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George Mason University
Arlington VA USA
2020

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2 https://scar.gmu.edu/news/583461
3 https://www.mhcr.gmu.edu
4 https://crdc.gmu.edu
5 https://theparachutepeople.org
ACKNOWLEDGEMENTS

The author wishes to thank Tyler Goodwin and Brandon Weiss for their assistance with the preparation of this manuscript; Dr. Marc Gopin, Dr. Karina Korostelina, Antti Pentikäinen, Annalisa Jackson, Anne Hill Trask, Evan Clark, and Kesi Michael for their commentary and reviews; and Maggie Sherwood for her graphic design skills.
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For several weeks, I have collected, summarized, and synthesized evidence-based resources focusing on building and maintaining sound mental health and wellness during the COVID-19 pandemic. My ultimate objective in this effort has been to envision a path forward for all of us: a path away from uncertainty and fear - a path towards building habits and routines keeping us healthier, happier, and safer during these times. To fulfill this objective, I have broken this guide into two parts:

**PART I: Empowering readers to build a specific, achievable, and manageable plan of action to survive the COVID-19 pandemic.** Surviving during this time requires each of us to fully account for our physical, psychological, and social needs and making any necessary adjustments to ensure these needs are met. This includes a general review of what we know of COVID so far, the potential psychological impact(s) of isolation from society, and ways to cope with a positive COVID diagnosis.

**PART II: Inspiring readers to create transformative, exciting, and fulfilling opportunities to thrive during COVID-19.** We must remember that life is not meant to be endured, it is meant to be an exciting discovery of the many wonders of the world around us and the many wonders within ourselves. This includes suggestions of how we can take care of ourselves, our households, and our communities during COVID.

As a researcher of psychological resilience and a practitioner of resilience building, I am constantly awed by the myriad ways human beings create ingenious, powerful, and (at times) simple strategies to overcome life’s many challenges. I am amazed in these moments, amazed by my opportunity to bear witness to stunning acts of courage, dignity, and grace, even in the face of anguish. I believe we are all capable of these types of victories: remaining unbent, unbowed, and unbroken during the most demanding trials of our lives. We are all capable of resilience.

However, even for the most resilient among us, big life changes are always challenging, and these changes can impact our mental health in many ways – as we’ll explore shortly. At the same time, we all have many potential sources of resilience to help us through these changes. Given the specific ways COVID-19 is changing our lives, the resilience building strategies compiled here are especially useful for dealing with (1) unexpected and sudden changes in lifestyle and (2) isolation over long periods of time.

I sincerely hope you find these recommendations useful for you, your loved ones, and your communities.

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6 The recommendations I make throughout this guide are based off my experiences and insights as a mental health researcher and conflict resolution practitioner. I am not a certified mental health counselor. If you or someone you know is experiencing a mental health emergency, always call 9-1-1. Additionally, these recommendations are largely derived from my reflections, as a young adult, on the sudden consequences of COVID-19 on my, my friends’, and my colleagues’ lives. I have tried to be as strategic as possible with my recommendations, incorporating resilience-building strategies applicable to as many folks as possible. If you feel my recommendations can be used to empower specific communities whose needs are not reflected here, I am happy to work with you to appropriately reframe this guide. If you would like to explore potential collaboration opportunities, please contact me: nsherwo@gmu.edu

7 I borrow this phrase from HBO’s Game of Thrones: https://www.hbo.com/game-of-thrones/season-05/6-unbowed-unbent-unbroken
PART I

SURVIVING
Here are the basics of COVID-19 (the ‘19’ comes from the virus’s initial discovery in 2019):

- **A ‘coronavirus’ is defined as** “a large family of viruses which may cause unknown illness in animals of humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as MERS and SARS”. The newest form of a coronavirus is COVID-19 (World Health Organization [WHO], 2020).

- **Symptoms include:** (1) fever, (2) tiredness, (3) dry cough, (4) aches and pains, (5) nasal congestion, (6) runny nose, (7) sore throat, (8) diarrhea, and (9) difficulty breathing (WHO, 2020).

- **COVID-19 spreads from** “small droplets from the nose or mouth which are spread when [an infected person] coughs or exhales” (WHO, 2020). This most commonly happens after touching objects covered with these droplets and after touching your eyes, nose, or mouth.

- **Common protective measures for everyone include:** (1) washing your hands a for at least 20 seconds with soap or alcohol-based hand sanitizer; (2) maintaining at least 6 feet between you and someone who is coughing or sneezing; (3) avoiding touching your face; (4) following good respiratory hygiene; (5) staying home if you feel unwell; and (6) keeping updated on the latest COVID-19 hotspots (WHO, 2020).

- **Between 5% – 80% of people who have COVID-19 are asymptomatic carriers** of the virus (Heneghan, Brassey & Jefferson, 2020).

- **Individuals at the highest risk of case-related fatality are over the age of 60 and already have underlying health conditions,** such as: (a) cardiovascular disease, (b) diabetes, (c) chronic respiratory disease, (d) hypertension, and (e) cancer (Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 2020).

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a See this video for a handwashing demonstration: [https://twitter.com/SinghLions/status/1240686550939136003?s=20](https://twitter.com/SinghLions/status/1240686550939136003?s=20)
In an attempt to ‘flatten the curve’ (slowing the rate of infection to avoid overwhelming the US healthcare system’s capacity; Iacobucci, 2020), as of April 2020, US Federal and State governments have enacted many policies and guidelines including:

- **Prohibiting travel** (unless absolutely necessary), including shutting down airports, sealing borders, refusing to issue travel visas (Al Jazeera, 2020).

- **Closing restaurants and bars**, although in some instances, curbside or drive through options are available (Hedgepeth & Cox, 2020; Medina, 2020).

- **Closing place of worship** (Gopin, Sherwood, Mohamed, Econa & Zeitz, 2020).

- **Enforcing remote or tele-work for most professions**. This does not include essential municipal workers, such as grocery store employees and bus drivers. Additionally, the US Department of Labor (2020) is reviewing and changing its policies related to paid leave.

- **Most states now enforce “stay at home orders”**, closing all public spaces except for essential services, such as gas stations, pharmacies, grocery stores, banks, and laundromats (Arango & Cowan, 2020; State of California Executive Department, 2020).

- **Federally protected outdoor spaces**, such as National Parks, are closing or altering their hours of operation (National Park Service, 2020).

- Finally, each of us are encouraged to **socially distance** (for individuals without COVID-19), **self-quarantine** (individuals exposed to or at risk of contracting COVID-19), or **isolate** (confirmed cases of COVID-19) to slow the rate of infection (The Lancet, 2020).
As we have seen, the COVID-19 pandemic has shockingly reshaped almost every dimension of our lives. Most workspaces are closed, and those of us lucky enough to still have a job now work from home. Public spaces are shuttered. Taking care of the 'essentials of life', like going to the grocery store or the bank, is an obstacle course at best and utterly disheartening at worst. Public outings are dangerous in these times, as many of us could unknowingly transmit the virus to more vulnerable members within our communities while we ourselves remain asymptomatic. Perhaps most frustrating, of course, is the fact that none of us know when ‘life-as-we-know-it’ will resume.

Also, like many of you, I feel a deep tension between my needs as an individual, such as social fulfillment, and the needs of society, such as keeping vulnerable folks in our communities as safe and healthy as possible. Each of us must dance along this delicate balance: simultaneously protecting our health while making difficult ethical choices to adapt our normal habits to keep our communities as healthy as possible.

Each of us must dance along this delicate balance: simultaneously protecting our health while making difficult ethical choices to adapt our normal habits to keep our communities as healthy as possible.

Of course, ‘healthy’ not only refers to our physical self – health is a holistic concept involving our mental, social, and spiritual selves as well. Each of these ‘selves’ bleeds into the others, and to neglect one is to neglect them all. When we become aware of this neglect, when our health is out of balance, oftentimes we attempt to adjust.

Adjustment occurs when we negotiate our goals, wants, and needs with the changing reality of the world around us (Arkoff, 1968). As we plot out how we will accomplish our goals, we encounter both opportunities and obstacles in the world. Adjustment is a dynamic process because the world itself is constantly changing; friends and loved ones come and go, our work responsibilities adapt to new projects on the horizon, a traffic jam forces us to find a new way out of town. Adjustment is also dynamic because we, as human beings, change as well: we become more introverted as we get older, we take up different hobbies and interests, and we set new expectations for ourselves. Finally, adjustment itself is a meaning-making process: as we encounter conflict with the world around us, these encounters can produce anxiety impelling us to change our behavior, our thoughts about the world, and our feelings. A result of all adjustment processes, and what will surely result from the adjustments we must make to maintain health and wellbeing during the COVID-19 pandemic, is stress.
All of us should expect to shoulder stress during this time of adjustment, and some of us will experience more stress than others (Centers for Disease Control and Prevention [CDC], 2019). Here are a few reasons why:

**Personality**, for example, ‘Type A’ people, like myself, usually experience (or create) more stress on a day-to-day basis than my ‘Type B’ counterparts (Friedman & Rosenman, 1959). This is because Type A folks have (a) a higher need for control and (b) are usually more competitive leading to (c) experiences of anger and hostility when we cannot accomplish our goals.

**Age**, such as older folk, children, and teenagers are more susceptible to the physiological impact of stress (Almela et al., 2011).

**Medical history**, including those with chronic diseases, can thwart our body’s ability to bounce back from stress (Rabin et al., 2007).

**First responders / individuals in the caring professions**, for example, doctors, nurses, and other healthcare providers, find it difficult to ‘turn the job off’ (Everall & Paulson, 2004).

**Preexisting forms of mental illness** can also magnify or compound the burden of stress on the mind and on the body (Spitzer, Vogel, Barnow, Freyberger & Grabe, 2007).

**Where you live**, for example, living in rural areas may mean you have a smaller social support network. Living in urban areas may expose you to higher rates of crime and interpersonal conflict (Elgar, Arlett & Groves, 2003).

**Marginalized populations**, such as persons with disabilities (Scott & Havercamp, 2014), individuals or families experiencing homelessness (Monar, Rath & Klein, 2009), and people who are incarcerated (Massoglia, 2008), tend to have fewer resources to cope with stressors.
3. THE COVID-19 PANDEMIC & MENTAL HEALTH: ADJUSTMENT, STRESS, TRAUMA, & RESILIENCE

While many of us will face adjustment-related challenges, some of us will also experience trauma as a result of COVID-19. When unpredictable stressors compound over time, when the costs of adjustment seem to be too great, trauma can erupt. Trauma occurs when our bodies and minds are incapable of handling massive stressors we are experiencing; these stressors can include interpersonal violence, natural disaster, and sudden loss. Trauma symptoms can include (1) intrusive thoughts (e.g., distressing flashbacks or dreams), (2) avoiding reminders of traumatic events (e.g., resistance towards talking about what happened), (3) negative thoughts and feelings (e.g., distorted beliefs about ourselves and others and persistent feelings of distrust), and finally (4) arousal and reactive symptoms (e.g., self-destructive behavior and irritability; American Psychological Association [APA], 2020b). Over time, trauma is hardwired into our brains, making positive change and healthy adjustment a Herculean task. Some of us will experience trauma as a result of COVID-19, for reasons such as (a) extended periods of social isolation, (b) sudden loss of financial resources, (c) fear and anxiety resulting from testing positive for COVID-19, and (d) the death of loved ones.\(^9\) The story does not end here, however.

Despite the challenges of adjustment, stress, and trauma, we have at our disposal many strategies to create resilience during the COVID-19 epidemic. I define psychological resilience as the process and ability to transform moments of adversity into opportunities to thrive. Resilience also:

I define psychological resilience as the process and ability to transform moments of adversity into opportunities to thrive

Benefits our physical health, including more frequent positive moods and stronger immune systems (important now more than ever; Fagundes, Gillie, Derry, Bennett, & Kiecolt-Glaser, 2012).

Strengthens our relationships, through active optimism, honesty and integrity, and feeling more connected with one another (Everly, Strouse & McCormack, 2015).

Helps our communities as well, helping us stay problem-focused (rather than emotion-focused) as we help our friends and neighbors and empowering us to serve as positive role models for others (Kelly, n.d.).

Empowers us to cope with more severe mental health challenges (which will likely get worse throughout this pandemic; Li, Wang, Xue, Zhao & Zhu, 2020) such as anxiety and depression (Ng, Ang & Ho, 2012) and complex trauma (Agaibi & Wilson, 2005).

\(^9\) A list of resources to help you and your loved ones deal with COVID-19-related trauma can be found here: https://istss.org/public-resources/covid-19-resources
3. THE COVID-19 PANDEMIC & MENTAL HEALTH: ADJUSTMENT, STRESS, TRAUMA, & RESILIENCE

I believe the key to not only surviving, but thriving, during the COVID-19 pandemic is by locating and activating potential sources of resilience throughout our lives.\(^{10}\) It is important to remember, however, that although many aspects of resilience are universal to all of us (e.g., the importance of social support in resilience-building processes), resilience can 'look' very different for each of us. For example, those of us who are more extraverted may have an easier time recruiting social support networks to help us during these times. By contrast, those of us who are more introverted may be better positioned to engage in self-reflective processes highlighting our character strengths and virtues. Always remember: play to your strengths.

10 A different approach to addressing mental health concerns during COVID-19 can be found at the University of Georgia’s Clinical Psychology Program website: [https://www.psychology.uga.edu/covid-19-well-being-guide](https://www.psychology.uga.edu/covid-19-well-being-guide).
4. COPING WITH A COVID-19 DIAGNOSIS

In the coming weeks and months, we should prepare for the news that we ourselves, a member of our household, or a loved one may receive a positive diagnosis for COVID-19. Per the CDC (2020), here are a few facts about the 2019-nCoV (COVID-19) diagnosis process:

- The diagnostic panel is usually administered as an oral or nasal swab.
- **Individuals who are tested usually meet one of the following requirements:** (1) symptoms related to fever, cough, and difficulty breathing; (2) Living in or recently traveled to a place where COVID-19 is known to be transmitted, and (3) recent close contact with someone who either has or is suspected to have COVID-19.
- **There are no negative side effects of the diagnostic process,** other than momentary discomfort.
- **Getting your results can take between a few hours to a week,** depending on the resources available at your testing center and if your testing center must ship out the specimen to a third-party testing site (Kimbrough, 2020).
- **All healthcare providers are required to confidentially report positive results to the US Department of Health** (Kimbrough, 2020).
- **False negatives and false positives are possible with the test;** however, these are not typical circumstances (Patel, 2020). Preliminary research suggests the ‘false negative’ rate can be as high as 30%. One doctor’s advice is, even if you test negative for COVID-19, you should self-quarantine for at least 72 hours following the test to ensure you are not placing others at risk (Lanese, 2020).
- **The test has been approved as a result of the Emergency Use Authorization policy,** meaning the test has not been formally FDA approved, but pressing public need accelerated the test’s release to the general public.

**IF YOU OR YOUR HOUSEMATE TESTS POSITIVE**

As I mention in another section in this guide focused on caring for our households, it’s imperative we have open dialogue with our entire household to plan a response to a positive diagnosis of COVID. This includes deciding on a quarantine room or rooms for those who test positive, designated household members who will clean and cook, and an emergency plan in the event of severe symptoms (such as shortness of breath). Furthermore, a positive case of COVID can put the entire household on edge and can present mental health challenges for everyone involved. Here are some steps you and your household can take to lessen the impact of COVID in your home:

- **The first thing to remember if you test positive for COVID-19 is do not panic.** It’s normal for many of us to fear a positive diagnosis but succumbing to panic could (a) make it more difficult for you to enact your self-care plan and (b) compromise your immune system, making it more difficult for your body to fight the virus (Perini et al., 1995). Furthermore, COVID-related disinformation campaigns are actively trying to sow discord and fear into many populations, and we must be mindful consumers of the news and media to maintain a healthy outlook about the realities of COVID-19 (Rash, 2020).
- **Many who test positive will be asymptomatic,** and of those who do present symptoms, most will experience manageable symptoms that can be treated at home (Kimbrough, 2020). These milder symptoms can present similarly to a cold or flu (West Virginia Department of Health and Human Resources, 2020).
4. COPING WITH A COVID-19 DIAGNOSIS

- **Regardless if you have symptoms or not, you must take every precaution to isolate yourself, especially from other members of your household.** This includes staying in one specific room and using a separate bathroom than the rest of your household (if possible). Do not use common spaces, such as the living room, the kitchen, or dining room. If possible, have another household member cook your meals and deliver food to your room. If you must be in the same room as others, wear a face mask. Always cover your mouth and nose with a tissue when coughing or sneezing and immediately throw tissues in the trash can, followed by washing your hands for 20 seconds with warm water (West Virginia Department of Health and Human Resources, 2020).

- **Do not use shared dishes, glasses / cups, eating utensils, towels, or bedding.** Once using these items, clean them thoroughly (with hot water and soap / bleach) and dry them before being used by others (West Virginia Department of Health and Human Resources, 2020).

- **Clean common surfaces, such as counters, doorknobs, bathroom fixtures, tables, and window seals with household cleans / bleach** (West Virginia Department of Health and Human Resources, 2020).

- **Monitor your / their physical health symptoms**, including drinking fluids as much as possible and taking aspirin to counteract pain and fever, as directed by your healthcare provider.

- **Monitor your / their mental health symptoms**, as symptoms such as anxiety, despair, anger, and chronic fatigue can become worse during your sickness (University of Georgia Clinical Psychology, 2020). We should all expect to worry about our condition; however, we must remember to ensure we are not engaging in irrational fear and take necessary precautions to manage our mental health symptoms. If you are experiencing severe mental health challenges, such as feelings of suicide, call 9-1-1 or the National Suicide Prevention Lifeline: 1-800-273-8255.

- **Quarantine yourself for at least 3 days after your fever has subsided.** For many of us who contract COVID, the entire quarantine period can last longer than a week, as we must wait at least 72 hours after our fever breaks before coming into contact with others (West Virginia Department of Health and Human Resources, 2020). This is one reason it is important to stock up on household essentials before we get sick.

- **Finally, if you live alone, make every effort to activate your social support network once you have a positive diagnosis.** For folks who live alone, having COVID can be a frightening experience, as the responsibility to take care of your health and wellbeing and your household falls squarely on you (Thorn, 2020). Even if you feel well enough to cook, clean, and treat your symptoms, feelings related to loneliness and despair can become worse. For this reason, consider sharing your positive diagnosis with close friends and family, and create specific times in your day or week to check in with your network. Make sure you are honestly communicating your symptoms and experiences to your loved one(s) so they can help you any way they can.
4. COPING WITH A COVID-19 DIAGNOSIS

IF A LOVED ONE TESTS POSITIVE

A loved one testing positive for COVID may create more anxiety than if we ourselves test positive. This can happen for several reasons, such as our loved one’s preexisting health conditions, our inability to control what is happening to them, or an inability to help this person due to social isolation policies (Nanda, Kotchick & Grover, 2012). This anxiety can become worse the further away we are from our loved one with COVID. Here are some strategies you can take to cope during this circumstance:

• As I mentioned above, it is critical that folks who test positive for COVID are able to rely on their loved ones for emotional support, even if physical support is impossible. This means, upon finding out a loved one has a positive diagnosis, having an honest conversation about the symptoms they are presenting, their immediate physical and psychological needs, and what to do in case of an emergency.

• Establish specific and regular times in the day or week to check in with your loved one. Texting, calling, or video chatting regularly will likely make your loved one feel comforted during this stressful time.

• Ensure they have sufficient food, cleaning supplies, and other essentials during their quarantine. If you live in close proximity to your loved one in need of supplies, make arrangements to deliver these supplies while eliminating person-to-person contact, such as leaving a box on their doorstep. If you do not live close to one another, make sure your loved one has someone in their household or community who can make emergency supply runs.

• Check in on their mental health and wellness, directly asking how they are coping with their diagnosis. Many who become physically ill also experience changes in their psychological wellbeing, such as depression (“depressed mood, sleep or appetite changes, feelings of hopelessness and helplessness”), anxiety (“fear of external threats, panic attacks, avoidance, restlessness, worrying, physical sensations, heart racing, sweating, irritability, and difficulty concentrating”; Thorn, 2020). Make every effort to (a) notice changes in the psychological health of your loved one and (b) asking honestly and openly about their current experiences.

• Give them ideas about how to cope with times they may feel more alone, such as moderating the use of social media, planning telephone / video calls, and maintaining connections with a diverse social support network (Thorn, 2020). Help your loved one feel connected during their road to recovery, helping them positively reframe their experience.
4. COPING WITH A COVID-19 DIAGNOSIS

GRIEF AND LOSS

According to one psychologist, grief is the feeling of loss we experience when we recognize the world is no longer what it once was (Weir, 2020).

Grief is the feeling of loss we experience when we recognize the world is no longer what it once was.

Grief arises when we recognize we have no choice but to adapt to our new reality – that there is no going back to what once was. Grief occurs after a massive change, and anticipatory grief occurs when we are uncertain about permanent changes the future will bring. Grief is also a naturally occurring process that almost all of us are able to bounce back from – most of us are resilient when it comes to coping with grief. However, due to the massive changes brought about by the COVID pandemic, many of us are now experiencing a prolonged period of our lives defined by grief. Here are some suggestions to coping with grief and loss:

• **Remember that psychological grief is often accompanied by physical pain.** For some of us, prolonged grief can make our heart race, can bring about shakes or tremors, and can make us feel lightheaded (Berinato, 2020). These symptoms can feel similar to a panic attack or anxiety. Remember this is normal – in all likelihood, you are not experiencing symptoms related to COVID (or other diseases) and that a physiological grief reaction does not mean you are sick. One way to lessen these symptoms is by focusing on the present moment – exploring each of your senses in turn (What do I see? What do I smell? What do I hear? What do I feel? What do I taste?), naming five things in the room around you, and focusing on your breath.

• **Overprotect rather than overreact.** One of the most powerful magnifiers of grief is a feeling of ‘open-endedness’ – there is no end in sight to your ordeal (Berinato, 2020). To lessen this experience, take every precaution you can to prepare for worst-case scenarios and best-case scenarios: Preparing an emergency stockpile of food and thinking about the plans you want to make when this pandemic is over. Recognize that, in all reality, the world is almost never as bad as we fear it could be.

• **Name and claim your grief and strengths.** If you feel overcome by grief as a result of this pandemic, it may help to create a list of the things you have lost during this time: jobs, relationships, sources of self-worth, fun plans on the horizon (Weir, 2020). Once you have ‘named’ the things you have lost, write another list of the qualities that make you strong: Your coping mechanisms, your virtues, and your personality traits you appreciate the most. This will help you remember that, while you have suffered losses during this time, you also have resources at your disposal to help you pull through.

• **Recognize many of us are grieving, and reach out to others to express your pain and empathize with their pain as well.** A silver lining to this pandemic is that instances of collective loss and trauma, while immensely painful for many people at the same time, means we can better empathize with the experiences of many others in our community. The grief you are experiencing is probably felt by others in your social networks, and you have the opportunity to both (a) rely on your connections to understand your experiences and (b) can support your connections during their time of grief as well. For many of us, helping others through their losses by expressing our own (a) brings a sense of closure, (b) deepens our relationships, and (c) imbues a sense of meaning and purpose to our pain.
Finally, a tragic reality of this pandemic is that some of us will experience the death of a loved one throughout this period of isolation, whether directly from COVID-19 or from other causes. Due to the psychological impact of isolation and loss most of us already feel, feelings of bereavement can be even more challenging. Bereavement is the feeling of grief we experience after the death of a loved one, and most of us moved back and forth between bereavement and closure in the months following this loss.

Bereavement is the feeling of grief we experience after the death of a loved one, and most of us moved back and forth between bereavement and closure in the months following this loss.

Here are ways we can cope with bereavement during this pandemic:  

- **Practice self-compassion by acknowledging that experiences of bereavement will be more challenging during this time.** Be careful of not criticizing yourself for bereavement (e.g., thoughts like “I should be doing better right now”) and recognize many resources you normally have at your disposal may look or feel different during this time (Spendelow, 2020).

- **Spend as much time nurturing your relationships and sharing what you are feeling if you are able.** During bereavement, many of us can feel depleted of energy, which can make maintaining our healing relationships a difficult task. If you experience this, schedule phone or video calls with the folks who offer you social support and act like these are appointments you must keep (Spendelow, 2020).  

- **Alternate between ‘loss’ and ‘restorative’ activities.** ‘Loss’ activities can include looking at photos of your recently passed loved one or talking about this person. ‘Restorative’ activities can include making plans for the future and spending time on your hobbies and interests (Spendelow, 2020). As I mentioned above, most of us vacillate between bereavement and closure following loss – this process is often not straightforward. Therefore, it’s crucial that we are flexible with our coping mechanisms during this time.

- **Plan an activity helping you feel dignity for yourself and honoring the loved one you lost.** One of the most painful experiences of losing a loved one during this time can be our inability to be with this person during their final moments. For many, being alongside your loved during their final moments is a deeply solemn, cathartic, and dignified experience. This is a memory we will have for our entire lives. Especially if you are unable to be with your loved one during their final moments, plan an activity offering you a similar experience, such as planting a tree, creating a drawing or painting of how you feel, or writing a poem or letter to your departed one. Create a meaningful memory that you can look back on with dignity, pride, and honor.

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11 Here is a website with many resources for bereaved individuals and families during COVID: [https://good-grief.org/covid-19/](https://good-grief.org/covid-19/)

12 Due to isolation measures, planning funerals and other services can be even more difficult and painful than usual. Here is one resource to planning funerals during COVID: [https://good-grief.org/wordpress/wp-content/themes/x-child/pdf/Children-Funerals-and-a-Pandemic.pdf](https://good-grief.org/wordpress/wp-content/themes/x-child/pdf/Children-Funerals-and-a-Pandemic.pdf)

13 Here is an online resource with bereavement, grief, and loss groups you can join: [https://www.verywellhealth.com/grief-loss-bereavement-support-groups-1132533](https://www.verywellhealth.com/grief-loss-bereavement-support-groups-1132533)
PART 2

THRIVING
Before we can take care of anyone else, we must take care of ourselves. Before we can take care of anyone else, we must take care of ourselves. We must be realistic about our limitations, as well as our potentials, as we build and live out our personal survival plan. This includes paying attention to your body’s needs (Are you getting enough sleep at night?) and keeping track of your mind (How is your mood changing in the last few weeks?). A key component of building resilience is identifying the things in life you can control (rather than focusing on the things you cannot control), and it all begins with how we treat our bodies.

The single most important thing we can do to help your bodies during this epidemic is to isolate as much as possible. As I mentioned above, most folks who have COVID-19 are asymptomatic carriers, and many carriers are completely unaware they have the virus. This fact, combined with the shortage of tests in the US, means each of us must assume we are positive for COVID-19 and respond accordingly. Furthermore, we can still transmit COVID-19 even if it has been days since our last encounter with the virus: “[the virus is] detectable in or on aerosols for up to 3 hours, coppers for 4 hours, cardboard for up to 24 hours, and plastic and stainless steel for up to 2 to 3 days” (Van Dorenmalen, et al., 2020). Every time you touch a doorknob, every time you open your car door or grab your steering wheel, and every time you use your debit or credit card, you could be transmitting COVID-19. Here are ways you can limit exposure and care for your body:

- **Work from home** (if you are able). If you have to go into your office or workspace, follow OSHA guidelines.¹⁴
- **Limit trips to the grocery store.** Try to go once a week or every two weeks, and stock up on non-perishables when you are there. Consider meal prepping and freezing an emergency store of fruits, veggies, and meat.
- **Limit trips to other essential locations**, like your bank, pharmacy, and the pet store. Collect all the checks you are expecting before making a deposit. Wait until all your prescriptions have arrived before grabbing your meds. And stock up on pet food, cat litter, and so on, when you can.
- **Consume a healthy diet** and avoid the temptation to ‘stress eat’. Consume lots of water, Vitamins C and D, leafy greens and other vegetables, lean meat, and other nourishing meals. It is ok to treat yourself with comfort foods; however, quality food will keep us both healthier and happier during these times.
- **Do not attend social gatherings** (CDC, 2020a). For those of us missing time with our friends, consider downloading fun apps like HouseParty.¹⁵

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¹⁴ [https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)
¹⁵ [https://houseparty.com](https://houseparty.com)
Even in social isolation, it’s important to find creative and fun ways to keep our bodies in shape. Here are a few workout routines I found to build workouts at home:

- **Cardio** 16
  - [https://watch.lesmillsondemand.com/at-home-workouts/season:7](https://watch.lesmillsondemand.com/at-home-workouts/season:7)
  - [https://www.youtube.com/watch?v=fP5JBQDEiVg](https://www.youtube.com/watch?v=fP5JBQDEiVg)

- **Yoga / Mindfulness** 17
  - [https://www.youtube.com/user/CorePowerYoga](https://www.youtube.com/user/CorePowerYoga)
  - [https://www.youtube.com/watch?v=KlggoHIMATc](https://www.youtube.com/watch?v=KlggoHIMATc)

- **Tabata** 18
  - [https://www.youtube.com/watch?v=lYLgVTVZrN4](https://www.youtube.com/watch?v=lYLgVTVZrN4)
  - [https://www.youtube.com/watch?v=LvFU9TrxaYw](https://www.youtube.com/watch?v=LvFU9TrxaYw)
  - [https://www.youtube.com/watch?v=wfYSjBt5jLk](https://www.youtube.com/watch?v=wfYSjBt5jLk)

- **Zumba / Dance** 19
  - [https://www.youtube.com/channel/UCQkaczRlyBjl3UKBH59W3XO/videos](https://www.youtube.com/channel/UCQkaczRlyBjl3UKBH59W3XO/videos)
  - [https://www.youtube.com/watch?v=Y9-bSkF5Oyk](https://www.youtube.com/watch?v=Y9-bSkF5Oyk)

- **Strength Training / HIIT** 20
  - [https://www.fitnessblender.com/videos](https://www.fitnessblender.com/videos)
  - [https://watch.lesmillsondemand.com/at-home-workouts/season:4](https://watch.lesmillsondemand.com/at-home-workouts/season:4)
  - [https://www.youtube.com/watch?v=HQpk2bqM86o](https://www.youtube.com/watch?v=HQpk2bqM86o)

**Finally, go outside:** my personal goal is to walk 2 miles per day around my neighborhood. Speaking of goals, a great idea one of my coworkers had is to start a weekly workout challenge; this can be with your work team, a group of friends, or your family. MHCR set a weekly goal of 3,000 minutes of physical activity, split between the 8 of us. We’ve opened up a Slack channel just for this challenge: posting exercise videos and guides, offering support, and keeping a running log of our daily activity minutes. The key here is making your workouts fun, varied, and to hold one another accountable.
5. TAKING CARE OF OURSELVES

OUR MINDS

As I mentioned above, chronic stress arising from coping with COVID-19 is likely to place tremendous strains on you and the people you care about. A recent study (Sun et al., 2020) suggests the following factors can exacerbate stress and trauma levels during this time:

1. Poor quality of sleep
2. Recent exposure to COVID-19
3. Being a member of a ‘high risk population’ (such as healthcare providers).

Other potential mental health concerns include: (a) excessive worrying and feelings of insecurity; (b) feelings of being overwhelmed by events, powerlessness; (c) self-verbalization that does not reflect reality; (d) negative vision of things or daily events; and (e) feelings of discouragement, sadness, and anger (Government of Québec, 2020). Problematic behaviors can include (a) difficulty concentrating; (b) irritability, aggression; (c) crying; (d) withdrawal, insularity; (e) difficulty taking decisions from others; and (f) increased use of alcohol, drugs, and other medications (Government of Québec, 2020).

This last concern, an increase in drug and alcohol use, is directly applicable to many younger adults.

The COVID-19 outbreak can increase drug and alcohol use to harmful levels for many reasons, including: (a) boredom with being isolated in the same place for long periods of time; (b) frustration; (c) loss of employment, oftentimes leading to more open time for rumination; and (d) for those in substance abuse / addiction recovery, separation from sobriety support groups and meetings (Cummings, 2020; Farhoudian et al., 2020). While it may seem tempting to stay at home to drink and engage in drug use as a means of coping, it is crucial to understand there are risks of COVID-19-induced alcoholism (Thomas, 2020) and drug abuse / dependency (National Institute on Drug Abuse). For individuals with a history of needle and / or inhalant use, the Harm Reduction Coalition has published a safer drug use strategy guide. 21

Here are self-care strategies to protect yourself against these and other mental health challenges:

Practice creative activities and hobbies you enjoy, such as playing a musical instrument, drawing or painting, crafting, reading, and finding new music (I’ve created a COVID-19 Spotify playlist 22 to track the new songs and musicians I’m finding).

Reflect on memories of your positive experiences in life, such as family vacations, parties with your friends, or celebrations. Consider taking this time to collect photos of happy memories in your life and create a photo album (easier now because of social media website, such as Facebook).

22. https://open.spotify.com/playlist/6MCvFcB0glm3f2mG6bWvg17si-P-Pf9BZAQAgvvwMBoMI8n
5. TAKING CARE OF OURSELVES

Maintain your normal routine as much as possible, such as regular mealtimes, workouts / meditation, sleeping schedules (at least 7 hours per night), working hours, and your bedtime / wake up time (National Alliance on Mental Illness [NAMI], 2020).

Control your budget (I’ve caught myself mindlessly browsing Amazon when I get bored), focusing on your and your household’s immediate needs, NOT panicking about long-term investments, and, if you are able, contributing to and maintaining a savings account / emergency fund (Sawyer, 2020).

Give yourself time to grieve (Berinato, 2020). Grief is a natural reaction to the changes that arise from loss. It is OK to grieve missing your prom, formal, graduation, or vacation. If you lose a friend or family member during this time, take the time you need to process.

If you feel anxious, use strategies to feel calmer, including: (1) practicing mindfulness; (2) looking out the window, and observing or being out in nature; and (3) repeating compassionate mantras to yourself (Gaia Staff, 2016; Hougaard, Carter & Mohan, 2020).

If you feel depressed, use strategies to reframe your situation, including: (1) setting your sights on something you’ve always wanted to accomplish at home but haven’t had the time; (2) being proactive about asking yourself “what can I do about a problem I am facing?”; (3) finding opportunities for self-discovery and self-reflection; and (4) accept the idea that big changes are unavoidable right now (Gupta, 2020).

If you are a trauma survivor or are experiencing trauma, use triage mental health care strategies, including: (1) call or video chat with friends and family, (2) avoid alcohol or other depressants, (3) find reasons to celebrate, (4) try writing down or voice recording what you are feeling, and (5) meditate or relax (Rape, Abuse & Incest National Network [RAINN], 2020a; RAINN, 2020b).

If you have a history of suicidal thoughts, plans, or attempts, see the National Suicide Prevention Lifeline’s (2020) COVID-19 guide.

Finally, find moments of beauty in your day-to-day life.

23 See Mayo Clinic, 2018 for a checklist of commonly experienced trauma symptoms.
Here are suggestions for apps and hotlines related to mental health and wellness:

- Assistive smartphone apps:
  - AIMS for anger management
  - Breathe2Relax
  - Concussion Coach,
  - DoD Safe Helpline
  - HighRes
  - LifeAmor
  - Mindfulness Coach
  - Mood Coach
  - Moving Forward
  - PTSD Coach
  - Tactical Breather
  - Self-Help for Anxiety Management (SAM)
  - Rescuetime
  - Moodpanda
  - Panic Relief
  - Aspire News – discreetly alerts authorities in the event of intimate partner violence

- Crisis Text Line: text “HOME” to 741741
- Office on Women’s Health Helpline: 1-800-994-9662
- Military 24/7 Hotline: 1-800-273-8255, Press 1
- NAMI’s Online Resources 24
- National Domestic Violence 24/7 Hotline: 1-800-799-7233
- National Suicide Prevention 24/7 Lifeline: 1-800-273-8255
- RAINN – Rape, Abuse, and Incest National Network 24/7 Helpline: 800-656-HOPE (4673)
- SAMHSA Treatment Referral Helpline: 1-877-726-4727
- Trans 24/7 Lifeline: 877-330-6366
- Trevor Lifeline (LGBTQIA+):
  - 24/7 Hotline: 866-488-7386
  - Text the word “Trevor” to 1-202-304-1200

Finally, it may be tempting to constantly check the latest updates on COVID-19, but this may cause more stress to you and your household. To keep this habit at bay, block off a specific time of the day (no more than one hour) to read up on the epidemic (Todd, 2020)

Once we create a plan to take care of ourselves, we can turn our attention to other members in our household, such as our roommates and romantic partners. Once it was apparent we were going to be quarantined in our condo for quite some time, my roommate and I had an honest conversation about how to give each other enough space while supporting one another throughout this pandemic. Our household dynamic is critical for our mental health.

**OUR CONFLICTS**

We should expect, due to heightened emotional pressures we are all experiencing, more conflicts than usual to arise – especially with the folks we live with. For the purposes of this guide, I define ‘interpersonal conflict’ as a real or perceived incompatibility of goals between two or more people and the relational tensions that can arise from this incompatibility. Notice I use the word ‘perceived’ here – some interpersonal conflicts are created socially and may not reflect what is actually happening in the real world. This is a normal process that each of us experiences many, many times in our lives.

**Do not be afraid of conflict – avoidance usually makes the situation worse.**

Here are a few tips to resolving conflicts in your household in a healthy way:

**First, take a deep breath and collect your thoughts.** In many cases, when conflicts either suddenly arise or deep feelings are brought to the surface, we feel the need to fix everything here and now. This is called ‘time pressure’. Time pressure can make us say things or act certain ways that we later regret. By taking deep breaths, leaving the room (if need be), and allowing ourselves time, it’s easier to make sure our emotions don’t get the better of us. This helps us think logically and objectively about the situation at hand.

**Listen.** Everyone in an interpersonal conflict has a right to be heard and their feelings validated. Take the time to understand why the person (or people) in front of you feel the way that they do. Here are some questions you can ask:

- “Are you ready to talk about what’s going on between us?” (Always start with this. There’s no point in trying to force someone to resolve a conflict they are simply not able to resolve yet.)
- “What are you feeling right now?”
- “When did you start feeling this way?”
- “How would you like to move forward? What do you propose we do?”

For some of us, a concrete plan laying out the problem and the path forward can be very helpful. For others, it is better to work ahead one step at a time. Make sure you and the person you are in conflict with agree to how far in advance you’d like to plan when figuring out your resolution strategy.
6. TAKING CARE OF OUR HOUSEHOLDS

**Keep checking in.** Try not to let anger or frustration build up – these can hamper the resolution process.

**Be flexible.** Conflicts and their resolutions can have lives of their own. Moment to moment, day to day, the situation can change, meaning you need to rethink resolution strategies.

**Moves towards apology, forgiveness, and reconciliation.** Admit fault when you have wronged someone and make space for them to do the same. This means suspending judgement and offering grace in tough moments.

**Celebrate your victories.** If you and the person you were in conflict with feel you’ve moved to a healthy and productive resolution, celebrate the hard work you both have done! This can mean making a shared meal, giving one another gifts, or other forms of mutual recognition and support.

OUR ROOMMATES

Your roommate(s), whether a family member, romantic partner, friend, or even stranger, will likely be the person/people you will spend the most time with during this epidemic. Roommates can represent both your surest line of social support and can challenge your efforts to keep your home COVID-19-free. It’s also likely that you and your roommate(s) are not used to spending this much time together. Here are steps you and your roommate(s) can take to support one another during this time:

- **First, your household should have an open and honest conversation about COVID-19** and how your household behaviors and habits may need to change.  
  
25 See Miller, 2020 on tips for how to initiate this conversation, especially with roommates who may be resistant to changing their behaviors or simply aren’t taking this epidemic seriously.
6. TAKING CARE OF OUR HOUSEHOLDS

- **Plan for the following:** (1) who is allowed into the apartment; (2) limiting how many people you interact with on a daily basis (thereby avoiding opportunities to bring the virus into your home); (3) an isolation / quarantine plan if one of you experiences symptoms related to COVID-19; (4) a shared cleaning schedule, especially common areas and frequently touched surfaces (counters, doorknobs); and (5) other clear boundaries that should be negotiated (Wofford, 2020).

- **Be honest about your needs,** whether you need extra space or extra social support.

- **Notice if there are any major behavioral or emotional changes** in one another (such as a depressed or manic mood, elevated alcohol / drug consumption). As I mentioned above, it’s more likely we will experience anxiety, depression, and other mental health challenges during this epidemic. In many cases, your roommate will be the first line of defense in your social support network. Be ready and willing to ask for help from her or him if it comes to that point.

- **Create ‘household survival challenges’,** such as group exercise or healthy eating goals, tallying time spent outside / in nature, and “no screen time” quotas. Try to figure out ways to make your extended time together healthy and fun for the entire household!

### OUR ROMANTIC PARTNERS

Romantic partnerships will likely face unexpected trials during this epidemic; however, these trials can offer your relationship the opportunity to build a resilient intimate partnership (Venter, 2009) offering one another deep sources of strength, compassion, and stability. Bresge (2020) cataloged COVID-19’s impact on a wide variety of romantic partners, the challenges these partners faced, and how their relationships are helping these partners stay resilient. Here are strategies to build resilient romantic partnerships:

- **Partners living together or close to one another will experience different stressors than usual.** Be cognizant of your partner’s need within the home. Long periods together may require you to carve out more alone time, and make sure you and your partner are open and honest about the space you need (or don’t) during this time (Boissiere, 2020).

- **Long-distance relationships will experience more strain,** especially as methods of transportation continue to be restricted in an effort to contain the virus’s spread. To overcome the loneliness these long periods of isolation can bring, consider creating a regular phone or video call schedule. In the words of one couple: “The reality, at least for the next few months, is we need to use language more effectively to make up for our lack of touch” (Granillo, 2020).

- **Be patient.** As you and your partner establish new routines, expect minor setbacks and disruptions to your typical patterns of behavior (Cartagena, 2020).

- **Stay informed about safe sex practices** and the challenges of dating during COVID-19.

- **Finally, practice three skills central to healthy romantic:** (1) treating one another with respect and value, (2) open communication and honesty, and (3) effective problem solving and conflict resolution techniques (US Department of Health & Human Services, 2019).

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26 New York City Health Department, 2020
26 Weiss, 2020
Finally, as households continue to self-contain and isolate, potential upsurges in intimate partner violence (IPV) must be addressed (CDC, 2020c). IPV is defined as “physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse”. For many survivors of IPV, work or school is a respite compared to their experiences within their home – and now, many of these survivors are stuck with their abuser (especially as other ‘safe spaces’, such as stores, restaurants, hair salons, and gyms have closed; Carrega, 2020). For this reason, all of us should be aware of how to recognize IPV and how to address it in our communities:

- **First, look for ‘typical’ warning signs from potential survivors**, such as: (a) frequent put downs from their partner on social media or during phone / video calls; (b) excessive worrying about making their partner angry; (c) making excuses for their partner’s behavior; (d) a partner who is jealous or possessive; and (e) unexplained marks or injuries (National Domestic Violence Hotline, 2020a).

- **Understand there are many reasons why a survivor stays with an abuser**, including (a) fear, (b) believing abuse is normal, (c) fear of being outed, (d) embarrassment or shame, (e) low self-esteem, (f) love, (g) cultural and religious reasons, (h) language barriers / immigration status, (i) lack of money or other resources, and (j) disability status (National Domestic Violence Hotline, 2020b).

- **Call the National Association of Domestic Abuse Hotline: 1-800-799-SAFE.** This can also be accessed online if the survivor doesn’t want to risk calling.

- **Other ways you can help a friend or family member who is being abused:** (a) acknowledge the difficulty of their situation, (b) be non-judgmental, (c) be supportive if they choose to end the relationship, (d) encourage them to participate in activities with other friends and family, (e) help them develop a safety plan, (f) encourage them to seek out others who can provide help and guidance, and (g) remember you cannot ‘rescue them’ (National Domestic Violence Hotline, 2020a).

- **If you are a member of a faith community, work with religious leadership to reach out to potential survivors.** Although most weekly services are closed, many houses of faith will take in survivors with nowhere else to go. Also learn about National Safe Places (2020) near you.

- **Be aware of disinformation campaigns.** The US Secret Service recently issued a warning to the general public about disinformation campaigns during COVID-19, noting these campaigns often benefit criminal enterprises and operate by spreading fear in the general public (US Department of Homeland Security, 2020). This disinformation can be employed by abusers to prevent their partners and family members from leaving the house or seeking help. **Keep an eye out for people who use the COVID-19 outbreak to sow fear or discord in their communities, their families, and their partners.**

- **For a comprehensive list of resources** available to survivors during the COVID-19 epidemic, see Futures Without Violence (2020). Additionally, researchers from the CDC 28 released a handbook on IPC describing specific behaviors and data of abusers and survivors.

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Finally, we must all work together to ensure our communities are healthier, happier, and safer during the COVID-19 epidemic. Research demonstrates helping others empowers us to build a stronger sense of purpose, self-worth, and creates new and exciting connections (APA, 2020a). A strong social support network is one of the most important factors to staying resilient during times of crisis (Southwick et al., 2016). Take the initiative to reach out to your friends and other folks in your community who may need more help than usual. Here’s how to build resilience in your community:

**OUR FRIENDS & FAMILY**

For many of us, friends and family are our lifeline to the social world around us. Although our ability to see these folks face-to-face is substantially limited during these times, this does not mean our relationships must fray. We must challenge ourselves to imagine, innovate, and improvise new ways to strengthen our relationships and build resilient social networks.

The APA (2020a) suggests, during moments of adversity, we prioritize relationships (a) validating our feelings, (b) offering trustworthiness and compassion, and (c) pulling us out of isolation. At least one high-quality friendship in our lives helps us (a) stay optimistic during challenging times, (b) stave off depression, (c) and keep physically healthier (Mental Help, 2020). However, friendships are living things: just like us as individuals, friendships require nourishment and attention to truly flourish. Here are ways to tend to your close friends during this epidemic:

- **Create set times to virtually connect with your loved ones:** whether 30 minutes, one hour, or two hours – every day, every couple days, or every week. If you built this intentional time into your schedule, you will always have something to look forward to one the horizon.

- **Remember the requirements of quality friendships:** (1) know what is expected of you as a partner in a friendship, (2) do not take your friends for granted, and (3) make the necessary time and commitment to keep your friendships in good shape. Reciprocity of effort is key.

- **Create peer support groups** to help each other work through difficult moments. Aim to create a safe space for discussion, including common rules (such as confidentiality), listening equally to all participants, a willingness to listen when hard topics are raised, and returning to the conversation when we hurt each other. Storytelling is a common method used in successful reconciliation. Restorative approaches and circles can give further guidance how to create safe spaces for difficult conversations (Restorative Circles, 2020).
7. TAKING CARE OF OUR COMMUNITIES

**Host streaming viewing parties.** Part of the brilliance of our many TV and movie streaming services is how easy it is to link up and watch the same movie or TV show. Some websites and apps, like Netflix Party[^29], will link your streaming service with a live chat and video stream.

**If you belong to hobby groups,** like book clubs, host your meetings on video chat services. Try your best to maintain these meetings as regularly as possible.

**Challenge each other with creative games and competitions.** For example, my sister, best friend, and I are creating ‘photograph challenges’ due to the group by 5 P.M. Other apps, like HouseParty, let you and your friends video call while offering everyone games to play together (Meisenzahl, 2020).

**Build new traditions and rituals.** This spring and summer, many of us will not be able to attend important life events, like graduation and annual religious gatherings. Collaborate with your network to build new ways to virtually celebrate with one another.

**Reestablish connections.** Video call old friends or family members you may have lost touch with in recent years.

**Ask for reality checks.** Your close friends and family probably know you better than anyone else. Ask, from their perspective, how you’re coping and vice versa.

**Don’t take anyone for granted.** In all reality, we don’t know how long it will be before we can see our friends and family face-to-face.

[^29]: https://www.netflixparty.com
As detailed above, some members in our communities will have a more difficult time coping with COVID-19 for a variety of reasons. Many are now facing under-/unemployment and furlough. Others with mobility impairment could have a difficult time getting to the grocery store, bank, or pharmacy. Do what you can to empower these folks – leave no one behind:

- **Eliminate all forms of stigmatizing vulnerable groups:** people of Asian descent (i.e., “the CHINESE coronavirus”), recent travelers, emergency responders, and healthcare professionals (CDC, 2020b).

- **Find out how you can help the recently unemployed**, for example, service, hospitality, and entertainment industry workers (Ali, 2020).

- **Check in with people who live alone.** As has been stated in this guide, isolation can be an extremely difficult thing to cope with long term. Folks who live alone need to know they have resources if they need them, friends and loved ones who care for them, and to feel included as much as possible.

- **Check in with any persons with disabilities you may know.** People with mobility impairments may need help getting the essentials. Social isolation measures could also place substantial strain on members of this community.

- **Check in with older folks.** Because older populations are one of the highest risk groups for the more severe symptoms of COVID-19, it’s imperative we make every effort we can to keep these folks as healthy as possible. Offering to do a grocery run means less potential exposure to COVID-19.

- **Check in with low resource individuals / families.** Many households are now facing extreme financial strain resulting from lost work and healthcare-related costs. See how you can help these folks cope, whether sharing financial resources or referring them to other agencies and organizations that can help.
8. HOW WILL YOU HELP?

As this pandemic progresses and its consequences materialize, I imagine our daily lives and realities will continue to change in complex, and perhaps unpredictable, ways. Many changes will occur as a result of global, national, state, and local policies, such as the policies I listed above. We must also be prepared for the likelihood that this trend towards change will not end with policy. A recent survey by Politico Magazine (2020) suggests we may experience substantial paradigm shifts in (a) the way we build and experience community, (b) the human-technology relation, (c) health and science, (d) governance, (e) electoral processes, (f) the global economy, and (g) our lifestyles.

The difficulties of these ‘COVID-19 times’ are readily apparent; we face the sudden loss of freedom of movement, strained social support networks, and the social contagion of fear. The COVID-19 pandemic is a unique event in the history of humanity. The virus has touched every country, and none of us are exempt from its effects related to health and wellness, to the economy, and to our culture(s). This is a truly global event.

The virus has touched every country, and none of us are exempt from its effects related to health and wellness, to the economy, and to our culture(s). This is truly a global event.

However, as compared to the global contexts of other similar outbreaks, such as the Spanish Flu, human beings are now more connected than ever before.

As I briefly mentioned in the introduction to this piece, learning to thrive during COVID-19 requires dancing a delicate balance between two basic needs: (1) the need to protect our societies from death and suffering, while (2) also honoring our individual needs as social creatures. Many of us hold at our fingertips the not-so-long-ago-unimaginable ability to text, call, and video chat with almost anyone in the world. Although we are physically alone, we have the capability to be virtually united.

Dancing this delicate balance will be a challenge, no doubt. And dance we must – we cannot surrender our joys in life to merely ‘weather out the storm’. We must create opportunities to dance, to laugh, to play, and to help those in need, a sentiment best exemplified by Fred Rogers: **“in the face of catastrophe, look for the helpers. There will always be helpers.”** During moments such as these, when the stakes are the highest, we helpers must step boldly into the fray and get to work. Many of us now have more time on our hands than we’re accustomed to, and I challenge each of us to commit to using this time wisely, productively, and with dignity. We must also be gentle with ourselves, both with our minds and with our bodies. We must identify ways to make our homes, with all its inhabitants, healthy and beautiful ones. We must be leaders in our communities, unafraid to ask what we can do to help the vulnerable and marginalized folks we know and love.

As I briefly mentioned in the introduction to this piece, learning to thrive during COVID-19 requires dancing a delicate balance between two basic needs: (1) the need to protect our societies from death and suffering, while (2) also honoring our individual needs as social creatures. Many of us hold at our fingertips the not-so-long-ago-unimaginable ability to text, call, and video chat with almost anyone in the world. Although we are physically alone, we have the capability to be virtually united.

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30 A video of this famous quote can be found here: [https://www.youtube.com/watch?v=-LGHtc_D328](https://www.youtube.com/watch?v=-LGHtc_D328)
8. HOW WILL YOU HELP?

While resilience was originally framed as our willingness to create opportunity from challenge, I take this idea a step further: the type of opportunity we create from challenge, the courage to thrive rather than survive in these moments, is a prism that allows us to see who we are and what we are truly capable of.

“The type opportunity we create from challenge, the courage to thrive rather than survive in these moments, is a prism that allows us to see who we are and what we are capable of.

Resilience is maintaining a realistic view of the present world, both its light and its darkness, while also committing ourselves to create a better future. At its core, resilience is how we transform hope into reality.

As I’ve detailed in this guide, we have at our disposal many specific, tangible, and achievable strategies to build resilience within ourselves, within our households, and within our communities while embodying a ‘new COVID-19 life’. We must locate our resources where we can. We must be creative in our efforts. We must do everything we can to help each other survive and thrive.

History will remember when the world stopped.
And the flights stayed on the ground.
And the cars parked in the street.
And the trains didn’t run.

History will remember when the schools closed
And the children stayed indoors
And the medical staff walked towards the fire
And they didn’t run.

History will remember when the people sang
On their balconies, in isolation
But so very much together
In courage and song

History will remember when the people fought
For their old and their weak
Protecting the vulnerable
By doing nothing at all.

History will remember when the virus left
And the houses opened
And the people came out
And hugged and kissed
And started again

Kinder than before.

- Donna Ashworth 31

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9. REFERENCES


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