

Shock, Loss, Distress and the NHS

Dr Andrew Tresidder, October 2020

Everyone loves the NHS – it is one of Britain’s great institutions! Our individual trust in doctors, nurses, emergency staff and other health professionals, and the whole NHS help us feel safe when we are ill and in need. The NHS, at one level, fulfills a subconscious need of default safe parent for many people – and it is free! Contrast this to countries where you may not be able to afford health care – and can be bankrupted by a major illness. We are so fortunate with the NHS – but, like a parent, it can be taken for granted – and just like our relationships with our parents, sometimes things can go wobbly. (Not all of us have had good parenting experiences – so please read ‘trusted adult support’ for parent).

We hear of frontline staff in Primary Care and hospital reduced to tears by how people behave toward them – how can normally reasonable people act unreasonably – and bring Nurses and Doctors to tears?

Professional factors include:

- NHS Professionals are dedicated, and work hard – because they care
- Due to COVID restrictions, work patterns have changed, and become harder. Telephone first, remote access (where you have to really concentrate harder than when the person’s in the same room), and the endless cleaning, masks, visors and other issues – are **exhausting**. To do the same quantity of effective work as a year ago seems to be taking almost twice the effort
- Everybody has their own pressures – and health professionals as a group are not always good at ensuring that there’s enough fuel in their own tank
- Our own normal social support mechanisms may be compromised – from distance in the coffee room (or no time to get there) to missing contact with our own loved ones, lack of sleep, poor hydration, missing meals
- Finally, all professionals, especially the highly empathic, have the skillset of supporting people in distress – and helping them rebalance. Witnessing (observing) the emotions of a situation is mandatory, however empathic people often absorb as well as observe – and then take the emotions home with them – **Result = even more exhaustion**

Patient factors include:

- Society has, and is still, going through major loss – loss of freedoms, loss of hopes and dreams, loss of loved ones, loss of relationships, let alone loss of status quo, loss of income and other issues. Loss of safety – and when we lose our safety, we look for a safe relationship – such as with a parent or other trusted adult
- Society has been given a big dose of fear – and the mammalian response to fear is (autonomic nervous system) first Parasympathetic Shock (Freeze) PSF and then Sympathetic Alarm (Fight or Flight) SAFF. The PSF is the response to play dead when the tiger is getting near – and hope it goes away! The SAFF is to fight (not a tiger!) or run as fast as possible and climb the nearest tree. Once the shock is over, the frozen fear has to be discharged by shaking vigorously – think dogs shaking off water after

going in the sea, river or pond – and if you're too close, you get wet too! And the adrenaline of the SAFF has to be used, by exercise or activity – otherwise it can become anger and projected at others

- Society has been in a pressure cooker of fear, containment and distress
- The four phases of adjusting to loss (recognizing loss, preventing loss, trying to recover loss, and letting go of the loss) are accompanied by the seven Stepping Stones to Growth - shock, denial, anger, guilt, bargaining, depression and acceptance (HSC pp115-125)
- Add to this the fact that some people displace their anxiety or distress into anger, and we have an explosive cocktail that explains why people project their frustration
- And when we are distressed, we may need support to achieve behavioral change and self-regulate

When children feel frustration, who do they take it out on? Their parents! "I hate you....". "You're so annoying...", "You don't understand..." are words many parents have heard. But parents can never answer back – that is just not done. The NHS, as default parent, can find itself the target of peoples' frustration, as people 'shake off' and discharge their fear and distress.

So how do Health Professionals manage these difficult times? Some behaviour is unacceptable, but we have to understand and manage it. Useful responses could include "We appreciate that you are going through fear, loss and distress – how do you think you can turn this energy into something positive? And what support and resources do you need to help you calm and change?" "We recognize that you need to discharge tension and fear – how we can help you manage that safely?"

Health Professionals are skilled at dealing with individual patients with loss – but at the moment whole swathes of society are going through loss. We each have to take responsibility for our own emotions, and help others to do so as well, with kindness and compassion.

It doesn't help when the media plays the Drama Triangle – praising the NHS at one moment, then denigrating it the next – and occasionally politicians make promises without resourcing them. Mind you, this is sometimes how we have all treated our parents....

Take home messages:

1. It's not personal (see The Five Agreements HSC pp87-89)
2. Don't take it home
3. Keep Calm; Observe the emotions, not Absorb them; Do witness, don't over-identify
4. Slow your breath to calm, regular, rhythmic and diaphragmatic – it will automatically calm you
5. Remember Self Care: sleep, hydration, food, rest, recreation, refreshment – and keep your own energy high
6. Take Care and Go Well
7. We are only human...

Finally, please let me also mention the importance of Time in, and Connection to Nature and the Nurture we get from it – Sir David Attenborough might just agree!

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