

CLEARING THE FOG

FROM SURVIVING TO
THRIVING WITH
LONG COVID—
A PRACTICAL GUIDE

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THE WOUND IS WHERE THE LIGHT ENTERS: Post-traumatic Growth After Covid

In his classic autobiographical work, *Man's Search for Meaning*, Austrian psychiatrist, philosopher, and author Viktor Frankl observed that individuals can endure hugely difficult things if they are able to find meaning in them and that they can even be transformed in the process. A survivor of several concentration camps during World War II, he lost his father, mother, wife, and brother to the atrocities of the Nazi regime, and his writing and philosophies grew out of personal experience. Against this stark backdrop of tragedy, he developed logotherapy, a therapeutic approach (that some describe as more of a philosophy than a therapy) based on the premise that people are primarily driven by a desire for meaning in life, and that meaning can be experienced and created, even in the midst of suffering. In *Man's Search for Meaning*, Frankl states that his theories helped him survive the inhumane treatment in the camps, and that his experience there confirmed and advanced his beliefs.

As I've worked with patients, perhaps especially during the Covid-19 pandemic, I've come to appreciate the essential truth of Frankl's insights—that when lives and livelihoods are derailed, and

hopes and dreams are dashed, there is often meaning to be found that can lead to paths out of the abyss and even opportunities to flourish. Many of my patients, including those living with long Covid, have discovered that difficult endings, perhaps of the way life used to be, can give way to new and meaningful beginnings, that life transformations can occur in the midst of struggle and may even be fostered and facilitated. In this chapter, my aim is to elaborate on Frankl's key tenet—*growth can occur through facing hard things*—and introduce the concept of post-traumatic growth, a psychological change that can arise as people cope with traumatic events in their lives, including debilitating illness. You may have noticed this yourself as you've navigated the complexities of long Covid.

A few years ago, I was invited to give a keynote lecture on PTSD at a conference on humanity in ICU care at a medical center in Albuquerque, New Mexico. Standing at the podium, I talked about the paradoxes I had observed in the lives of ICU survivors I worked with, how their lives were harmed by critical illness and yet were often transformed in positive ways in the process. I had witnessed these changes unfold with enough of my patients that it had caught my attention, and humbled me, as they sought to find a new way forward in their lives. I concluded my lecture with a reference to a verse from the Old Testament Book of Isaiah that, over the years, has captured for me the extraordinary transformation that can occur amid difficult life events. It describes an exchange—“beauty for ashes”—of replacing despair with something life-fulfilling. The promise of hope from grief. The meaning transcends its religious origins.

The conference was funded by a woman named Caroline, whose husband had experienced an untimely death in the ICU, and, later that evening, I was able to meet her and have dinner with her and her family at a charming Mexican restaurant in the city's Old Town neighborhood. Just before we sat down to eat, she pulled me aside to say that on hearing the words *beauty for ashes*, she had almost fallen out of her chair.

She had embraced this phrase after her husband's death and even used it now as the first part of her email address. She told me that, in her grief, she had come to realize just how brief life was and had determined to live the remainder of her life in a purposeful and impactful way, using her resources to help support education and advocacy efforts to ensure the thoughtful care of critically ill patients, ICU survivors, and their families. "I wanted to find meaning in my husband's death," she said. "To have something good come from it."

THE CONCEPT OF POST-TRAUMATIC GROWTH

While the concept of personal transformation emerging from traumatic life events is not new, the term *post-traumatic growth* (PTG) was coined in the 1990s by Richard Tedeschi and Lawrence Calhoun, psychologists at the University of North Carolina.¹ Since then, they have pioneered research and theories in the field, and PTG is now an established concept in the world of psychology. In general, it rests on the idea that significant trauma—sometimes after a single event but sometimes, in my work experience, in the context of a struggle with ongoing events or major negative life disruptions, such as living with chronic illness—can shake up someone's life so profoundly that it can cause people to question fundamental assumptions, deeply held views about themselves, their world, and their future. Through the process of cognitive engagement, in which people reflect on the trauma they have endured and find ways to make sense of it, growth can begin to occur as core beliefs are reconsidered and challenged, old value systems dismantled, and new values, priorities, and life goals are established. While the term *post-traumatic growth* suggests that transformation occurs in the aftermath of trauma, I've noted that with the long Covid patients I care for—whose struggles are multifaceted and ongoing—it can arise concurrently as they deal with their difficult experience, perhaps as their insights grow or as small steps of progress are made.

The exact prevalence of PTG is hard to determine, and its

magnitude varies widely, but most investigations suggest it is experienced to some degree by approximately one in two people after exposure to trauma² (with some studies suggesting that PTG may occur in nearly 90 percent³), including in those with life-threatening illnesses such as cancer. Data show that it is more likely to arise in women than men⁴ and in people younger than 60⁵—reasons for this are unexplained in the medical literature but it could be that they are better able to modify ideas about themselves and the world—and that it often emerges months and even years after the traumatic event or situation.

In the last two years, numerous studies have been published that focus on PTG in Covid survivors. In one Italian study of seventy-one Covid ICU survivors who went on to have persistent symptoms of long Covid, 50 percent reported experiencing PTG six months after discharge, with 62 percent displaying “adaptive” coping strategies (defined as healthy approaches that center on problem-solving).⁶ Growth was especially significant in the domain of renewed appreciation for life. In a large study conducted in Ghana of 381 patients hospitalized with Covid who experienced various mental health conditions after discharge, 53 percent described developing resilience after Covid, while 60 percent noted the presence of PTG.⁷ Similar findings occurred in a Chinese investigation in which study subjects described wide-ranging benefits following their struggle with Covid and its aftermath, including reassessing key priorities in their life, better relationships with others, a new willingness to help others, and noticeable personal growth, defined as increased maturity and a more enriched life.

As the studies above demonstrate, the broadly observed phenomenon of PTG can occur in people living with long Covid, and many long haulers have experienced growth in their lives due to hard lessons learned while battling adversities and navigating their new existence. This, in turn, can offer hope and purpose. It’s important to clarify that the possibility of post-traumatic growth does not negate the deep physical and emotional suffering that can accompany trauma or challenging situations in people’s lives, nor does it mean that traumatic events are

good. Instead, it is an acknowledgment that personal transformation may arise from the struggle and that great suffering may be a catalyst for growth.

FIVE AREAS OF GROWTH

Post-traumatic growth may manifest in various ways, but research suggests that people usually experience it in five different areas in their lives.

Deeper Appreciation for Life

One humid October evening, my wife, Michelle, and I, and two of our best friends, were sitting under the stars on the highest hilltop in Nashville, listening to music at Bluebird on the Mountain, an outdoor concert known, at the time, only to locals. It had been a week of difficult diagnoses at the clinic and several emotional sessions with patients, and I was just beginning to shift my focus to my evening out when the singers on stage belted out “Live Like You Were Dying.” Though I’d heard this towering single by country singer Tim McGraw many times, it suddenly struck me that it was a paean to PTG if ever I’d heard one—the story of a man in the prime of life who receives a terminal cancer diagnosis and reevaluates his existence in the knowledge that his time here will be brief. In appreciating life, he no longer takes anything for granted, but pursues new passions and interests with gusto (skydiving, mountain climbing, bull riding) and makes changes to carve out a different way forward (through forgiveness and reading the “good book”). I sat in the half-darkness, mesmerized by the lyrics, wanting to find a way to incorporate some of what I was feeling into the care of my patients.

Some of my patients who have survived a severe case of acute Covid, who may have been in the ICU, and who continue to struggle with ongoing symptoms of long Covid have felt similarly grateful. They’ve started to look at life through a lens of deep appreciation. I’m thinking,

as I write, of Laura, who was the manager of a retail drug store before she developed significant problems with neuropathy and cognitive impairment after a lengthy course of critical illness due to Covid. Life prior to her infection was fast paced with long hours spent at work, often putting out fires, juggling multiple tasks, and trying to stay a step or two ahead of the corporate office's expectations. Now she can't imagine how she used to handle it. She has quit her job and is working part time from home as a telemarketer, taking it slow. It's not what she envisioned nor is it what she wanted but she's come to appreciate the time she can spend with her young son and husband and with her hands in the earth in their small yard. She worries about the cut in the family income but with the babysitter expense gone and a fledgling vegetable garden in the works, she's determined to be thankful for what they have. "I keep my sights on my family," she says, "and on the hummingbirds that flit between the canna lilies in the garden."

Greater Openness to New Possibilities

For some, challenging life events can result in a desire or the necessity to change the way life was previously lived. This might include cultivating new interests to replace older ones that are no longer accessible or finding a new life path.

Samantha is in her late thirties, the mother of three young children, and previously a physicist who worked for the federal government in a series of increasingly responsible jobs. She developed Covid early in the first wave of the pandemic and, while many of her friends had similar experiences and seemed to get better, she never did. Now, she's been out of the workforce for a long while due to bone-crushing fatigue, which sometimes dissipates for a day or two but never really leaves, and a vast array of hard-to-explain symptoms that seem to be getting worse. She's doubtful that she will ever return to her previous job or her previous life. Dinners out with friends and family walks in the beautiful countryside near her house are impossible for her now, and she has spent a lot of time wishing she could turn back the clock. Her life is

hard and littered with challenges that sometimes seem to threaten to engulf her, yet, in the midst of it all, she's managed to find a new way forward and sense of purpose—advocacy.

A former member of her college debate team, Samantha is thoughtful, quick, and articulate, and when speaking about long Covid she communicates with the sincerity and authority that come from experience. She's spoken to local, national, and even a couple of international reporters, and continues to look for opportunities to tell her story in ways that empower others and educate the public at large about the ongoing needs of long haulers. Her emerging role as an advocate hasn't necessarily made her daily difficulties any less profound—she misses her job and still relies on her mother, partner, and friends for a patchwork of childcare and household support, and the interviews can sap her energy for hours and sometimes days—but this burgeoning interest is motivating, powerful, and important. It makes her feel competent and seen. She's grateful for the growth she's witnessed in herself, even as she finds ways to deal with her reality.

Personal Strength: Knowing That You Can Handle Difficult Things

In the unfolding of a difficult life situation, or in the aftermath, some people take stock of what they have endured and realize they are stronger than they could have ever imagined, and this can lead to an increased sense of self-reliance and inner confidence. One of my patients, Maria, a young Australian international aid worker, ended up in the ICU and lost several toes due to profound circulatory problems. A vibrant young woman, she spent more than a month in the hospital and developed severe PTSD. After her discharge, she isolated herself and had daily panic attacks and serious symptoms that left her unable to function or return to work and, eventually, led her to receive therapy.

Recently my colleague Dr. Carla Sevin and I received an email with a video attachment from Maria, sent to the ICU Recovery

Center. When we opened it and saw the footage, we both laughed, though tears were close, too. There was Maria, back in Australia, on a surfboard, riding a wave, looking fierce, untamed, and determined. Her accompanying email was winsome and thoughtful, and she closed it with a statement (emphasis mine) that inspires and motivates me still, “I hope this email can serve as a solace when the days in the ICU seem never ending—*some of us survive and, even better, thrive.*”

Maria’s growth didn’t happen overnight. In the first year after her discharge, even as her PTSD symptoms lessened, she had bouts of depression and long periods of self-doubt in which she crawled under the bedcovers and stayed there, wracked by feelings of anxiety. But she continued to show up for therapy via telehealth and started to find meditation helpful. She also discovered that when she put the details of her story down on paper, she could step away and view it from a distance, and, in the process, learn to think about it differently. In time, she found that she was healing, developing a reservoir of strength that she didn’t think she had, and finding the courage to return, little by little, to activities that she had once loved. One of these was surfing, a hobby she had dabbled in previously and that now seemed to call to her—part adventurous, part terrifying. Even though three toes on her dominant foot were gone, a daily reminder of what she had endured, she kept at it, determined to stand on her board and catch a wave. “I knew that after everything I’d been through I could do it,” she said to me. And she did. Now she is hoping that one day she can start a therapeutic surfing retreat to help others grow after difficult life events.

Closer Relationships

As people reassess their lives in the face of upheavals and trauma, they may look at their relationships and the ways that they relate to others. Recently, I met with Chris, a patient of mine, and his wife, Claire, at the ICU Recovery Center. In their mid-fifties and living in northern Georgia, Chris is a nurse at a small country hospital, while Claire is a

social worker. Chris had spent more than two months in the ICU with Covid and was so weak when he arrived at a rehabilitation hospital that he could barely walk or hold a pencil. His medical journey was a difficult one, each piece of positive news offset, it seemed, by a complication, and the one constant in the process was Claire. She sat steadfastly by his side in the hospital room, supporting him and advocating on his behalf, and, when hospital protocols dictated that she couldn't, she sat hunched in her car in the parking lot, as close as she could get. Sometimes she cried for hours, though she would never admit this to Chris. When Chris finally made it home, while he struggled with significant cognitive dysfunction, his brain foggy and his memory unsure, there was one thing that was clear in his mind: he would never have made it without Claire.

Their marriage has carried them through many seasons over the past thirty years, and a few times they had thrown their hands up in futility, wondering whether it was time to go their separate ways. Sometimes Claire stayed too long at work and Chris grew frustrated, feeling like her commitment to her patients lessened her time with him. At times it felt like a minor miracle that they remained together and yet, as they sat together during their appointment, Chris held Claire's hand and talked through tears about his renewed love and profound gratitude for her and the terror he felt when he remembered how close they had come to divorcing just a few short years ago. "I didn't know how lucky I was," he said, shaking his head. The difference in their relationship, driven by Chris's realization of how lovingly Claire had cared for him—indeed, how much she *loved* him—and his newly discovered respect for her, was palpable. Claire said that she felt seen now and valued. That she didn't need to prove her love for Chris; it was a given. I watched them talking together, making plans for the week ahead, for Chris's appointments with his speech and language pathologist, a dinner for Claire with an old college friend, maybe a movie. They seemed in sync with each other.

A Spiritual Change

This might include a deepening of, or a shift in, a current belief system, or involvement with a new religion or belief system. Pulitzer Prize-winning war reporter Ernie Pyle is sometimes credited with saying, “there are no atheists in foxholes” (although some attribute the phrase to others) and while this quote is not strictly true as approximately⁸ 2 percent of soldiers in the United States Armed Forces identify as atheists, it highlights the point that many people turn to religious faith or perhaps spirituality, more broadly, during times of great stress.

Over decades of working with survivors of critical illness and, more recently, with people with long Covid, I have often observed this change take place in people’s lives. It unfolds in a variety of ways. Sometimes people experience an awakening of a long dormant faith or the faith they practice seems more urgent and personal. Some people may turn toward a new belief system that feels more in keeping with who they are now, and others may experience a transcendent spirituality, a sense of oneness with the universe that leads to increased peace. Serious illness and devastating life events can shake people to the core, often leaving them feeling vulnerable, and some look to religion as a guide and a support.

One of my patients embraced Buddhism, feeling especially drawn to its philosophies of compassion, responsibility, and values in an impermanent world. Post-Covid fatigue and cognitive dysfunction had taken away his ability to drive and with it his volunteer work at an animal shelter, and now he is hoping to rebuild his life from what he describes as a solid foundation of faith. Another patient, Richard, a middle-aged accountant from Indiana, has struggled with multiple seizure-like episodes since contracting Covid and is now unable to work. He’s distressed by his poor health, of course, and concerned about disability benefits, but he has also experienced a profound sense of serenity that is hard to explain. He is convinced that no matter how difficult things get, he’s going to be okay because his life is part of an unfolding story that God is

writing and shepherding. For him, his faith allows him to trust the process and to accept his life the way it is. For each person, the role of religion, spirituality, or belief in a higher power after trauma is unique.

DEVELOPING POST-TRAUMATIC GROWTH

I like to see my patients thrive, and I would very much like them to experience post-traumatic growth as I believe it can help considerably in managing an illness or condition. Usually, however, PTG arises organically and cannot be brought about by wishing it or trying to engineer its development. That said, I do regularly explore with patients, both in individual therapy sessions and in group treatment, the possibility that they could be experiencing post-traumatic growth. After considering whether raising the subject is appropriate, I aim to initiate questions thoughtfully, trying to meet my patients where they are and without an agenda. I'm acutely aware that positivity-tinged discussions can be perceived as tone deaf, or insensitive, as minimizing someone's struggles. In many cases, I don't say anything at all, and at other times, I tread carefully, engaging in a discussion only after a patient has raised the subject.

However, I always want to be open to the possibility of post-traumatic growth in my patients' lives and am guided in my approach by two beliefs. First, I think it unwise to assume that people who experience difficult situations are impacted exclusively in negative ways, and second, I've observed and continue to witness the ways that PTG has been at work in my life as I've learned to acknowledge, accept, and adapt to my OCD diagnosis. Over the years, I have experienced growth in two primary areas of my life: my relationships with others and spiritual change. I've always been quite a gregarious extrovert and enjoy relationships with people, and, more recently, I've found that my friendships have grown in intimacy. I'm more willing to share my inner self, especially with close friends. When texting my childhood

friend and high school football teammate, Bob, I regularly end our conversation with the words “I love you” (I love you, Bob!!!) and on dates with my wife, Michelle, I’m less inclined to talk about the weather and more interested in talking about things of consequence that lead to deepened bonds, even if the conversations are not always easy. With my faith, always a central feature of my life, I have become less attached to the rational, no longer needing tidy explanations, and feeling comfortable and often in awe of mysteries and paradoxes that I can’t—and don’t need to—clarify.

While it may not be possible to choose whether you experience post-traumatic growth, there are certain conditions, based on my clinical experience, that may help you to foster and develop it:

Cultivate an Attitude of Openness

Try to see your struggle with long Covid in a different way, remaining open to the idea that this journey, as difficult as it is, can foster new insights and contribute to your growth over time. When my psychologist first raised the possibility that my battle with OCD might give rise to good things, to positive developments in my life, I took great affront at the idea and closed myself off to everything she said. Eventually, as I let the idea percolate, I became very *slightly* open to the possibility, though I still dismissed it, but by cracking the door just a little and being willing to consider her words I was able to let big changes start to work.

Try to crack the door and think about adopting a stance of curiosity about your experiences that may not be intuitive, may not make sense, and could even be distressing.

Ask yourself questions about the meaning of your trauma and its impact on you. This “deliberate rumination,” as Tedeschi and Calhoun refer to it, starts with a willingness to entertain the idea that such an exercise could be valuable and, as you begin to make sense of events, can lead to PTG.

Share Your Story with Other People

One of the obvious consequences of Covid-19 has been social isolation and disengagement from others and from shared social spaces where relationships often happen. Many days I look out of the narrow window in my office onto the breakroom in our office suite, and I'm reminded that no one is eating there together anymore because many people are working at home. I miss the casual conversations that took place while waiting in line to use the microwave or standing around the proverbial watercooler that often seemed to prompt deeper connections and disclosures. While some are not having these interactions because they are working remotely, millions of people with long Covid around the world are no longer in the workforce at all. Even in neighborhoods, community centers, places of worship, and schools, isolation abounds, and we often have to work harder than we once did to connect with others. It can be especially crucial for those going through difficult life experiences.

Multiple research studies on PTG show that it can develop in the context of close relationships,⁹ especially with those undergoing similar experiences, people who can empathize, encourage, and share their stories and strategies, including how to reappraise their situation.^{10,11} Many of my patients have found support groups—in person, on Zoom, or online—very helpful, and I offer more details in Chapter 8. Likewise, I have seen firsthand the way that long haulers provide one another encouragement, guidance, and solidarity in the peer support groups that my colleagues and I lead each week. They appear to provide an atmosphere conducive to the development of post-traumatic growth.

Try to find environments and situations in which you can get together with like-minded people and safely explore the narratives you've developed around your particular story.

As you share your story and listen to others' experiences, consider

whether there may be other perspectives or alternative ways to manage your struggles.

Be aware that sharing your story may be a difficult emotional experience *and* that this raw honesty can lead you to developing deeper bonds with others.

Lean In to Healthy Coping Strategies

Several useful insights stand out in the scientific literature on how coping strategies can affect the development of PTG. In general, tools that promote post-traumatic growth help people view difficulties and setbacks more positively, encourage adaptability, and assign meaning to challenges. These strategies may be helpful for you:

Acceptance Coping

At its essence, acceptance coping means accepting (rather than avoiding or denying) that a challenging life situation is real and must be addressed. My clinical observations fit with this finding. The long haulers I work with who are able to look directly at the difficulties in their lives, who don't deny them or sugarcoat them but see the full magnitude of their challenges and can find the grit to talk about and engage them, often experience post-traumatic growth.

Carl, a middle school librarian in his mid-forties, developed severe panic attacks and experienced dissociative episodes after recovering from Covid and ended up being hospitalized for a brief time to help stabilize his mental health. Shaken by the sudden turn of events in his life, Carl was terrified by what it might mean for his future, and while part of him didn't really want to find out, he knew that he needed to pursue treatment, probably therapy, which was far beyond his comfort zone. As I meet with him weekly, I continue to be struck by his willingness to acknowledge the challenges that his symptoms pose, to face the possibility that he may have to navigate a mental health diagnosis for the rest of his life, and to summon the courage necessary to cope. He

drives from Kentucky to the ICU Recovery Center to see me for weekly individual psychotherapy sessions and engages in extensive and exhausting visits to psychiatrists, following trial-and-error efforts with multiple psychotropic medications to find one that works and often having to keep panic attacks at bay. His ability to “lean in” and address his debilitating symptoms is beginning to help him understand and manage them, and to find a way to live with them. In time, his hard work may lead to personal growth. I hope so.

- Try to face the full scope of your difficulties, no matter how hard it may seem.
- Though it may be terrifying, aim to stay the course of treatment.
- Surround yourself with supportive people to help buoy your spirits.

Avoidance Coping

The vast amount of psychological literature on coping is consistent in demonstrating that avoidance is an ineffective strategy, for the most part, and often makes problems worse. As such, it is a coping mechanism that I would rarely encourage my patients to adopt. Yet there are situations in which avoidance coping can be helpful in the short term.

Shown in multiple studies to be associated with the development of PTG, avoidance coping refers to stepping away from traumatic and triggering thoughts and activities when they become too upsetting. It may seem that this method would conflict with exposure therapies that help patients face their traumatic experiences, but the key here is timing, balance, and dosage. Avoidance coping, often effective in the temporary reduction of distress, can be a healthy approach when paired with a commitment to face stressors when the time is right. Colette, one of the patients in my long Covid support group, recently started reading *The Body Keeps the Score*, a classic and groundbreaking work by psychiatrist Bessel van der Kolk, on the way that trauma is stored in the body. As Colette delved into the book, she found herself feeling

overwhelmed and frantic, unable to focus, or to get herself to her job. It seemed as if the book were written about her. She made the decision to put the book away for a time, and yet she didn't want to ignore what it was telling her—it felt important. She decided to commit to return to the book when she had found a therapist who could help her with her unresolved trauma and support her as she coped with the many thoughts and feelings that she believed reading would provoke. In doing so, Colette applied the strategy of avoidance coping and combined it with acceptance coping.

In contrast, one of my long Covid patients, Clarence, a truck driver and former army infantryman, so desperately wanted to be free from the daily assaults on his well-being caused by PTSD that he moved too quickly and undermined his own progress. He had developed PTSD after a prolonged stay in the ICU, and while his indomitable will had helped him succeed in the military, his determination to combat his PTSD was less helpful. He forced himself to talk about painful memories of his hospital experience and to engage in “exposures” such as returning to the emergency department where he had been admitted, wanting to face his illness head-on. Unfortunately, he developed more distress than growth and healing, and set himself back in his recovery. Like many people, Clarence had associated going slow with his treatment or pacing himself as signs of weakness, and while it can be hard to wait to begin to feel better, a combination of avoidance coping and acceptance coping can be the most effective strategy.

Be willing to pace yourself in your treatment. Sometimes it is a quicker way to see results.

Acknowledge that dealing with life-changing events is difficult and that sometimes a break can be beneficial. It doesn't mean that you've stopped moving forward in your recovery—it is part of the process.

Positive Reappraisal

This strategy refers to the ability to view or consider negative events in a more positive way by using techniques such as reframing or

reinterpreting. One of my patients, Amy, has been using this method recently and it is helping her feel more encouraged about her current situation. A life-threatening case of Covid-19 and multiple ongoing symptoms caused her to retire early from her job as a logistics director at a large auto parts manufacturer, and in the months that followed, she spent a lot of time looking back on her work, feeling forlorn and angry as she thought about how much she had enjoyed having a job and all it had represented for her. Now she felt lost without it, her days endless and meaningless. She worried about the drastic decrease in income and fought back feelings of being a failure. On the phone with her sister one evening, Amy lamented again the loss of her job and heard her sister respond, “I’m so sorry. I just hadn’t realized that you loved it so much.” For a moment, Amy paused. Had she loved it?

Later that night, Amy began to remember her job in a different way, not as an abstract entity that gave her life meaning, but as the job it really was, one that had frustrated her much of the time and had infringed on her life in countless ways. She recalled the relentless demands, expectations that could not possibly be met, long hours that had become increasingly taxing as she grew older, the accompanying stress, family celebrations missed, vacations postponed, the high blood pressure that worried her family members as well as her physician who, on a few occasions, had told her gently if bluntly, “If you keep working like this, it’s going to kill you.” As Amy continued to reflect, talking her thoughts over in therapy, she realized that while losing her job was painful, it may have also been a gift—one that saved her life. With this positive reappraisal, she was able to start thinking about what her job loss meant to her, and how she might find other ways to fill the void it had left in her life, to find meaning elsewhere, and to begin to find a new way forward, compatible with her body’s new limitations.

Be open to the idea that there may be a different story about yourself or your life that can give you an alternative perspective and new ideas for moving forward.

Try journaling to reframe narratives, looking at your pre-Covid life

through a new lens. Is it really the way you remember it? What about your new reality? Does the way you present it reflect the whole truth?

As a teenager, I wanted to be a great athlete. It was my primary goal when I woke up in the morning; on summer afternoons, when I charged up and down a dusty football practice field dragging an old tire behind me, and when I turned into bed and listened to my beloved Detroit Tigers baseball games on my portable radio. I had motivational sayings and posters plastered all over my room, taped onto the walls and ceiling and, in my wallet, I carried the granddaddy of them all—a square of paper that I turned to again and again that simply said “Whatever doesn’t kill you makes you stronger.” I probably had no idea who Friedrich Nietzsche was in those days, but I uttered this quote many times over as I prepared for hard wrestling practices and workouts that promised to be exhausting.

I’ve evolved over the past forty years, and now the aphorism strikes me as abrupt, overly certain, and uncaring as I think about thousands of patients who have been utterly broken, not emboldened, by dealing with unthinkable hard events in their lives. In my clinical practice, I try to tend to my patients with kindness, gentleness, respect, and compassion without the glorification of suffering. And yet, I do believe, and you may agree, that in some circumstances, beauty does arise from ashes, and, though we may wish that the ashes had never appeared, it can be helpful to make room for, or even to seek out, the beauty. By being curious, open, and reflective, sharing stories of suffering with others, and embracing ways of coping that promote our growth, it can be possible to, at least, encourage transformation, even amid long Covid struggles.

As I draw the chapter to a close, here are some questions to help you think about the place of post-traumatic growth in your life and how to recognize its presence or foster its development:

- Do you have a greater appreciation for life?
- Have you changed your priorities about what is important in life?

- Do you have new interests?
- Are you committed to changing things that need changing?
- Have you been surprised by your strength?
- Do you have a greater understanding of your resilience?
- Do you feel closer to others?
- Are you more willing to be vulnerable and express your emotions?
- Have your beliefs changed?
- Do you have a new or greater sense of spirituality?

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