



SPECIAL FEATURE:
REFLECTIONS ON COVID-19

**FEAR, UNCERTAINTY,
AND RELATIONAL CARE
IN THE FACE OF COVID-19**

**JAMES FREEMAN AND KELSIE
MARTINEZ**

Fear, Uncertainty, and Relational Care in the Face of COVID-19

James Freeman

With discussion questions by Kelsie Tatum Martinez

Abstract

This article was first published in the April 2020 issue of CYC-Online and is republished by the SJRCC and CELCIS by permission of the authors and the publishers of CYC-Online. The COVID-19 pandemic is testing our resilience and our ways of living and being together. Being open about the fear this situation has caused is the first step in sorting out how to handle what is happening to us. Those caring for others have a role in holding their fear. This doesn't mean denying the threat is real, but means being honest, sensitive, and transparent with ourselves and others. In this challenging time, children in care need more of us than perhaps we think it is possible to give. They don't need us to panic or give in to our own sense of overwhelm. They need us to show love and be a source of strength.

Keywords

COVID-19, residential child care, relational care, California

Corresponding author:

James Freeman, jfreeman@casapacifica.org

This world keeps spinning faster

Into a new disaster

So I run to you

(Lady Antebellum, 2009)

Over the past days and weeks, we have all been affected by the fear and reality of a dangerous virus spreading around the world. In many ways it's an invisible and uncontrollable threat which has altered our daily routines and plans. It's testing our resilience and our ways of living and being together. It's affecting us and those we care for and seems in many ways not to discriminate who it impacts.

As the crisis began to spread, I received updates from friends and colleagues across the United States, Canada, Bulgaria, Austria, Serbia, Kenya, and South Africa - all describing similar reactions and some governments declaring national emergencies. People and organisations began taking preventive and protective measures. The World Health Organization has since declared a pandemic and a 'public health emergency of international concern' (WHO, 2020). In California (the most populous state in the USA), the governor has instituted self-quarantine and 'stay safe at home' orders and announced that most schools will likely remain closed for the rest of the school year.

What we know

The entire globe is under the threat of an infectious disease that originated in Wuhan, China and has since spread across the six regions the World Health Organization uses to monitor and analyse the population of our planet. Symptoms of the coronavirus disease 2019 (COVID-19) include fever, dry cough, and shortness of breath. The majority of cases result in mild symptoms but it can progress into a respiratory infection or acute respiratory distress (Heymann, Shindo, et. al., 2020). There is no vaccine or treatment for the disease.

We know that those who are older or have chronic conditions such as heart or lung disease, diabetes, or asthma seem to be at higher risk (Centers for Disease Control and Prevention, 2020). There is also growing evidence that children, while they can still carry and transmit the disease, may be more resilient to the virus (Xu, Li, Zhu, et. al., 2020).

We also know that the best way to protect ourselves and others is to clean hands often, avoid touching the face, avoid close contact, and to regularly disinfect frequently touched surfaces (e.g., door latches, phones, keyboards, faucets, light switches). Most countries are intentionally limiting physical proximity of individuals and groups in order to slow the spread of the disease so that healthcare systems are not overwhelmed and that as many lives are saved as possible. The effectiveness of these measures depends in large part on the cooperation of individuals with the suggested protocols (see www.flattenthecurve.com). Some governments and localities have proven to be better prepared and equipped than others.

A thought about language

The terms 'social distancing' and 'self-quarantine' are now a part of our shared global vocabulary. It's clear the world needs distancing efforts from all of us to slow this current infectious disease. It's critical and will save lives. But let's not call it 'social' distancing. When I need room socially, I turn off the phone, disconnect from media, and tell people I'm not available. Let's call it what it is - physical distancing or simply distancing. Language is subtle yet can move us toward isolation or connection.

When fear rises

This certainly isn't the first time the world has had reason to fear. The fear of nuclear war is the closest I can relate it to my own childhood experience in the 1970s and 80s. The 1918 influenzas, SARS outbreak, and anthrax scares are in our textbooks and social memories. Yet it's rare that the entire planet faces such danger at the same time together. (Perhaps the closest related current threat is the environmental crisis which many ignore or deny.) Being open about the fear this situation has caused is the first step in sorting out how to handle what is happening to us.

Over the past weekend I have talked with adults who have removed rope from around the neck of a child, talked a teen off the edge of a bridge, and worried sick as a teen runs away. Kids whose short lives have already been disrupted are scared of the unknown. Adults who care for them are scared for their wellbeing, their families, and their jobs. Anxiety is higher for everyone which is not helpful when trying to nurture calm and regulate emotions. Yet maintaining connection with one another is the most powerful thing we can do in the midst of these dangerous moments.

Fear has a purpose – it alerts us to danger, informs and causes a pause and focus of attention. Operating out of fear, however, is not a place we want to live in or stay in. It affects our body and keeps us in a reactive state. Our state of mind plays an integral role in how we approach our day and all of the decisions we make in the course of it unfolding. It impacts our own self-regulation and control as well as our social engagement (Porges, 2011).

There's also a lot of confusion and misunderstanding being spread which contributes to uncertainty and fearful responses. Some are overreacting and hoarding food and supplies that others need, while some are underreacting and ignoring public health directives designed to help with the spread of the disease. One phrase we repeatedly see on announcements related to the virus is the words 'out of an abundance of caution'. We do need attention and carefulness in our response. But we certainly don't need it in excess.

Either something is necessary, and should be done, or is unnecessary and shouldn't be done. One justification for acting out of an abundance of caution is calming public fears. But do these actions actually calm public fears, or do they make a threat seem bigger than it really is? A better approach is to be transparent about what we know about risks, what science says we should do to minimize those risks, and maybe most importantly, be clear about what we don't know. A transparent approach to communicating risk has been shown again and again to be more effective than trying to obfuscate the facts and make one sweeping decision "out of an abundance of caution" (Sell & Boddie, 2015).

When we live in and act out of fear it is difficult (if not impossible) to make a good assessment of our situation and decisions about what we need to do. It doesn't mean we avoid or eliminate fear, but it does mean we put effort into balancing it and not being overcome by it. Overexposure to news and media, especially, can spread anxiety which limits sound decision making.

Holding fear

For those of us caring for others, both young and old, we have a role in holding fear for others. This means that we filter news and the impact of the virus as appropriate to age, development, and understanding while being transparent about the risk and danger. It means that we keep balance in our own mind by staying grounded and focused on what we can do rather than what is out of our control. Many of those we care for are shifting from living and interpreting life from past trauma and abuse which makes the world feel (and is for many) unstable and dangerous. Holding fear doesn't mean denying the threat is real. It means being honest, sensitive, and transparent with ourselves and others.

One example of holding the fear and anxiety is the way in which distancing is explained to young people. Imagine a group of kids who live in a temporary children's shelter (or even a few kids in a family home setting) being gathered in a huddle and told the following by an adult who is in charge of their care:

Listen up. This place is now on lockdown. We're going sterile. No one is allowed in and no one is allowed to go out. The whole world is scared and we don't want you to get sick and have to go to the hospital. People are dying. If you touch anything you could get infected, too. If you get bored sitting around that's tough. There's nothing we can do about it and you should be grateful that we're here to take care of you because we could be home with our own families.

Such a talk doesn't hold fear at all. It passes it along and, in fact, adds stress and fear when the kids are made to feel responsible for the position of the adult. It puts distance between the two individuals. When kids experience us as anxious it increases their own

stress. I would like to say this sort of talk doesn't happen but I hear and see things similar to it all too often.

Now, imagine the same group of kids being asked to huddle up and the adult says the following:

Hey everyone. Thanks for sitting down to talk for a minute. We've all heard bits about the scare that's going around right now. It's a big deal and something for us all to take really seriously. In fact, we want you to know that we care about you enough to protect you from who comes in and out of this house. We've put some measures in place and have plans just in case any one of us gets sick. We're going to stick inside and close to the house – mostly to avoid being in groups of people for a while. Together we'll find some fun things to do and stay safe. Some of the adults around here have been preparing a long time to protect us when something just like this happens.

What do you notice is different in this second example? For starters, the speaker emphasises it as a shared experience rather than a talking to or at the kids. It's transparent and honest while delivered with a context of safety and hopefulness that we will get through it together. The first approach increases stress and anxiety. The second approach deals with the threat honestly and also attempts to mitigate undue fear.

Of course, there are numerous details (especially when working within secure out-of-home environments) that need to be attended to and we don't intend to minimize the complexity of such a situation. In the past few days I've had discussions related to short and long term contingency planning that is leaving the best and most experienced of us with so many unknowns. In this context it is crucial that we remember our language, tone, and approach makes a difference in how others respond to our message.

For many the threat to daily living is real, especially for kids dependent on meals from school and those who work in the travel, entertainment, and service industries which are extremely hard hit by this crisis. Contingency planning and mid-course corrections will

certainly be on the forefront for parents and families as well as care supervisors and managers over the coming days and weeks.

We've got this

Those who spend their time in the field of caring for others (e.g., child and youth care practitioners, parents/foster parents, nurses, public health workers, elder caregivers) know they are most needed in times like the present. It's an aspect of our work and life that brings meaning and purpose to what we do – in spite of the inherent challenges, risks, and hardships the job brings. We know from experience that holidays don't always mean a day off, that working schedules force us to shape a different lifestyle than many of our family and friends, and that the experiences of caring for people with troubling pasts tend to lead to an understanding of the world and the human condition that the average person is not aware of. In a way it's both a burden and a gift to care for others in such a way.

What the world needs right now is a lot of what we're already good at. It's in our ethics, our competencies, our skills, and our ways of caring. It is in who we are and how we go about our days. Think of some of the things that good caring (and good care givers) have always included:

- Showing up where we're needed when everyone else is gone
- Modeling and promoting good health and hygiene practices
- Handling ambiguity and changing circumstances with flexibility and grace
- Anticipating and meeting basic needs even when expressed in ways difficult to understand
- Planning and preparing for emergencies and contingencies in the course of daily events
- Protecting others from undue anxiety caused by news and media
- Creative approaches to education and learning beyond traditional models
- Caring for ourselves first so we can show up at our best for others

In our role as caregivers it's no new task to care for those with particular health risks and needs (e.g., complex health issues, compromised immune systems), to supervise kids who need intensive support for daily living and co-regulation (e.g., increased supervision needs, support and safety for suicidal or other dangerous behaviors), and to advocate for equity and needs of those whose voice is too often overlooked.

In this challenging time, they need more of us than perhaps we think it is possible to give. They don't need us to panic or give in to our own sense of overwhelm. They need us to show love and be a source of strength:

This is one of, if not the most, challenging, worrisome, disruptive time any of us have ever faced. The ongoing support, encouragement, and love we display towards each other can serve as a vital component of our battle against a virus that shows no preference in terms of where it will attack and who will be its next victim. It is so important at this time to be a charismatic adult, a source of strength for others - and also to ensure that we take care of ourselves as well (Brooks, 2020).

The kids and families we serve and our colleagues are depending on us to be there for them. Let's live out our commitment to showing up and caring now more than we have ever before.

Hope for our future

We're thankful for the public health specialists, doctors, scientists, and bioengineers that are working on a solution for this pandemic. This global event will challenge and strengthen us. We have hope that we will get to the other side. As we move toward that day let's continue to be intentional in our living, show love and generosity, and stay committed to the course of relational caring. It is in this place where each one of us can be a source of strength and hope for others who are counting on us.

References

Brooks, R. (2020). *Resilience in the face of COVID-19*. Retrieved from

<https://www.drrobertbrooks.com/resilience-in-the-face-of-covid-19>

Centers for Disease Control and Prevention. (2020). *How to protect yourself*. Washington, D.C.: U.S. Department of Health & Human Services. Retrieved from

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

Heymann, D., Shindo, N., et al. (2020). COVID-19: what is next for public health? *The Lancet*, 395(10224), 542–545. Retrieved from

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30374-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30374-3/fulltext)

Lady Antebellum. (2009). I run to you [Song]. On *Lady Antebellum* [Album]. Capitol.

Porges, S. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. New York, NY: Norton.

Sell, T. & Boddie, C. (2015). *Out of an abundance of caution*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health, Center for Health Security. Retrieved from

<http://www.bifurcatedneedle.com/new-blog/2015/7/22/out-of-an-abundance-of-caution-an-overused-phrase>

World Health Organization. (2020). *Coronavirus disease 2019 (COVID-19)* (Situation report 47). World Health Organization. Retrieved from

<https://apps.who.int/iris/handle/10665/331444>

Xu, Y., Li, X., Zhu, B. et al. (2020). Characteristics of pediatric SARS-CoV-2 infection and potential evidence for persistent fecal viral shedding. *Nature Medicine*. Retrieved from

<https://www.nature.com/articles/s41591-020-0817-4>

Questions for reflection and discussion

Dr Kelsie Tatum Martinez

1. Describe the way(s) that the increased stress related to the COVID-19 pandemic is activating past hurts and traumas among our kids.
2. 'Holding space' means being with someone in a supportive manner without judging, fixing, or adding to their burden. What, for you, are the most challenging parts of holding space for others to feel fear and uncertainty during this time? When you are feeling afraid and uncertain, who holds that space for you or how do you hold that space for yourself?
3. What personal or professional value(s) and ethic(s) are driving your willingness to show up (physically or emotionally) for our kids and our team during this stressful time?
4. Reflect for a moment on the language you've used or heard others use to describe the situation at hand. What messages have been helpful? And what adjustments would you make to help the language feel meaningful and supportive to you or to our kids? Practice speaking these messages out loud to one another, so you feel ready to have the same conversations with our kids.

About the authors

James Freeman, MA, CYC-P is certified Child and Youth Care practitioner and serves as training director at Casa Pacifica Centers for Children and Families. Learn more about his work at www.training-grounds.net. He may be reached at james@training-grounds.net.

Kelsie Tatum Martinez, Psy.D. is a licensed psychologist and serves as director of special projects at Casa Pacifica Centers for Children and Families. She may be reached at ktatum@casapacifica.org.

Republished with permission of the authors. Freeman, J. & Tatum Martinez, K. (2020). Fear, uncertainty, and relational care in the face of COVID-19. *CYC-Online*, 254, 45-54.