

Maintaining Social Wellbeing in Aotearoa-New Zealand during COVID-19: Seven reasons to be hopeful

by Atawhai Tibble and Richie Poulton on 14 May 2020 at 18:54

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These are unusual times, and this is an unusual publication. The Social Wellbeing Agency Chief Science and Māori advisors have teamed up to provide a mix of scientific and personal reflection on the nature of ‘hope’, and its importance in the time of COVID-19.

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Are you or people you care about feeling anxious, worried or overwhelmed? Then read on...

The capacity to experience anxiety and fear is extremely useful. Most people grasp this intuitively, acknowledging its importance over millennia for avoiding a host of life-threatening dangers. However, anxiety can become a problem when the response is way out of proportion to the objective threat, or when it persists well after the danger has passed, or when it appears in an extreme form as seen in panic states. At the time of writing – soon to enter Level 2 - *anxious apprehension* is an appropriate and legitimate reaction to our current situation. We remain in uncharted territory, especially as this particular virus still has a number of poorly understood features (acknowledging of course that there have been many pandemics, plagues, natural disasters and wars throughout human history). COVID-19 is a particularly scary prospect because it scores highly on the two key dimensions that underpin anxiety: a sense of (i) unpredictability, and (ii) uncontrollability.

This explains why so many of us have been, and continue to feel, anxious and worried. On the one hand, COVID-19 is an example *par excellence* of high *unpredictability* (or uncertainty) by virtue of its ‘invisibility’, longish incubation period, differential impact by age, ethnicity, and health status, and its variable lethality. On the other hand our sense of *controllability* is also threatened because the degree to which individuals, communities and nations enact self-control, and adhere to public health guidelines varies. This can undermine our sense of personal control due to reliance upon (mostly) strangers ‘doing the right thing’. It only takes a small minority to act irresponsibly for the virus to spread (or re-emerge, see Wuhan and South Korea in recent days), and for anxiety to spike. In the short-term these interdependencies can undermine both the individual and collective sense of control. Thankfully, the vast majority did do the right thing during our first lockdown, so much so that the government now feels we can safely move to Level 2. Life will be characterised by far greater freedom, but it will still rely on people abiding by physical distancing guidelines and enacting good hygiene practices. We must be vigilant to slippage: the tremendous progress to date could quickly become a double-edged sword if people become cavalier or complacent (thereby increasing virus transmission risk). The key takeaway message from progress to date is *...stick with the kaupapa (mission)* as outlined for us by our public health officials and politicians.

The first reason to be hopeful: we are more resilient than we think!

The combined impact of low predictability and low controllability, and the potential high costs of exposure (including death), can result in feelings of being completely overwhelmed. For some, perhaps many, this feeling could persist in some form or other for quite some time. In turn, this is likely to reduce attempts to cope resulting in a growing sense of helplessness. If this psychological state persists depression becomes more likely.

This risk will increase as more time people spend ruminating about (or mulling over) the many things they have lost: loved ones, friends and colleagues, dreams, goals, incomes, jobs, careers, sense of purpose, or more simply their sense of equilibrium and self-efficacy.

“Human beings are far more resilient to existential (life) threatening challenges than we typically assume”

All of the above sounds rather grim, and it begs the question: Is this going to happen to me, or my loved ones? The short answer is “It doesn’t have to”. Research about anxiety, fear and coping suggests that we tend to view people as more likely to succumb in the face of adversity than is actually the case. A great illustration comes from WWII. It involved the German Blitz strategy of repeatedly bombing civilians living in London over a nine month period, from September 1940 through to May 1941. It doesn’t take much to conjure up the tension and fear that people would have felt, hunched in the dark in underground bunkers, children crying, injured people screaming nearby, surrounded by ear-shattering explosions, not knowing if the next bomb was for you and yours. At the time it was assumed that many would emerge from these horrors permanently psychologically damaged, yet the opposite occurred. Most came through pretty much unscathed in the psychological sense. This phenomenon is nicely described in a book written by a famous anxiety researcher Professor Jack Rachman called *Fear and Courage*. It seems human beings are far more resilient to existential (life) threatening challenges than we typically assume - and that includes you.

The Dunedin Study

The Dunedin Study is a multidisciplinary study of 1000 members of the general population, arguably the most studied group of human beings in the world. It provides unique insights into the amazing variety and complexity of lives; how most of us confront serious challenges and adversity at some point; how many of us cope with aplomb, even getting stronger as a result; how the longer we live, the more psychological damage accrues, particularly among the more vulnerable sections of the population; and critically, just how courageous many people are in the face of immensely challenging and occasionally overwhelming odds.

Recent Dunedin study findings have shown that well over half the population will have met standard clinical criteria for at least one psychiatric disorder by early mid-life. This may shock. To explain: the Dunedin study is the longest-running examination of mental health disorders (in the same people across time) in the world. It has used gold-standard assessments of psychiatric disorder starting in childhood at age 11 years and again at ages 13, 15, 18, 21, 26, 32, 38 and most recently at age 45 years with 94% of the sample still alive participating. This ensures the results are both unique and robust.

The second reason to be hopeful: Observations about human resilience from the renowned Dunedin Study.

The usual approach to understanding resilience is to try and nail down factors that characterise people who, despite experiencing a lot of toxic stress in their lives, still manage to be successful. Typical success indicators include things like high achievement at school and in careers, good physical and mental health, financial security and money management, and positive social relationships in both the community and within households (i.e., intimate and parent-child relationships).

However, this standard ‘research’ conceptualisation of resilience does not *quite* hit the mark at this stage of COVID-19. Rather, some more informal insights from the Dunedin Study might be more useful.

The first observation is that there are many people in society who pre-COVID-19 were already struggling with day-to-day living. Most manage to put on a brave face, but in private they are desperate and unhappy. Little wonder recent Dunedin Study findings showed that well over half of the population can expect to meet clinical diagnostic criteria for at least one psychiatric disorder by early mid-life.

“People are far stronger, adaptable and dignified in the face of adversity than they give themselves credit for.”

A second observation relates to the roughly twenty percent of the population typically described as ‘the vulnerable’. The assumption is that these people lack resilience. But this doesn’t always gel with what we see. Some people have endured extraordinary hardships, often from the beginning of life, and sadly accumulating and compounding as the years pass by. Pause for a ‘thought experiment’ if you wish: think of the six harshest things you can imagine happening to a person, along with their negative impacts, then double it, and you are just beginning to glimpse the magnitude of the adversity that some people have had to cope with. Yet amazingly, these people still manage to get up each morning, dust themselves off, and face the world. In the case of the Dunedin Study, they happily come in to the Research Unit for 1.5 days of intensive testing (often at some emotional cost to themselves) simply because it might help others.

Certainly, in terms of the traditional resilience paradigm these people are not doing as well as many, but this seems to be an overly simplistic take on what resilience is really about. The fact that these most vulnerable study members are able to not only get on with life, but continue to contribute generously and gracefully reveals extraordinary strength and true resilience in our view.

These ‘qualitative’ observations are further supported by the public response to the award-winning four-part documentary series on the Dunedin Study called ‘[Why Am I](#)’, which aired in New Zealand approximately five years ago. Many spontaneously shared their personal stories and responses to the documentary, with two themes emerging. The first could be described as stories about *overcoming* in face of extreme privation, hurt, neglect, rejection, or failure. In some instances, these were classic stories of redemption. The second theme, related to the first, was a deeply-felt expression of gratitude for normalising the idea that all people struggle at times, and that it’s ok to be vulnerable, and that these ‘truths’ might get discussed more honestly and openly in the future. The current COVID-19 crisis provides us with yet another reminder of what makes us human.

The bottom line... people are far stronger, adaptable and dignified in the face of adversity than they give themselves credit for. Knowing this should embolden us all in this time of great uncertainty. Equally, admitting that the vast majority of us are vulnerable from time to time requires honesty and bravery. This should make us far more compassionate toward others, especially towards those who struggle the most, both now but also on the path to recovery. The first point reflects inner strengths we often fail to recognise, the second involves another form of strength, that is, understanding and compassion for others. The latter is critical if the current mantra “Unite against COVID-19” is to reap lasting rewards.

The third reason to be hopeful: our DNA

From the original Polynesian voyagers, and their latter day descendants, who arrived here on waka, to those who boarded the ships from England, Scotland and other places, they faced a new, and unfamiliar land. They were brave when needed, loving and caring when important, and while many would have been scared, there were enough who were made of tough stuff, and had enough vision, positivity, and innovation to fashion Godzone. This is how Aotearoa-New Zealand was created. Today, not by any means perfect, but a work in progress, and with enormous potential.

Among older New Zealanders some can still recall food rationing, massive social disruption, and family death during WWII, and many have stories of pain, suffering and deprivation experienced by their parents and

grandparents from earlier times including the land confiscations, Great Depression, WWI, and the Spanish Flu pandemic in 1918. Tragically Māori were particularly hard hit during the 1918 pandemic, dying at a rate seven times greater than that of Pākehā.

In home isolation one of us (Richie) heard for the first time how his maternal great-grandmother who had babysat him as a child was herself sent to live and work in a stranger's house at age 12. She was required to work for her board beginning at 5am in the morning, finishing around 9pm doing housework and assorted chores, whilst learning a trade as a seamstress during the day. Her mother had died when she was four-years-old, and the same thing happened to her two grand-daughters meaning that she had to take on the parenting of two young grandchildren ...starting all over again as a pensioner. She just took it in her stride, as there was no option to do otherwise. Atawhai's grandfather was a shepherd who volunteered to fight in WWII with his Tai Rawhiti brothers and cousins. He won a Military Cross for using telephone poles as a bridge to transport anti-tank guns across a river.

“This time of COVID-19 presents us all with a chance to admire, and be inspired, by our ancestors. They helped turn resilience into a lifestyle choice.”

It's not that long ago then that our whānau were required to overcome enormous challenges on a regular basis, equipped with little more than a fish hook (in Maui's case), number-8 wire, and self-belief. This time of COVID-19 - particularly that between now and when a vaccine becomes available, presents us all with a chance to admire, and be inspired by our ancestors. They helped turn resilience into a lifestyle choice. And we can do it again.

The fourth reason to be hopeful: Living in a digital (connected) world

Much has been made of the rapid transition from an analogue to digital world. It has been dubbed the fourth industrial revolution, and the rate of change - roughly following Moore's law - has been blistering. It is commonplace to have everyday conversations about artificial intelligence, machine-learning, and algorithmic decision-making. However, excitement about the Internet of Things is tempered by conversations about exposure of young minds (and emotions) to, for example, hard-core porn and other disturbing material, and parents worry if their children will lose the ability to communicate face-to-face preferring instead digital forms of social interaction.

All this has understandably taken a back seat in recent times – sitting at home, cut off from the world in a physical sense. However, due to the good fortune of being born in the last 100 years or so, most of us have not been estranged from our whānau, friends and colleagues (albeit acknowledging concerns about the digital divide between different age and socio-economic groups). Critically we are still able to maintain social connection. Belonging is a fundamental human need. Brain imaging studies show that the part of the brain associated with physical pain also lights up when people experience social isolation. Lack of social integration and connection can cause physical disease, leading in some cases to premature death. We are indeed lucky to live at a time in human history where digital technology is sufficiently well-developed and sophisticated to serve as a 'good-enough' replacement for old-fashioned social connection. Certainly, it can never replace the real thing (for many of us at least), but it's a good substitute, especially realising that had this virus hit 30 years ago, we would have had nothing but a clunky telephone tethered to the wall at our disposal. This should give hope that we can mitigate some of the risks of social isolation and social fragmentation. Mindful of the 'digital divide', most of us are lucky to have this digital buffer against which COVID-19 may force us to bend, but not break.

The fifth reason to be hopeful: amazing stories from the present

COVID-19 is beginning to surface deeply ingrained societal fault lines in many countries. Some argue that inequalities in opportunity and resource poses the greatest threat to social cohesion in the twenty-first century. Although this was increasingly recognised before the COVID-19, it is now writ large. Aotearoa-New Zealand has its own version of this challenge. Māori and Pacific Peoples carry an extra load in terms of ‘pre-existing conditions’, including greater socio-economic burden, poorer health, and ongoing frustrations about cultural disempowerment. However, instead of anger from Māori, we have witnessed incredibly inventive, courageous and selfless acts of kindness and care. From the sacrifice of suspending traditional tangihanga, to the digital continuation of the sacred Parihaka monthly hui, through to Iwi leadership making hundreds of calls each day to their whānau to extend aroha, and organise food and other assistance, it is clear that we already have an excellent model of how to unite and work together for the common good. This may in fact be *the* moment (building on the ANZAC spirit) that truly defines a unique and proudly distinctive Aotearoa-New Zealand, one where Māori constructs such as *manawaroa* (having courage in adversity, persisting despite difficulty and a positive outlook), and *piripono* (having integrity, commitment and responsibility for a shared kaupapa/purpose) become the values and ways of being that all New Zealanders can embrace. Moving from a mainstream culture in which the individual is primary to one where the group or community is key is a daunting prospect. But we seem better equipped than most nations to pull this off.

The sixth reason to be hopeful: Our geography

Our far away location on the map - separated by vast expanses of water from the old world - was for a long time internalised as a negative in our national psyche. Now it is our strength. One expert pointed out ‘physical distance’ is like a behavioural vaccine, and when done correctly, can be almost as effective as a biological vaccine. More than that, we have a very large vegetable patch in our backyard, so to speak, thus sustenance is not a problem. Also, we are surrounded by amazing natural beauty. New research is showing the soothing and balancing influence of nature on people in distress,

highlighting the many benefits of our natural environment. How fortunate then to have such beauty as the backdrop to our everyday life.

“E-therapy approaches are accessible to everyone who has access to the internet, and in New Zealand are offered free of charge.”

Our shared natural inheritance reminds us not to take our extraordinary nature, or our plentiful open spaces for granted. Our borders could remain closed for some time. This means we will have the opportunity to get to know our special country more intimately.

The seventh reason to be hopeful: Help is only a few key-strokes away

COVID-19 represents a massive, disorienting threat to people all around the world. We still have a long way to go before we can fully understand its impact. As noted earlier, this will produce high levels of anxiety and fear as well as elevating the risk for depression, substance abuse and domestic violence.

The good news, if there is such a thing at this time, is that the best evidence-based therapeutic approaches for dealing with extreme anxiety and sadness and other emotional and behavioural difficulties have been quietly migrating from the clinician’s office to the internet for well over a decade. These so-called ‘E-Therapy’ approaches are supported by literally dozens and dozens of gold-standard controlled trials showing that such courses (accessible via a range of digital devices) are as effective as standard treatments delivered in the traditional face-to-face manner. They are accessible to everyone who has access to the internet, and right now are offered free of charge in New Zealand. These programmes work. Users like them. As a former Clinical Psychologist I (Richie) have closely followed their development for almost two decades. I’ve witnessed how the clinical magic (and hard work) of the face-to-face therapeutic relationship can be faithfully transferred into the

digital space. Indeed, in Aotearoa-New Zealand we have a number of e-based mental health interventions available (see below for link). One in particular called *Just A Thought* can trace its origins back 45+ years to a Clinical Research Unit for Anxiety and Depression based in Sydney founded by an ex-pat kiwi Prof Gavin Andrews. He helped drive the early development of Cognitive Behavioural Therapy (CBT) approaches in Australasia, oversaw many years of painstaking intervention research, and finished his career by creating accessible and effective forms of E-Therapy by harnessing modern digital technology. *Just A Thought* has undergone further development and refinement for the New Zealand context. You might ask why this programme is better than many others out there (yes, they've become very popular, very fast), and that is an excellent question. The answer is straightforward: this is one of the most rigorously tested and trialled programmes of its type in the world. Only approaches that have been through such lengthy, scrupulously conducted testing, and been shown to improve people's lives (as well as doing no harm), should be used when dealing with serious psychological distress, particularly at this time when people are likely to be more stressed, anxious, lost and overwhelmed than at any other point in their lives.

Reasons for hope – a more appealing narrative than facing the COVID-19 future fearfully

The whole world is eagerly awaiting a vaccine for COVID-19. Experts suggest that this will take between 12 to 18 months to arrive, at the earliest. Between now and then we must plan to support and treat those that need it, and inoculate others against the huge emotional toll that can be expected during this time. The pioneers of e-based mental health service delivery could never have imagined the importance and timeliness of E-tools in 2020! They're effective for people with current psychological syndromes (e.g., Depression, Generalised Anxiety Disorder). They will also help people stay on track during COVID-19 by teaching coping skills and techniques that help 'steel' us against unpredictability, high stress and threat. Yet another *evidenced* reason to be hopeful about our ability to cope with what lies ahead.

COVID-19 has thrown us all - Pākehā, Māori, Pacific Peoples, and other migrants - into a new, unfamiliar and undiscovered land. But despite how unprecedented this may feel, we have been here before. We need to look to the past, and carry forward that which makes us stronger, better, and more connected than before. *He waka eke noa*. We are in this together.

Below is a list of helpful resources that can be accessed on the Web

- [Just a Thought](#) - For coping during COVID-19, and managing depression and anxiety disorders.
- [Mentemia](#) - App for mental wellness.
- [Trouble in your Bubble](#) - For addressing domestic violence.
- [Shine](#) - Also for addressing domestic violence.
- [Melon](#) - How to manage your physical health.
- For a more comprehensive list of resources and information go to [covid.govt.nz](https://www.covid.govt.nz)

One last thought...

As the Dunedin Study has shown repeatedly, 'to be human is to be vulnerable'. The good news is that *we can manage this* - in times of lockdown and beyond, as we adjust to our massively changed circumstances (the technical term for this process is habituation), and *we will adapt* to new ways of living, whatever that may look like. Kia kaha.

Note: If you've found this resource useful, we encourage you to share it with friends and whānau who may well be feeling anxious during this time. We also encourage you to share this with your wider networks such as Iwi and community groups, and you can use the ideas here to develop your own version of this narrative.

About the authors

- Professor Richie Poulton, Chief Science Advisor to the Social Wellbeing Agency, and to the Minister of Child Poverty Reduction. Director of the Dunedin Longitudinal Study and a *Highly Cited Researcher* (in the top 1% in the world) in the fields of Psychiatry and Psychology (Clarivate).
- Atawhai Tibble, Chief Māori Advisor, Social Wellbeing Agency. Atawhai is strongly affiliated to the tribes of

Ngāti Porou, Tuwharetoa, Raukawa te au ki te Tongawi

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1. Karen Ramrakha , 20 May 2020, 10:09 (15 months ago)

Thank you for this excellent paper and valuable resource.

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