COVID and Recovery

May 2020 by Tim Dyer, the Johnmark Extension

A couple of months ago, discussions with leaders centred on developing resilience in the face of the COVID19 crisis. As the direct adverse threat from COVID19 begins to dissipate in Australia (at least) mentoring discussions with leaders have turned to recovery – what it looks like and how leaders might facilitate it within their organisations.

Recovery is not arriving back at the same state we enjoyed before COVID19 rudely interrupted our lives. We cannot, and given what we have all experienced of the impacts of COVID19, should not, try to wind back the clock as if this was simply an anomaly and normal life can soon recommence. The experience of a pandemic event like COVID19 significantly changes individuals, groups, organisations, societies and cultures. While I don't find the phrase, 'finding the new normal'[1] particularly helpful, it is commonly used to describe the process of working out how to live on the other side of a crisis.

As of yet, none of us fully understand the overall impact of COVID and of the collective responses we have had to put in place to contain it. We know the costs at every level of our society including health and wellbeing, education, social institutions, the economy, sport and recreation etc are immense. The shape of recovery will become clearer as the total cost of the disease and its containment becomes understood.

Recovery can't be programmed. It begins naturally as soon as the tempo of the immediate crisis slows enough to give us psychological, spiritual and emotional space to think and act independently of the crisis itself. People are re-connecting, some of the non-essential activities which were closed are being allowed to restart, life is returning to the streets but it won't be the same life we have known. Recovery is the process of adapting to accept and thrive in a 'pandemic aware' society.

As part of Johnmark Extension, I have been working with organisations and particularly churches in the process of recovery now for over 25 years. Following are some of the important things we have learnt over that time. I have adapted these to thinking about recovery from COVID19.

1. **Safety, security and stability**

   In a crisis, almost all our energy is taken up by responding to the pressures, changes and challenges of surviving and coping with the adversity we find ourselves in. A crisis, (like COVID19) may potentially be dangerous and is usually highly dynamic – constantly changing and causing us to shift gears again and again. We normally have significantly increased stress (cortisol and adrenaline) trying to manage all that is happening and feel the emotional and mental fatigue of needing to keep on going as well as we can. In a crisis, we may need to do this without our normal self-care practices and our interpersonal support processes. In adverse circumstances we need a further set of resources and skills we refer to as **resilience**.[2]

   As the crisis dissipates however, we come up for air and get some space and light. It is precisely the growing sense of safety and stability that gives us the beginning steps of recovery. Our minds, hearts and souls start to engage in ways they have not been able to during the crisis phase.

   We know from working with people who have experienced trauma, that recovery is impossible when the trauma or threat of trauma is still present. People need to be safe. They need to be emotionally, physically and mentally secure before further steps toward recovery can begin.

Leadership Practice 1

   Intentionally create and maintain COVID safe spaces and regularly communicate the priority of safety to those who participate in the organisation. This means staying informed about the local and broader status of the disease, being alert to potential disease indicators, appropriately protecting spaces from any potential exposure, practising the recommended protocols for

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[1] Anything 'normal', takes significant time to form. It is a long-term pattern of the way things are done, a shared understanding and experience among many people over time. Something 'new' is almost by definition 'novel' or 'not yet normal'. If this tautology is understood, I can live with the term.

[2] See the last worksheet distributed in early April

minimising spread should the virus resurface, and communicating in an informed way with those who are part of the organisation.

Because of its nature[3], COVID19 is still a little unpredictable. We may yet face a second wave or what may appear to be spontaneous regional outbreaks. It is important to be wise, informed, responsible but also to be realistic about the relatively low risk within most communities now that the first wave has passed.

Most leaders step up to the mark and regularly and consistently communicate the priority of safety and what is being done to create and preserve this. Providing this communication personally to one's group is an important leadership practice.

2. **Opportunities for emotional processing**
In the midst of a crisis like COVID19, the isolation required, the restrictions on activity and travel, the closure of workplaces, economic hardships and the losses of much anticipated events and experiences will all have emotional impacts. As the crisis phase lifts, we expect to see people begin to deal with their grief and loss, anger and resentment, frustration and guilt, fatigue and confusion. There will be plenty of stories that need to be told and emotions that will need expression.

Some (like many office workers) will have been able to continue working and put their time and energy to good use coming out of isolation with new insights and vigour, happy and fulfilled with what they have done and how they have coped. Others (think musicians, performers, overseas students who have lost casual work) will have struggled and found the time painful and conflicted. They may be disappointed, hurt and upset. For others, the isolation and restrictions will have been like a pressure cooker amplifying and exacerbating pre-existing mental health issues. In some locations in Australia, COVID19 descended on communities before they had the time to process the devastating summer fires (and in some places subsequent floods). Be prepared for very different experiences to surface and different stories to be shared.

When a little space and light emerges in life, the subconscious (where most of the hurts get temporarily stored up) says *"time to deal with some of this"* and sends some of the pain and hurt up into the conscious mind to be dealt with[4].

Some of us will be able to work through these things ourselves in the normal contexts of talks with friends, exercise workouts, time away in nature and being part of sports and social events. Others may need some specialist assistance in the form of counsellors, psychologists, doctors, mentors, spiritual directors or support groups. Churches need to be ready with increased pastoral care as people emerge from isolation.

It is likely we will see an increase in coming months of people experiencing mental health conditions like complex grief, post-traumatic stress disorder (PTSD), moral injury (MI), adjustment disorder, depression, anxiety and burnout.

Leadership Practice 2
Be aware of the mental and emotional wellbeing of organisational participants, volunteers and staff as they re-engage with the organisation. Provide clear pathways for emotional and mental health support. Where possible offer **short term support groups** for people to re-engage with each other simply by sharing their different experiences of isolation, how they felt, how they coped and how they are feeling about re-engaging. Do this over three or four group sessions with everyone sharing before the group ceases. This simple process can be important for developing shared understanding and support.

Have a **referral pathway** for those who might need specialised help and assistance.

Bump up your organisation's **pastoral care** activity and ensure your pastoral care team follow up people who may have had a difficult time over the period of isolation. Be intentional about

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[3] Long incubation, mostly mild expression, relatively high contagion, and potentially asymptomatic transmission.
[4] Those who have been part of training workshops with the Johnmark Extension, may recall the training workshop on subconscious processes.

seeking out those who may have not been able to connect with the group via electronic means.

Leadership Practice 3

Have a mentor or recovery coach and stay on top of your own wellbeing. As you lead the recovery process for your own organisation or group you will be carrying some of your own baggage from the COVID isolation experience but also be seeking to support others who may be struggling to re-engage. Be aware of your limitations, levels of stress and workload. This is a great time to have a coach or mentor if you do not have someone in place. It's usually just another zoom meeting but maybe a significantly important one!

3. **Making sense of the COVID crisis: Meaning making and developing a shared understanding.** An event can be described as **critical** or **traumatic** when it is highly unusual or unexpected, it is potentially dangerous to life or wellbeing, it has a significant disruptive impact, is universally feared by reasonable people, and is something which we struggle to make sense of and wonder how it could have happened.

Part of recovery is developing a shared understanding, as far as possible, of what happened in and around the crisis, and of what it means. Where did it come from? How did it develop and spread? Why did it cause quite different impacts in different countries? How wise and workable were our national and state responses? Did we all do the right things to help? What will the implications of these decisions be long term? How we should operate in the recovery period?

Something like COVID19 and the implications of our Australian responses as compared to other countries will take years of careful analysis to fully understand. There are many studies to be completed and reports to be written. Pandemics are highly dynamic and complex systems. Like the crisis management phase, we will have to make many recovery decisions before everything about COVID19 is fully understood and agreed.

What this means for organisations is that there is a significantly increased **risk of conflict** as people emerge from isolation into spaces where they need to co-operate with others. Different individuals are very likely to have strongly held and competing values which will inform ideas of how workplaces should be organised, and which activities comprise differing levels of risk. In the absence of full understanding, people tend to slip into two common but serious conflict inducing mistakes, **simplification** and **personalisation**. Simplification is reducing a highly complex problem to just one simple causal factor (typical in conspiracy theories). Personalisation is then attaching that factor to a person or group (blaming, marginalising and then punishing someone or some group for the problem).

Leadership Practice 4

Develop as far as possible an informed rational consensus around COVID and the practices which will ensure a functional and safe workplace. It is a leader's responsibly to ensure accurate, up to date, and industry relevant information is available to all.

One of the important ways people make sense of what has happened is when they see constructive changes to the way things are done informed by an intelligent understanding of prevention and mitigation of future pandemics. We may be a way off seeing steps like these fully realised however small steps in the right direction are important as long as they are informed by accurate information.

Leadership Practice 5

Equip your organisation to deal constructively with conflict. This is a really good time for arranging some conflict training. Ensure team leaders and managers are up to speed on the common competencies to deal with conflict. Enable them to detect and respond to disagreements early and hold people to standards of behaviour in times of tension. In the aftermath of a crisis, while tensions and energy run high, people have all kinds of unmet needs and some unresolved issues that have been festering away. This is the time for clear instruction and modelling on how to create a culture that is generous, open, kind, supportive, patient and tolerant of differences.

4. **Appreciate that re-engagement is not simply a return to 'business as usual', it is a transition to a quite different 'pandemic informed' context for life work.**

In the new context for life and work that is unfolding around us, only some things that were done before will recommence unchanged. Some adaptions that were made to cope with COVID will become permanent fixtures of the way things are done[5]. Some activities will not be re-engaged and will disappear from the way we do things[6]. Some new skills, new processes and new ways of working are likely to emerge over coming years[7].

Some may be anticipating that life and work will simply restart largely contiguous with pre-COVID days and find they do not have the energy or commitment for significant change. William Bridges refers to a transition stage known as the 'neutral zone', where individuals have had to move out of the old way but have not yet embraced the vision or become invested in making the new ways work. They would rather go back but can't and can't quite muster the will to move forward.

There are many reasons some find re-engaging work in new ways easier than others. Over time most make the adjustments and find their feet. It would be a mistake for a leader to assume that this will be a straightforward and easy process.

Leadership Practice 6

As clearly as you can, articulate and interpret what elements of your organisation remain unchanged, what losses there have been and what these are likely to mean, and what new processes or changes are on the horizon. Understand that the psychology of transition will be important for people dealing with the movement back into their place of work. Equip team leaders to intentionally 'reform' teams rather than assume it will all go back to normal.

Leadership Practice 7

Assist staff and volunteers to clearly define any changes to their roles and responsibilities. Provide training and support for the adjustment process that might be required, for skills that might need to be acquired and for new processes which might need to be learnt.

In our recovery work with organisations we summarise the four main restorative processes as truth-telling (building trust through clear honest communication), justice-seeking (doing the right thing by people and society even if it is hard), grace-giving (being kind, generous, forgiving and merciful), and peace-making (doing the sometimes hard work of enabling co-operation, teamwork, shared vision and values in times of tension).

Depending on the size and complexity of your organisation, there may be value in considering the formation of **medium-term transition or recovery team** made up of 4 or 5 key leaders to oversee the re-entry, restart or recovery process. This group would attend to the key leadership practices above and keep intentional recovery on the agenda while the other leaders focus on getting the organisation functioning effectively in a different environment.

How are you doing on the seven leadership practices? Identify your strongest and the ones you need to work on. Discuss these with a mentor or leadership coach.

Organisational recovery is not a program or a single event. It will most likely involve intentionally creating safe spaces for people to listen and share, opportunities for individuals to work through what has occurred for them personally and what has happened for the organisation, help in making appropriate sense of it all and the changes it has produced, and practical guidance around settling into the new shape the organisation takes as COVID19 slowly becomes history.

Although that might be a little while yet
   … and we may still have more to deal with
      …. stay tuned!

Tim Dyer

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[5] E.g. Less travel to face to face meetings, more video conferencing
[6] E.g. There are likely to be organisations that have been important partners, suppliers or customers that no longer exist or are significantly impacted. There are likely to be long term changes to OHS personal hygiene requirements and potentially personal protective equipment (PPE) at many places of work.
[7] As we understand more of the way COVID has spread, other changes may be required.

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Developed from a range of recovery models and resources, revised 2020 for COVID-19 Pandemic.