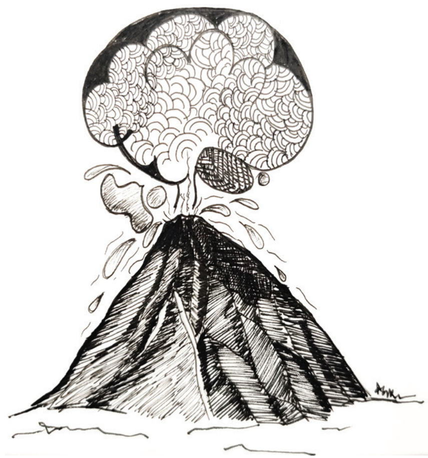
"In it Together"—Psychiatrists' Lived Experience of Trauma During the Pandemic and its Impact on the Future of Psychiatry

Psychiatrists regularly deal with trauma in their patients but are often able to steer clear of their immediate pangs by staying objective.[1] Although they live through the same societal forces as their patients, shared traumatic experiences have usually been geographically limited. This may have prevented the acute realization of its effects on the practice of this specialty by the broader fraternity, up until now.

The COVID-19 pandemic is unprecedented in its reach and impact on humankind. The global scale of disruption, repeated waves of infections, and a generally helpless attitude that is discernible in the responses by the authorities to these have generated ongoing anxiety and concern. In our clinical practice, the rates of people experiencing psychiatric symptoms as a consequence of direct or indirect exposure to COVID-19 have exploded over the past year. After spending the initial few months in a state of denial, the reality may gradually be sinking in for the masses, with the second and third waves ravaging through several countries.

A large proportion of currently-practicing psychiatrists would have never faced anything of this nature and at this scale in their lifetime. The losses our patients used to describe till now—personal, financial, social—are all being experienced by us in one way or the other. Deaths and financial hardships, an acute awareness of our own mortality, worries about our dear ones in distant lands and indefinite border closures, being forced into quarantines and interpersonal conflicts that often arise in such circumstances, professional uncertainties, imposition of an expectation to "buckle-up"—psychiatrists themselves are living these often inescapable experiences.

One of the major objectives of psychiatric training has been to inculcate a caring and empathetic attitude among the trainees so that they can be more compassionate in looking after their patients. To a large extent, it succeeded in achieving this objective, especially when compared to other medical specialties. Hojat et al. found that among various medical and surgical specialties, psychiatrists reported significantly higher mean empathy scores.[2] Higher empathy has been traditionally considered a positive trait while facing trauma or disaster and during recovery. However, the magnitude and the recurring nature of trauma during the COVID-19 pandemic, both in personal and clinical life, reveals an entirely different picture. The significant rise in psychological morbidity during the pandemic stretched mental health services to their limits. The emerging evidence suggests enormous empathy fatigue among medical professionals because of the nature of their work during this pandemic—caring for others in emotional pain.[3] Mental health professionals, especially psychiatrists, have been at the forefront in mitigating the emotional crisis associated with the times, often at the cost of their own mental health. Empathy-based stress leads to strain, adverse occupational health reactions, and poor work productivity, even symptom clusters resembling posttraumatic stress disorder (PTSD).[4]



When psychiatry discussed trauma-informed care in the past, it was usually from the perspective of an "objective" observer.[1] As mentioned earlier, trauma, which used to be something that "happened to our patients," has now hit home.[5] Anecdotal reports indicate a seasoned approach of denial on the part of the psychiatrists as the first response to such occurrences.[6] If we are professionally designed, and destined, to deny and bury our own trauma, how would that filter through our empathic worldview? Of course, we have our individual resilience and coping resources, but it is probably for the first time since psychiatry became a modern medical field that such concordance between our experiences and those of our patients has been enforced. With high rates of PTSD symptoms reported in healthcare workers due to COVID-19,[5] we wonder how the individual psychiatrist will hold up when the storm is over. At a larger scale, we also are unsure of how our profession will fare in the post-pandemic world.

There is a possibility that our collective exposure to lived trauma might infuse great humility and compassion into psychiatry. We may realize trauma's pertinent role in psychiatry and incorporate this practice into the diagnostic systems. This may stimulate more research in trauma-related disorders and realign priorities in such fundings. It may also provide our specialty with a new perspective on mental health in societies where such traumatic co-experiences are commoner. However, there is also a possibility that we shut ourselves up to trauma. The exposure described above might overpower the resilience of our profession, making us incapable of dealing, or empathizing, with our patients' experiences, due to a spillover of avoidance reactions beyond the individual and into the profession as a whole.

One way or the other is difficult to predict, as with everything else with the pandemic. However, the practice of psychiatry in the postpandemic world is certainly going to be different. We recommend that the relevant organizations consider this aspect seriously and preempt an endemic of PTSD, with spillover effects, within the profession.

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