that we are being reactivated during this time of crisis and quarantine. I want to bullet point just some common areas that you are likely to see in yourself and others as we all try to cope with these unusual circumstances. Each of these areas deserve much more attention than I will be able to give them in this limited writing, but I hope they provide a place for you to start as you evaluate and process your responses. All of these are

areas to be aware of and attend to as we seek to navigate these difficult circumstances in the coming months and years. Remember, these represent only a sampling of the issues that are being reactivated in our stories. There are many more that are beyond the scope of this paper.

POWERLESSNESS: A primary characteristic of trauma is the sense of powerlessness or helplessness. Imposed circumstances of any type can thereby be enormously triggering. It rehearses a central element of an abusive or hurtful childhood. Something is happening to me that I can't control, and the absence of control leads to hurt, violation, and injury. Later in life, this fear of losing control is managed by avoiding circumstances where we would experience little or limited control. This can look like everything from always having to be the driver in the car, to fear of flying, rigid schedules and routines, to only working for ourselves so that we are not subjected to control by another.

The current unavoidable outbreak recreates those earlier abusive circumstances, imposing restrictions and limitations on us. That can feel scary and almost intolerable for many of us. Sometimes the difference between an enjoyable experience and what feels like torture, is as simple as choice. The difference between a *staycation* and a quarantine is choice. When our choice is removed, we can feel controlled as we did during childhood by abusers or even parents. An easy illustration of that principle can be found in the experience of being tickled as a child. When the child invites being tickled they can enjoy it, but when the tickling extends past their "No" or "Enough" it can begin to feel abusive. Our reactions to these current circumstances are colored by events and environments of the past where we also felt helpless or out of control. Where does this issue of control take you in your story? What other circumstances does it remind you of?

When we can connect those dots, it gives us the opportunity to further separate past events from present reactions, which simply put, is one of the primary goals of recovery and healing.

UNKNOWN: Another common element of childhood abuse, is that of being surprised. Due to the grooming process, a child frequently believes they are going to have one thing happen, only to discover that something else occurs. They may have entered a game of hide and seek, only to discover that the goal of the offender was to get them alone so they could be touched in uncomfortable ways. They feel betrayed and tricked. The ambush or *bait and switch* aspect of the grooming process can leave us with a suspicion of anything that occurs suddenly or surprises us. Something unexpected or unplanned then can immediately feel dangerous. *What condition will my alcoholic father come home in tonight?* As survivors of childhood abuse, we do not typically enjoy surprises for that reason. The unknown, lack of predictability, and inconsistencies have signaled danger in the past. COVID-19 occurred very quickly, as did the quarantine. The surprise of the events can leave us feeling anxious, unsettled, on edge and afraid of what is going to happen next. This parallels the sense in our childhoods of having been blindsided, betrayed and hurt. Those old feelings then mix with this current experience to amplify our responses of anxiety and fear.

LOSS OF STRUCTURE & ROUTINE: Trauma throws us off balance. We tend to either react or reenact our past experiences. A common reaction to the absence of structure in a chaotic and unpredictable environment growing up; is to create a rigid and structured life as an adult. For many that are having their stories reactivated, the current pandemic can feel very much like home. Routine and structure have often acted like guardrails, that have helped keep our lives safely in a manageable lane. With the loss of routine, caused by the pandemic disruption, we can feel unmoored from the safety that we worked so hard to create. That can be triggering, reminding us subconsciously of where we were hurt. When this structure or routine is removed, the result can feel disorienting in the least and devastating in the worst. We are all missing the “normal” of the life that we were living, and we may for some time to come. For those of us from chaotic or unpredictable childhood homes, instead of disruptive or inconvenient, it can feel dangerous and scary. Returning to some form of routine and structure is grounding and helpful. We can create new routines given our changing experience or return to previous structures that provided predictability for us in the past. Staying in our pajamas all day, dropping selfcare habits, eating poorly, staying up too late, sleeping in too long, can all contribute to depression and a sense of purposelessness. Selfcare is usually one of the first things we lose in a crisis. We need routine and structure for our mental health.

ANXIETY: Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder. This is the most accurate and common diagnosis for unresolved childhood trauma. Natural disasters including our current pandemic are filled with unknowns. Where did it come from? How did it spread? How dangerous is it? Will I get it? Who will die? Can I stay safe? How long will it last? When will we be back to normal? In our present pandemic, these are questions without quick or definitive answers. When communication about the virus is confusing, delayed, or conflicting from leadership or media, that only serves to exacerbate or amplify the existing anxiety. In previous research on the impact of quarantines, poor communication from organizations, agencies, and the government increases the negative impact of the experience in profound ways. This rehearses the chaos and unpredictability of our childhood environments, leading to exaggerated fears and anxiety. Normal anxiety for the moment blends with leftover childhood anxiety to create a generalized anxiety for some that is incapacitating.

POLARIZED OR BINARY THINKING: A common area of impact for childhood trauma is being developmentally delayed at a place of concrete thinking or what we often refer to as polarized or black and white thinking patterns. From this limited perspective, it is easy for us to catastrophize our situation leading to ever greater anxiety and depression. We have people around us make comments like “all is lost”, “everything I worked for is gone”, “it’s no use”, “I won’t wear a mask”, “I won’t take a vaccine”, “they can’t make me”, “they are taking away my freedom or rights”. Polarized thinking can leave people in extremes, feeling either hopeless or in denial as to what is happening in their world. When we can understand this as a trauma response influenced by past events, then we can work to find a more balanced, measured, and gray response. This opens the door for more hope, compassion, and optimism.

CHILDHOOD NEGLECT: For many of us, the primary form of our childhood trauma was neglect. We felt unseen, invisible, uncared for during our formative years, and as a result struggle with a sense of value and worth. The social distancing required to help contain the spread of a virus, can evoke similar feelings of growing up unseen and uncared for. Social distancing can activate old childhood feelings of isolation, not fitting in, feeling invisible, left out, set aside, disenfranchised, or even worthless. We can be left feeling like “nothing matters anymore”, “nothing seems to mean anything now.”

Studies have shown that wearing a mask in public can feel further isolating or depersonalizing for many people. It is my habit to smile at people in public. I noticed recently in the grocery store, that like usual I was smiling at people as I passed by, only to realize that they couldn't tell that I was smiling due to the mask that I was wearing. It was a sad realization of our present circumstance. This can feel familiar to childhood for many of us. Our current social isolation can activate times of childhood neglect and inattention by adult caregivers. We can struggle with the need to be seen and heard, attended to, and affirmed to feel worthwhile and valuable.

For children that learned to read the faces of their caregivers to evaluate their own safety, covering a face takes away a significant skill set we have used to determine the safety of other people. This leaves us feeling more at risk and unable to protect ourselves in public or social environments. That makes the world feel like a more dangerous place for us to navigate.

TRUST DEFICITS: Childhood trauma frequently impacts our ability to trust ourselves and others. When caregivers deny children's feelings, dictate reality, distort perceptions, and dismiss children's needs, it compromises our ability to trust ourselves and our perceptions of the world. As adults we can struggle with trusting our ability to interpret information, trust our decisions, have confidence in our opinions or even assess situations for danger or risk. This adds to a sense of anxiety and fear.

If we were violated or betrayed by people in authority or positions of power, we can have a deep mistrust of those in leadership. When people receive conflicting and confusing messages regarding risks of infection, where the infection came from, types of medical interventions, the probability and safety of vaccines, the numbers of infected, or when the quarantine will be lifted, that can remind clients of those previous betrayals by those in authority. This can activate old trust issues, which can lay the foundation for conspiracy theories, fear of government, distrust of leadership, and resistance to authority. These issues make it more difficult to respond to our national crisis with balance, social responsibility, and a strong moral compass.

PERFORMANCE-BASED WORTH: Many people grow up in environments where love and acceptance were conditioned on performance and achievement. This leaves behind a performance-based value system, where their worth is equated with their ability to contribute to those around them in some meaningful way. They can feel as though they must “earn their place at the table”. During a quarantine, when many are unable to work, issues of value and

worth arise. These feelings can be expressed in comments like, “If I am not contributing to those around me, what good am I?”, “If I can’t work, what am I going to do?” The loss of income associated with the loss of employment becomes secondary to the loss of personal value and worth. “If I’m not contributing or serving, what worth am I?” Quarantine and isolation can play havoc with our codependent behaviors. We can find ourselves constantly running errands for friends, customers, and family to engage in activity that feels like “giving”. This for some is an effort to feel needed and earn their place at the table.

SCARCITY: As children, we can experience neglect in a variety of ways. Regardless of the form, whether financial, emotional, or physical it can leave behind issues of scarcity in adulthood. We grow to fear being without anything we may want or need. Listening to news reports or visiting grocery stores and seeing empty shelves can activate these fears to unreasonable heights. The limitations of a quarantined environment can bring the experience of neglect into sharp focus. For those who grew up with little means physically or even emotionally, seeing empty shelves is very activating, leading to hoarding, extra supplies, and a general anxiety.

OVER & UNDER RESPONSIBILITY: Childhood trauma throws us off balance. We often under or overcompensate as a result. In the area of responsibility this can leave people with feelings of over responsibility for others around them, and under responsibility for themselves. This is a reenactment of the way that we were treated as children, being taught to monitor others for our own approval and safety, while being less sensitive to our own needs. When these lessons are brought into adulthood, people can take exaggerated responsibility for the health and care of those around them. In addition, due to a muted sensitivity to our own needs, it is easy for us to ignore fatigue, selfcare, and adequate safety precautions. All of this lays the foundation for future guilt.

GUILT: Guilt will be a mental health concern surfacing in a variety of forms as the virus continues to ravage our communities. People ask, “Did I do enough? Why did I have only a mild case and others died? Should I have stayed home more? Should I have gone out more to help? Did I act responsibly? Did I infect others?”

I recently read an article of a man who told a reporter, “I just killed my dad”, “I gave this to my Dad”. He was expressing his guilt over fears of having infected his Dad with the Coronavirus after a visit with him two weeks earlier. He went on to say, “I think about it every day. Could I have been more careful?”

For some, the guilt will be more immediate and for others it will be more delayed. Some may feel guilt associated with bringing the virus home to their families or infecting compromised people. News reports have shown family members in tears as they described infecting those within their families.

For others, guilt will be an issue that evolves after some of the panic of the current moment has subsided. Some may feel guilty about weathering the quarantine with privilege and ease, while others struggled. They had enough to eat while others went without. They were able to work

from home while others lost their jobs and livelihoods. Some will struggle with survivor's guilt due to the very fact that they didn't ever become infected or die.

FEELINGS IDENTIFICATION: During this pandemic, many are finding it difficult to identify or describe their emotional states. They may simply say that they are tired, exhausted, anxious, or blah. One of the things that makes it challenging for us to identify what we are feeling in times like these, is that our feelings get tangled up or contaminated subconsciously with feelings from our past. Feelings from the past associated with fear of the unknown, lack of predictability, gaslighting, confusion, chaos, fear of being hurt again, or fear of hurting others subconsciously mix with similar feelings from today. We can feel strong feelings of anxiety, and not understand why. Understanding what is being activated, and how it connects to our stories, can help us manage and regulate our emotional states now. Questions like; "Where does this take you in your story?", "When else have you felt like this?", "What does this remind you of growing up?" can help us make the connection between our past experiences and our present feelings. Those connections can reduce some of our anxiety, promote healing and further resolution. A valuable tool I would recommend, especially in this season, is Marc Alan Schelske's Untangled Heart Workbook. The workbook can help identify our current feelings, understand what they are attached to, and aid in regulating them. You can find copies on Marc Alan Schelske's website.

DEPRESSION: Many people feel overwhelmed by the impact of the pandemic and quarantine. People are reporting more free-floating or generalized anxiety, often not knowing where it is coming from or what it may be connected to. According to new Census Bureau data, one third of Americans meet the criteria for clinical anxiety or depression due to the pandemic. According to the study, 47.4% of adults age 18-29 showed signs of anxiety or depression. You are not alone if you are finding this time difficult.

Whether due to financial pressures, restrictions on activity, job loss, social isolation, or the death of family members, one can begin to feel as though life holds no more meaning for them. When people have been compromised by earlier childhood trauma, we know that they are at greater risk for depression later in life.

We know from research that the development and severity of PTSD is impacted by factors such as the level of direct exposure, duration of the trauma, intensity of the experience, resources of the person, and the attending community. One of the most mitigating factors contributing to a positive resolution of trauma, is the presence of a supportive recovery environment. For many of us, a significant point of injury is that no one intervened in our circumstances, leaving us feeling hopeless and unprotected. The pandemic can reactivate those old feelings of lack of intervention and protection, due to stay-at-home orders. The intactness and intervention of a surrounding community reminds us that they are not alone in our suffering. During a time of social distancing and separation, a primary resource for healing and health is removed, leaving people more vulnerable to feelings of depression.

COPING WITH TRAUMA

Not only do themes in our stories get reactivated as we have just discussed, but so do our means of coping with trauma. This plays out in two different ways for people with past trauma.

First, trauma by its very definition, is painful, and we don't like to experience pain. We don't like to think about it, remember it, or spend time alone with it. That is why we dissociate during trauma and avoid thinking about it afterwards (PTSD). A primary coping strategy for many then is avoidance. We find ways to hide from our past pain through various behaviors.

Given the unique nature of a pandemic, many of these avoidance coping skills have either been removed or are less available to people. The removal of these coping strategies can create even greater anxiety.

Second, old unhealthy and destructive forms of coping can resurface. We can be drawn back into self-destructive behaviors from our past that create harm not only for ourselves, but for those around us. We can see an escalation of behaviors that were either modeled in our homes growing up, or that we engaged in during earlier years.

What follows are just a few areas of impact we are already seeing as people struggle to cope with this new coronavirus reality.

LOSS OF DISTRACTIONS: One of the ways that people defend against their emotional pain of the past is through distraction. The distraction can come in the form of work, leisure, addictions, shopping, sports, hobbies, and substance abuse. Many of the common distractions normally available begin to disappear during a pandemic and subsequent quarantine. National sports are suspended or cancelled, stores are closed, we work from home, and even healthy opportunities to engage with nature are restricted. This leaves people with nowhere to turn or hide from their internal unresolved pain. Distractions that have been used to avoid buried feelings of hurt, sadness, and pain now have nowhere to hide. We are left to sit in our own skins, sometimes for the first time. For some this can feel almost intolerable.

Sitting in a quarantine with "nowhere to go" or "nothing to do" can also expose areas of under development in our lives. People can be so invested in narrow areas of their lives (work, activity, or even community service) that when these are no longer available, they can feel lost and purposeless. This time can reveal deficits in the development of a full and rich life. The absence or lack of interests, hobbies, pursuits, that round out our life experience.

ALCOHOL & SUBSTANCE ABUSE: Substance abuse frequently climbs during periods of crisis and stress. Alcohol has long been a place of numbing and hiding from childhood pain. As more pain is activated by current events, so the need to medicate the past pain increases as well. As a result, it is not just hand sanitizer and toilet paper that has been flying off the shelves, alcohol sales have skyrocketed in the past two months. "Sales are up 100 percent in grocery stores," according to sources within the liquor distribution industry. "The shelves are wiped

out. The stores literally get new loads of liquor every other day to replenish what's being hoarded and consumed."

"I think overall with the quarantine and the stressful situation we're in with the pandemic, people want relief from that," said Robert Mellin, Outpatient Services Director for Great Lakes Recovery Centers. "Anxiety is a negative emotion. People don't want to sit in anxiety. They want to feel better. So, alcohol is a quick solution. People are drinking more because they're stuck at home. People are drinking more because they're frightened."

The extreme worry and isolation sparked by the coronavirus pandemic is likely leading many people to increase their consumption of beer, wine and hard alcohol. A recent survey by the market research firm Nielsen reported off-premises sales of alcoholic beverages across the United States have grown 55 percent in the week ending March 21, said John Bodnovich, Executive Director of the American Beverage Licensees. Beer, cider, and flavored malt beverage sales were up 42%; wine sales 66%, and hard liquor sales 75%. Even more striking, online alcohol sales increased by 243% over the same period a year ago. For alcohol-delivery service Drizly, which advertises one-hour home delivery, the sales growth has been titanic. Three weeks ago, Drizly reported that new customers accounted for 41% of sales. Only a week later, the number of new customers was 1,000% higher than last year. Yes, one thousand!

Second, we are all grieving in this season, to differing degrees, but we are all grieving.

Trauma takes something away from us that we value; our freedom, our choice, our safety, our comfort, our opportunity. As individuals, a country, and the world, we are all grieving. This is an important filter to consider as we try to understand our responses and as we view the responses of people around us. When you understand that we are all in a grief response, then we are able to engage people with greater sensitivity and compassion. Let's take a closer look at the grief response in an effort to better understand what is happening within yourself and the people around you.

Our stories have a profound influence on how we process our grief. We all have losses or disappointments growing up. Whether our losses were common or traumatic, we still had to find a way to address them. We learn to grieve in childhood from our families and those around us. Those lessons are often translated into adulthood, affecting how we grieve as adults. Big people modeled grief processes for us. If grieving was modeled in healthy forms, then we may have learned to cry without embarrassment or shame. We would have learned to acknowledge our losses and the value they held for us. This would have taught us to feel the losses deeply resulting in resolution without regret or the need to return to them repeatedly. If what was modeled was unhealthy, then we may have learned to deny the loss, discount the significance, become angry and strike out at those around us, blame others, withdraw, push through, pretend it didn't hurt, or distract ourselves. This leaves the grief unresolved.

Those lessons then can create challenges for us as adults, when once again we are faced with disappointments or even further trauma, such as a pandemic. Our natural means of grieving, our designed manner for grieving, gets impaired. This leaves us with an impairment or inability to process additional hurts in the future. Grief then separates us from others, rather than bringing us together. Those who grieve well, live well. When we know how to grieve, we live with less fear. We can enter into life with greater freedom, risk, and vulnerability because we have confidence that we can come back from life's inevitable hurts and disappointments.

Grief is what we experience when we lose something of value to us. The COVID-19 pandemic has changed our world. There is the obvious loss of life as the virus sweeps across our country and the world. We watch the numbers on a ticker running in the background of news shows on TV recording the loss of life here and around the world. The numbers are tragic, sobering, and fearful. Even if those we love are spared, none of us are immune to the staggering reality of the lives being taken by the virus. The nightly news reminds us of those losing loved ones, who with tears express their pain publicly on television. Even if you don't experience the ultimate loss of life, we are all suffering losses to our way of life. People are losing jobs, routine, leisure activities, conveniences, vacations, finances, celebrations, resources, family contact, and freedoms.

Our culture is not comfortable or good at grieving. Our refusal to lose things, or "loss aversion", is almost part of American DNA. If we work hard, we believe that we can overcome anything and deserve to. This perspective fights against the natural grief process. "You can't take this away from me". We want our parks, restaurants, sports, and activities back. Those protesting the closure of the conveniences that we typically enjoy, illustrate our resistance to grieving. This resistance circumvents the grief process, delaying resolution and acceptance, and leads to other mental health issues. As Carl Jung said, "The foundation of all mental illness is the avoidance of legitimate suffering".

It is important to remember that few of us are at our best when we are grieving. Grief is disruptive, disorienting and often isolating. We experience a sense of existential loneliness in the midst of it. The greater the loss for each of us, the greater the grief. Grief is a time when we generally desire our community around us, when we need close supportive relationships. Due to the quarantine and social distancing, these supports are no longer available to us in the same way that they normally are during times of grief. This can leave us feeling even more isolated and alone.

The emotional experience of grief can be multifaceted. Grief demands much from us as we process it. In addition to loneliness, people often experience anxiety, panic, depression, anger, guilt, fear of the future, envy, and a yearning for the way things were before the loss. Processing the emotional experience of grief is exhausting. It drains our energy, interferes with our concentration, reduces our motivation, increases forgetfulness, and leaves us feeling helpless. (You may notice that you have experienced some of these yourself.)

The stress of grief can cause temporary flare-ups of past physical problems. Typical physical reactions to grief include increased or decreased appetite, depending on the individual. Some people “eat their feelings” (what has already been called gaining the COVID 19lbs) and others have no appetite at all. People describe the physical impact of grief as a “knot in my stomach”, “lump in my throat”, “dry mouth”, “tightness in their chest”, “shortness of breath”, “fatigue”, “sleeplessness”, and a “general achiness”. Many of these symptoms mimic the symptoms of the coronavirus, which may account for so many seeking tests only to discover that to their surprise, they are negative for the virus.

During a season of grief in my own life, I remember complaining to a colleague that I had bumped into door jams with my shoulder so often lately that it was bruised. I had misgauged the clearance needed to pass through the door over and over again. She kindly smiled and reminded me that clumsiness was also a characteristic of grieving and then cautioned me to stay off my roof or not clean out my gutters until the grief passed. Due to our internal distraction of grief, clumsiness is also associated with times of grief.

In addition to physical, emotional, and social areas of impact, grief leaves a mark on us spiritually as well. This needs to be faced openly and honestly. These can include anger at God for what is happening, avoidance of church, questioning theology, having doubts about your beliefs, and even struggling with the meaning of life. We can find ourselves frustrated with pat answers that don’t bring comfort or relief for us. Being told that “this is God’s will”, “God is testing us”, or just “take your pain to the cross” can feel hollow and even offensive. Those answers were not helpful to Job in the Old Testament as he suffered great losses, and they remain unhelpful to people today.

After the trauma has passed, people frequently find themselves asking “why?” The question “why” is an attempt to make sense of our experiences, to understand their meaning. We want to understand what is happening to us. You see this happening in the public forum today regarding the virus and quarantine. Why has this happened to us? Where did the virus come from? How did it get here? Why is it infecting some people and not others? These questions all attempt to address the “why”.

The question of “why” also serves another purpose for us. The question of “why” is an intellectual exercise. It allows us to avoid the more emotional “what” side of the equation. “Why” is often an avoidance of the “what”. It keeps us in our heads and allows us to try and escape our hearts. Healthy grieving invites us to embrace the “what happened”. Grief wants us to hold the sadness, to embrace the pain of it all. Life is less fearful when we know that we can navigate the deep waters of grief without being undone.

Many people are familiar with the five stages of grief by Elizabeth Kubler-Ross. As we examine what has been happening in our country through the lens of these stages, we gain greater understanding of the process that we are all engaged in. The stages are not linear, but rather reflect responses that people move in and out of during the process of grieving. Rather than

linear stages, think of the stages as ingredients in the stew we call grief. They make up the grief experience.

“There is no correct way or time to grieve. People often think of the stages as lasting weeks or months. They forget that the stages are responses to feelings that can last for minutes or hours as we flip in and out of one and then another. We do not enter and leave each individual stage in a linear fashion. We may feel one, then another, and back again to the first one. (On Grief and Grieving, Kubler-Ross)

When you look afresh at the five stages of grief (Denial, Anger, Bargaining, Depression, Acceptance), they are easy to identify in our culture’s response to the COVID-19 virus. People are in different stages at different times as we move through our processing of the tragedy and cost of this pandemic. It is easy to find evidence of the different stages in our daily news reporting. When we listen to clients struggle with taking in this new experience, we must listen with an understanding of the grief process. This enables us to help them understand what they are going through and offer compassion to themselves. Information and understanding are empowering and calming.

The role of denial began very early and took a variety of forms. “This is no different than the yearly flu” eventually evolved into “this can’t be happening to us!” Denial serves a purpose; it helps us cope with the shock of the situation and helps us pace our feelings of grief within tolerable limits. Like many of the stages, it is natural to visit, but a poor place to reside.

Anger often surfaces once you feel safe enough to know that you will probably survive whatever comes. At first, the fact that you lived through the loss can surprise you. The immediate danger feels as though it has passed. After the fear of contracting a virus that kills people begins to fade, there is more room to focus on the other feelings that you may be experiencing. When more feelings hit, anger is usually at the front of the line. Anger over the loss of a job, financial difficulties, or even the inconvenience of not being able to visit the beach or eat at your favorite restaurant. We have witnessed anger in the form of protests, anger at those wearing masks, anger at those who refuse to wear masks, imposed restrictions, our government both local and federal, and even at those closest to us. Anger is a necessary stage of the healing process but must be expressed in ways that don’t harm others around us.

Nearly every news report today has a segment dedicated to the “bargaining” stage of grief. How do we know if we are immune, when will a vaccine be available, if I wear a mask can I still get close to others, can we shorten the quarantine if we just _____? Can we still have national sports with no one in the stands? We are trying to negotiate ourselves out of this difficult situation through technology, medicine, ingenuity, and sheer willpower. “What if” is part of most conversations about the virus and the quarantine. Will life return to normal? Is this the new normal? Bargaining can be an important reprieve from the pain that occupies our grief. Even the protests demanding that we open up the country, are a form of bargaining.

Another stage or ingredient of grief is depression. Depression gets a bad rap. If you watch any television, you are familiar with the countless commercials suggesting that depression is something wrong with you. And kindly the pharmaceutical companies are willing to sell you the cure. Depression is too often seen as unnatural, a stage or condition to be fixed. The reality is that depression is in most cases something “right” with you. It is a feeling that alerts you to a condition or circumstance that needs your attention. It is a healthy and appropriate response to something hurtful or disappointing. In grief, depression is a way for nature to keep us protected by muting the nervous system so that we can adapt to something we feel is overwhelming. When a natural disaster befalls people, they are rightfully depressed. We consider this normal. If they were happy in the fact that they had lost their homes and livelihoods, we would consider that response to be abnormal. Situational depression is an important part of the grieving process. Support your clients in being sad over their losses during this season. If they are unable to do that work now, they will have it waiting for them sometime in the future.

And finally, acceptance is embracing the reality and permanence of the loss. We still don’t know what that is going to look like yet in this trauma. We will all have work to do adjusting to what this means for us in the future.

And third, we are all living a values clarification exercise in real time, both individually and culturally. Values clarification is a psychotherapy technique most associated with cognitive behavioral therapy that can help people increase their awareness of the values that they hold and how those values influence their decisions and behaviors. Clarification exercises generally present the person with imagined personal moral dilemmas aimed at helping them identify their priorities or values. Since value systems can be “partly or wholly unconscious” (Vyskocilova et al., 2015), values clarification is an informative and revealing exercise for both a client and their therapist. Once values are identified, people are invited to consider how those priorities impact their decision making and lifestyle choices. The values that we hold, influence the actions that we take. Value clarification exercises can expose what we really believe is most important to us, what is most “essential”. This is happening now across our country, and around the world.

As a nation, we are engaged in a real time, real life values clarification exercise, or moral dilemma. Our clients are wrestling with the moral dilemma as well. The answer to a dilemma, by definition, is inherently complicated, multifaceted and challenging. What the virus presents us with is no different. The clarification exercise that has been imposed upon us is revealing our values as a nation and individually. What do we hold most dear? Because values systems are individual and differ from person to person, and group to group, they hold the potential to widen the gap between socioeconomic groups, exacerbate racial divides, polarize our population, and distance family and friends.

This pandemic has presented us with several dilemmas, both personally and nationally. Let’s look at a few briefly.

Personally, we are making decisions about the information we believe regarding the virus, our news sources, about whether to work from home or office, whether to wear a mask or not, how important is social distancing, whose guidelines should we follow, where do I feel safe to go, and what will be my posture toward those with whom I disagree? All these decisions are influenced by a set of values that we hold, consciously or unconsciously. Often these value systems grow out of the environments that we were raised within. The current circumstances of the pandemic offer us the opportunity to identify, evaluate and clarify the values that we hold. This crisis illuminates what we truly believe in the most practical terms. This is helpful for all of us. By exploring our response to the pandemic and quarantine, we can help examine our values that we hold and where they come from. This often leads back once again to our stories and the early influences of childhood. People frequently react to or reenact the values they grew up with.

Nationally, one of the most overt or glaring examples of this values clarification experience, is the tension between the health and safety of ourselves and others, set against the economic impact and inconvenience of the quarantine. What are we going to protect? What is most important to us? What is our priority? Or even, how many deaths are an acceptable loss for the freedoms and conveniences that we enjoy? To borrow from the “invisible war” language that has already been used to describe the pandemic, what “collateral damage” are we willing to accept as a nation to go back to our “normal” lives?

Early into the spread of the virus we learned that the COVID 19 virus is not an equal opportunity killer. The data reflects that it targets the most vulnerable among us. Those most susceptible or at risk for complications and death associated with the virus are the elderly, infirm, physically compromised, economically disadvantaged, those with limited medical resources, and people of color. The moral dilemma this crisis introduces is; do those not included in the high-risk groups have a moral responsibility to the others? That is a values clarification exercise in real time!

We have just recently learned that 74% of those infected are between the ages of 18-64. They are often the “silent carriers” of the virus. We also know that 80% of the deaths are among those 65 and older. We also now understand that as high as 75% of those infected may be asymptomatic, spreading the virus without awareness. Those numbers contribute to the moral dilemma. What guides the decisions of the young, healthy, and less fearful as they relate to the vulnerable around them?

COVID-19 vulnerabilities however are not limited to age, additional vulnerabilities also exist along racial, socioeconomic, and educational lines. As these values are exposed, a potential exists to further divide our country along socioeconomic, racial, and political lines.

The data is now clear; African American, Asian, Native American, and Latinos are most vulnerable. A close look at the numbers is sobering and cannot be ignored when considering moral responsibility. The latest available COVID-19 mortality rate for Black Americans is 2.2

times higher than the rate for Latinos, 2.3 times higher than the rate for Asians and 2.6 times higher than the rate for Whites. Compare what is happening in our major cities:

Washington, D.C.: In the nation's capital, 81 percent of the fatalities have been African American, according the mayor's website, in a city whose population is 46 percent African American. Many of the deaths are in the city's poorest and predominantly African American neighborhoods.

Chicago: Fifty-six percent of the city's deaths have been African American, though they make up just 30 percent of the city's population. It's "a tale of two cities," Hatch said. "The wide disparity in life expectancy between our community and other communities is stark and immoral. We have illness based on stress, food deserts, and the violence that comes from neighborhoods in despair." In the State of Illinois, African Americans account for 15% of the population and 41% of the Coronavirus deaths.

Milwaukee: The novel coronavirus also hit U.S. Rep. Gwen Moore (D-WI) close to home. Her 4th congressional district includes the city of Milwaukee, where 72 percent of the COVID-19 related deaths have been African Americans, in a city that is only 39 percent African American.

New Orleans: Nearly 70 % of COVID-19 deaths in the state have been African Americans, though they make up only 32% of the state's population.

In Michigan, 14% of the population are African American and they account for 41% of the deaths.

In Kansas, Black residents are 7 times more likely to die than White residents.

In Missouri, Wisconsin and Washington D.C., the rate among Blacks is 6 times higher than Whites.

In Arkansas, Illinois, Louisiana, New York, Oregon and South Carolina, Blacks are 3 times more likely to die of the virus than Whites.

A number of variables account for the disparity in these numbers. Economically, the disadvantaged, marginalized, poorly educated, are often hourly workers who cannot work from home. They work in the service industry; such as grocery clerks, gas station attendants, restaurant workers, hospitality workers, and cleaners. Those who can't afford to stay home or miss work, cruelly are also often those most susceptible to experiencing medical issues as a result of contracting the virus.

Dr. Keith Ferdinand, professor of medicine at Tulane University School of Medicine in New Orleans, said numerous variables are making African Americans more vulnerable to COVID-19. They include working in service industries or "essential jobs" that require them to expose themselves to others who may be infected; using public transportation to get to work; lack of access to early testing; and a historical distrust of the health-care system because of previous

bias. This leads to “a mixture of the many difficulties faced by African Americans which may compound or even extend the burden for the coronavirus risk factors,” Ferdinand said.

What does this mean for our white communities? Do we have a moral responsibility to protect those most vulnerable among us? How do we make these decisions? What guides those processes?

The **Heinz dilemma** is a classic example in many ethics and morality classes. One well-known version of the dilemma, used in Lawrence Kohlberg's stages of Moral Development, is stated as follows:

“A woman was on her deathbed. There was one drug that the doctors’ thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist was charging ten times what the drug cost him to produce. He paid \$200 for the radium and charged \$2,000 for a small dose of the drug. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about \$1,000 which is half of what it cost. He told the druggist that his wife was dying and asked him to sell it cheaper or let him pay later. But the druggist said: “No, I discovered the drug and I'm going to make money from it.” So, Heinz got desperate and broke into the man's laboratory to steal the drug for his wife. Should Heinz have broken into the laboratory to steal the drug for his wife? Why or why not?”

From a theoretical point of view, it is not important what the participant thinks that Heinz should *do*. Kohlberg's theory holds that the justification the participant offers is what is significant, the *form* of their response. The issue for Kohlberg wasn't whether it was right or wrong to steal the medicine, what he was interested in was how the decision was made. How the decision was made revealed the level of moral development the participant was operating within. There are six stages, reflecting a person's growth from a most primitive or immature moral development to the most advanced moral development. Those stages begin with simple obedience, then guided by self-interest, the third stage is conformity to social standards, the fourth is law & order, the fifth is morality based on a social contract orientation, and finally universal human ethics.

Kohlberg suggested that the highest stage of moral development was stage six, understanding a universal human ethic. Those operating from this perspective believed that saving a human life is a more fundamental value than the property rights of another person. How do we apply this higher-level morality and thinking to our current crisis? What does applying that stage of moral development look like in this circumstance?

COVID-19 provides the perfect storm for such a dilemma, in that the virus attacks different people differently, which allows some to be more fearful and at risk than others. It also allows for the values that people hold to be exposed; economy vs. safety, money over people's lives, convenience over sacrifice. If all people experienced it the same, then there would be a more equal response and less moral dilemma. We are living the Heinz Dilemma now in real time.

What we choose, reveals our personal values. Governmental decisions reveal our national value system.

Just like in the Heinz dilemma, the real question is what guides us in making these decisions, what values direct our actions? How will we respond to the needs of the vulnerable around us?

Some argue that the limits being placed on us during the pandemic are unreasonable, an infringement on our constitutional rights, or even illegal. Restrictions on our freedoms are not new. The government can and does limit our personal freedoms in a variety of ways. We are required or “forced” to wear seatbelts for public safety, we are required to carry car insurance in order to drive, we are required to pay taxes in order to drive on our streets, motorcyclists must wear helmets, we are limited to the type of weapons we can possess, and public nudity is prohibited. These limitations or restrictions have been put in place to try and protect the common good.

A Costco shopper in Colorado turned away at the door for refusing to wear a mask remarked, “I woke up in a free country”, “The mask is uncomfortable and when I breathe, it fogs up my glasses. So, I don’t wear it.” Scenes like this replay repeatedly around the country. What guides our choices; comfort, convenience, politics, religious practices, economics? How do we balance the tension between my “rights” and care for others? What do we protect first, the economy or the health of those most vulnerable? These questions force us to examine our values and perspectives.

At the time of this writing, some churches are arguing their right to once again gather in large numbers for worship. There are cries of “religious persecution” and “religious liberty” from within the faith community. Some churches are choosing to gather, protecting their “right” to assemble. How do we translate our Biblical responsibility to care for our brother in a circumstance like this? If we are in fact our brother’s keeper, and I believe that we are, what does that look like in this pandemic?

How do we apply passages such as these, that call us to care for the vulnerable within our communities?

“We who are strong ought to bear with the failings of the weak and not to please ourselves. Each of us should please his neighbor for his good, to build him up. For even Christ did not please himself.” Rom 15:1-3a

“Be careful, however, that the exercise of your freedom does not become a stumbling block to the weak.” I Cor.8:9

“Bear one another's burdens, and so fulfill the law of Christ.” Gal. 6:2

“Love bears all things”, (even the discomfort of a mask) “It always protects”, I Cor.13:4-8

As individuals, the church, and our country, we must with integrity and honesty lean into this present dilemma and use it to expose, reveal, and evaluate our moral beliefs and convictions. We must not miss this opportunity to grow and better understand the principles that guide us.

And finally, **fourth**, (this letter turned out much longer than I expected) we are all sharing in this time the opportunity to cultivate our internal world. For many people, much of their early years were spent in hypervigilance and assessment of their external world. This was necessary to assure their safety. This may be true for many of us. The attention to beyond our selves comes at a great cost. By being “otherated”, we can easily lose touch with ourselves. By focusing our attention on the outside world, our inner world is neglected and stunted in its natural growth. At a time when external resources are withdrawn, that can leave people handicapped and defenseless against a world that continues to make its demands on us. We are now living in a time where it is hard to ignore our internal life, our inner world. This is the time to accept the invitation of cultivating a deeper, richer inner life.

Post-Traumatic Growth

Trauma is unsettling by its very definition. It strips away our defenses, it challenges our presumptions, it demands our attention, it rearranges our priorities, and it invites reevaluation of our values. What I am describing is both the uncomfortable and ideal environment for growth and transformation. Growth isn't something that typically happens in our comfort zones. We experience the greatest potential for permanent change when we are stretched, as we are during times of crisis. How we respond to trying times, opens the door of opportunity to grow, mature, and evolve as people.

In the mid-nineties, Richard Tedeschi and Lawrence Calhoun introduced the term Post-Traumatic Growth (PTG). They described PTG as the “positive psychological change in the wake of struggling with highly challenging life circumstances” (Tedeschi and Calhoun, 2004). Their research suggested that people who undergo post-traumatic growth can flourish in life with greater appreciation and more resilience than before the trauma, if certain conditions are encouraged or met. PTG involved life-altering and favorable psychological changes that can potentially change the way we perceive the world. It comes with a new understanding of life, relationships, money, success, and health. Martin Seligman, founder of the Positive Psychology movement, suggested that PTG is not merely a by-product of trauma; it acts as a catalyst to bring about the cognitive restructuring that helps us grow as better human beings (Fredrickson, 2004). PTG is more than simple acceptance of your circumstances and experience. PTG growth utilizes personal strengths and self-dependence to redirect the pain of the trauma into something useful and constructive for the person. What happens to us is often beyond our control, but who we choose to be and how we choose to respond during times of stress, may make all the difference in life. While the grief may still be there, post-traumatic growth invites us to look forward in life instead of being held hostage by the past trauma. Post-Traumatic Growth is a positive indicator of recovery and healthy coping.

Post-traumatic growth research identified five primary areas in which people saw positive transformation reflective of PTG after a trauma.

- Embracing new opportunities – both at the personal and the professional fronts.
- Improved personal relationships and increased pleasure derived from being around people we love.
- A heightened sense of gratitude toward life altogether.
- Greater spiritual connection.
- Increased emotional strength and resilience.

In studies of Post-Traumatic Growth after a trauma, three primary characteristics contributed to the development of PTG in people. Across all populations, active coping methods, spirituality, and social support were the most robust predictors of PTG.

Active coping methods refer to coping strategies that are characterized by solving problems, seeking information, changing environments, planning activities, and reframing the meaning of the experience. This coping style involves a conscious and direct approach to problems, in contrast to employing unhealthy defense mechanisms to defend against it. In short, people choose to be proactive in relationship to what is happening to and around them. This grants us a greater degree of control and empowerment essential to our sense of wellbeing. These strategies can include humor, physical recreation, problem solving, seeking support, relaxation, and adjusting our expectations. Adjusting our expectations, allows us to accept the conditions that are changing around us. (masks, social distancing, closures, new normals) I have a wise friend who says, “When we resist what we cannot change, we add to our suffering”.

Practically, what do positive coping methods look like applied to this time of crisis and stress? First, I would encourage you to revisit the themes in your story and look for how those are being reactivated in this current trauma. Connect the dots between your present-day perspectives, reactions, and behaviors and the injuries of your past. This not only allows you to further resolve your past hurts, but also to respond to these current circumstances with less contamination from past trauma.

Limit your exposure to news coverage and social media. Remember that news coverage is still in the “entertainment” business, and as such will contain elements intended to hold your attention through emphasizing our differences, through fear, drama, conflict, and sensationalism. Excessive news viewing can amplify the anxiety people naturally feel during this time. Studies are clear, that time spent on social media platforms contribute to anxiety and depression. This is especially true during this crisis.

It is important to make the distinction between “escape” and “rest”. Many people confuse these two. Escape simply moves us away from the discomfort of our stress, such as “mindless” activity like bingeing on Netflix or video games. Rest is life giving activity that refreshes and invigorates us, such as a hobby or enjoyable pursuit. People need more rest in this season, due

to the fatigue required by processing and grieving the trauma. Journal and be contemplative, to not waste this season of quiet.

Continue to develop routines that move them throughout the day. We need to get out of our pajamas and wear our pants. Daily and weekly routines can help replace the guardrails of previous structures that have been taken from us during this quarantine period. Structure provides direction and purpose. Selfcare is one of the first things we abandon during times of stress and fear. Exercise, eat well, get adequate restorative sleep. Spend time outdoors walking, hiking, and playing. All of these provide a sense of normalcy and hope.

Spirituality, or a religious orientation, was a significant predictor for the development of PTG. I find it intriguing that the discovery of the COVID-19 virus and subsequent quarantine aligned with the religious calendar timing of Lent, a season of sacrificing things in the service of spiritual pursuit. Lent is a time where we traditionally offer to “give something up” to focus more intentionally on God and our spirituality. We might be wise to view this time of loss as a divinely imposed season of Lent. The quarantine and social distancing provide a time when distractions are removed, and time is afforded in a way that is unique for us all.

C.S. Lewis wrote, “Pain insists upon being attended to. **God whispers** to us in **our pleasures**, speaks in **our** consciences, but shouts in **our** pains. It is his megaphone to rouse a deaf world.” Is God trying to rouse our world, inviting us to attend to Him? Does this time offer us a rare opportunity to turn inward, to take inventory of our internal resources, to attend to our pain, to understand ourselves better, to listen for God?

Since many of us are no longer meeting for gathered worship as is our tradition, could this season offer us the opportunity to take on the full responsibility for our own spiritual development and maturity. Even gathering in worship, allows us to lean on others for our spiritual menu or meal. Is this a time to evaluate and strengthen our own spiritual resources without the direct assistance of others? I encourage you to use this season as an opportunity to build and enlarge your spiritual capacity, to lean into self-reflection, to listen for what God might desire to teach you. Theodore Roethke wrote, “In a dark time, the eye begins to see.” This might be a time to see what we have been missing.

Social support was the third primary contributor for PTG. We understand, process, and grieve the trauma experience better in community. Many of us faced our traumatic experiences as children without support, intervention, or care. Our hurts were often hidden or went unnoticed by others. They suffered alone. As we move through the trauma of COVID -19 and the quarantine, we have the chance to redeem those past feelings of isolation and loneliness with a new experience of shared community. Social support enhances the quality of life and provides a buffer against adverse life events.

Social support also helps people to cope with stress. Stress has been shown to have serious health consequences ranging from reduced immunity to increased risk of heart disease. Being surrounded by people who are caring and supportive helps people to see themselves as more capable of dealing with the stresses that life brings. Research has also shown that having strong

social support in times of crisis can help reduce the consequences of trauma-induced disorders including PTSD.

Support can be provided in three important areas; emotional support, practical support, and informational support.

Emotional support can be more challenging during a time when we are unable to meet with people in person due to social distancing and quarantine restrictions. Intentionally reach out to others through technologies like FaceTime, Facebook, Twitter, Instagram, What's App, Skype, Google Hangouts, or Zoom. Although these are a poor substitute for direct personal interactions, they can provide a sense of community while we wait for restrictions to be lifted. People benefit from commiserating with one another about the losses they are experiencing, which reduces anxiety and offers a sense of normalcy. Gathering in forms which allow for social distancing can also be helpful, like meeting in parks, parking lots, and backyards. A friend recently described that neighbors were meeting in his neighborhood at what had been coined "Covid corner" for BBQ's and socializing during the quarantine.

Many people find it difficult to reach out to others for help, due to fears of obligation, indebtedness, or vulnerability. This season offers an opportunity for us to work on accepting help and support of a practical nature from others. Forms of practical help can include finances, grocery deliveries, shopping, errands, or transportation.

The transitions forced on many by the pandemic can feel overwhelming. Informational support can relieve a great deal of stress, when we are able to offer it and receive it. Filing for unemployment, applying for loans, negotiating rent and mortgages, paying bills, new regulations, and even assistance with technology as people transition to working from home can all be areas where people can benefit from informational support. Reach out to those around you for assistance with the new demands created by the pandemic and quarantine.

Feel free to share the letter or information with others that may find it helpful. I want to also remind you of the online resources on my website at byronkehler.com. There you can access workshops on Childhood Trauma Recovery, Forgiveness, and now The Untangled Heart (which addresses emotional identification and regulation) specifically designed for people in their recovery process. I also want to recommend two sermons from Marc Schelske, that can be found on YouTube or links on his website. One is titled COVID, Suffering, and Jesus (TAW Ep.031), and the second is Pentecost, Breathing, and George Floyd (TAW Ep.032). I think you will find them insightful, convicting, and therapeutically relevant.

In the last week as I finished this paper, our country has experienced another trauma, in the murder of George Floyd. Our hearts are broken as once again we witness another example of the racial inequity and police brutality that has plagued our country for generations creating transgenerational and epigenetic trauma within communities of color. I join you in praying that this new movement will bring long needed substantive change and reform.

Please take good care of yourself and each other as we seek to navigate the challenging waters before us.

In Support of Your Recovery,

Byron Kehler, M.S.

The Post-Traumatic Growth Inventory

Tedeschi and Calhoun (1995) developed the Post-Traumatic Growth Inventory (PTGI) to assess post-trauma growth and self-improvement a person undergoes. A 21-item scale built on the five-factor model of Tedeschi, this inventory is one of the most valid and reliable resources for evaluating personal growth that follows a stressful encounter.

The statements included in the inventory are related to the following five factors:

Factor I – Relating to Others

Factor II – New Possibilities

Factor III – Personal Strength

Factor IV – Spiritual Enhancement

Factor V – Appreciation

Each of the 21 items falls under one of the five factors and are scored accordingly. A summation of the scores indicates the level of post-traumatic growth.

The advantage of this scale is that the categorization of scores according to the five factors are suggestive of which area of self-development is predominant in us and which area might be a little behind.

For example, a high total score implies that the person has undergone a positive transformation. But a closer look at the scores of each section would provide a more in-depth insight into what has changed significantly and what aspects of the self may still need some improvement.

The PTGI was initially developed to measure favorable outcomes of a stressful life event. As mentioned earlier, the PTGI consists of 21 statements, each coming under one of the five categories mentioned by Tedeschi and Calhoun in their initial proposition.

Participants indicate their scores on a 6-point scale where:

- 0 implies – I did not experience this as a result of my crisis.

- 1 implies – I experienced this change to a very small degree as a result of my crisis.
- 2 implies – I experienced this change to a small degree as a result of my crisis.
- 3 implies – I experienced this change to a moderate degree as a result of my crisis.
- 4 implies – I experienced this change to a great degree as a result of my crisis.
- 5 implies – I experienced this change to a very great degree as a result of my crisis.

Below is an overview of the test items along with the categorization of the five factors.

Factor	Item Numbers
1 – Relating to others	6, 8, 9, 15, 16, 20, 21
2 – New Possibilities	3, 7, 11, 14, 17
3 – Personal Strength	4, 10, 12, 19
4 – Spiritual Enhancement	5
5 – Appreciation	1, 2, 13

Statements	Scoring					
	0	1	2	3	4	5

1. I changed my priorities about what is important in life.
2. I have a greater appreciation for the value of my own life.
3. I have developed new interests.
4. I have a greater feeling of self-reliance.
5. I have a better understanding of spiritual matters.
6. I more clearly see that I can count on people in times of trouble.
7. I established a new path for my life.
8. I have a greater sense of closeness with others.
9. I am more willing to express my emotions.
10. I know that I can handle difficulties.
11. I can do better things with my life.
12. I am better able to accept the way things work out.
13. I can better appreciate each day.

14. New opportunities are available which wouldn't have been otherwise.
15. I have more compassion for others.
16. I put more effort into my relationships.
17. I am more likely to try to change things that need changing.
18. I have stronger religious faith.
19. I discovered that I'm stronger than I thought I was.
20. I learned a great deal about how wonderful people are.
21. I better accept needing others.