



A PICTURE OF A COUNTRY AFFECTED AND STRIVING WITH THE CORONAVIRUS

Isabel Fernandez

Chairman of EMDR Italy Association – President of EMDR Europe Association

The coronavirus or COVID-19 is a reality that is affecting European countries in different ways. The purpose of this text is to share the reflections of what we have experienced, observed and done in dealing with the Coronavirus emergency. By writing down our reflections and the lessons that we have learned in Italy, we hope that they may be of use to those in other countries.

Psychological Issues, Challenges and the Coronavirus

There are a number of issues to be considered while working with people who have been affected by the Coronavirus pandemic:

- **Complexity:** The Coronavirus emergency has added even more *complexity* to our complex world. Even though people had been dealing with their usual difficulties in the financial, work, family dynamics and relational field that often cause them anxiety and suffering, on top of that they are facing the threat of the Coronavirus that has changed the basic ways they conduct and organize their lives.
- **Vulnerability:** The virus activated a feeling of *vulnerability*, where people feel exposed to an invisible “threat or enemy” that is difficult to fight. There are no arms, vaccines or tools to deal with it, only isolation.
- **Isolation:** Isolation means putting a whole organized life “on hold.” This means that it is no longer possible to do the normal things: connect with friends and family, travel (even within the city), go to work, and/or have a social life.
- **Overwhelm:** Because we are a social species, having to isolate is overwhelming and difficult to tolerate over a long period of time.
- **Too Fast:** This complex change happened almost overnight and it was *too fast*, for us to process.
- **Adaptation:** We had to help our minds to adapt to this emergency. We had to adapt our mental and cognitive schemas so that we would behave differently in a week. We had to learn that the normal ways that filled our lives were no longer available. We are having to put up with the fact that we have to live without all these things and put our daily life on pause.
- **Connection:** Keeping connection with our friends and loved ones has been partially resolved by using technology such as Skype, WhatsApp, FaceTime, Zoom and many other channels and devices. If this would have happened before this technology, our sense of isolation and overwhelm would have been much worse.

Exposure

We first learned about this virus when we heard about what was going on in China. In these early days, China seemed very far away. The threat approached with the diagnosis of the first Italian patient



and we began to feel that the virus was drawing closer, but since it was only one person, we were not really worried. Patient No. 1 had had dinner with a friend who had just returned from China. He was 38 years old, healthy and was living in a normal, small town in the North of Italy. He could have been any of us. Within 3 days, we were in a state of emergency. People rushed to the supermarkets to buy food, leaving the shelves empty. We know this is a very ancient and reptilian brain reaction for *survival*. Once people were reassured that food was not a problem, the situation changed completely and we could see people entering supermarkets and grocery stores, one at a time, which was an unusual behaviour as well.

In the past weeks, psychological reactions have had different phases. We know that in the following weeks, we will see other reactions that we cannot even begin to imagine.

One issue that we have to keep in mind is that even this is imposed to everybody at the same level, people will be processing what is happening differently.

Restrictions and Provisions

Restrictions and provisions from the Government were concrete proofs of what was happening. We were told to stay at home, close our shops, only go to shops that were fundamental to our lives. Penalties were developed for shops, bars or restaurants that were still open after the new rules and what was difficult to accept was that penalties were applied to people for being just walking in the street.

We were being asked to trust completely what the government and politicians said, and this was also unusual. However, when it became clear that the Prime Minister and the government were relying on scientists, researchers, virologists and infectivirologists, people did exactly what they are told to do.

Emotions Related to the Coronavirus Pandemic

- ***Fear of Getting Infected:*** The fear of getting infected is one of the most common emotions. This fear is *adaptive and normal*. It is functional in order to encourage people to behave in a way that prevents infection. It will be a challenge after the risk is over to neutralize this fear, since the activation of the fear and the exposure to the threat is going on for a long period of time.
- ***Anger:*** Anger is connected to fear and also to the restrictions and to the lack of freedom to do activities that are normally important for people. It is a special kind of anger, since there is no one to blame for what is happening. There might be a search for the one that is responsible for this, like the government, the Chinese people or China as a country. This kind of behaviour although dysfunctional, can also be functional because it gives a meaning to what is



happening. For example: If I find the one that is faulty, it is easier to understand from a cognitive perspective. I can label it and this is comforting sometimes, even if it is simplistic. In fact, what is happening is much more complex than this.

- **Panicking:** As numbers go up and the situation seems out of control, panicking is occurring. The peak here is coming, it is getting worse every day even if we are all doing the necessary things, so the feeling could be that we are completely at the mercy of this virus. This situation will have long lasting effects on our psyche and will be a risk factor for future situations that might be associated to the Coronavirus emergency.
- **Suffering:** People that got infected feel rejected, furthermore the heavy isolation that they have to go through because of the risk of infecting others, while needing also support is creating a lot of suffering. This is a situation when you are sick and needy and nobody can be of support and people have to stay away from you, except for the medical staff.
- **Blame:** People also *blame* themselves for having infected other people who may be seriously ill. This is going to have an impact on beliefs about themselves, *being rejected and feeling faulty* are strong emotional and cognitive mechanisms.
- **Rejection:** Some *rituals, social rules and codes* started to change. We had to change our behaviours to include: not shaking hands, staying one meter away from your friends, not getting close to talk to people. These social rules disappeared more and more as the numbers of infected people and those that died increased. It was hard not to take it personally, as people were putting this into practice towards each other. The first reaction was to feel rejected and not important.
- **Depression:** As days go by, people start to feel more and more the lack of contacts, relationships, meaningful activities that used to give them pleasant feelings and value to their lives. This can drive some people to depression, because of the deprivation that they are going through by isolation.
- **Threat:** We are feeling daily the *threat* that keeps increasing and spreading. We are exposed to numbers that mean that the risk is not going down and that the pandemic is reaching all the countries. Every day and constantly we have these numbers updated:

Reality of the Coronavirus Spreading

Statistics from the first week of the Coronavirus in Italy

- 1000 infected
- 30 died (per day)



- 35 were healed (per day)

Statistics from 3 weeks later of the Coronavirus in Italy:

- 47.860 infected
- 793 died (per day)
- 689 were healed (per day)

Awareness of how important was the fact that our *safety depended* from others' behaviours. If people were not following the rules, people would get angry and feel helpless.

The lack of possibility of *planning and making projects* it is one of the most important psychological features of this emergency. There is no way to plan any kind of activity since the emergency seems endless and without perspectives....

As clinicians we have to be aware that the *quarantine or lockdown* will have an important effect on people with major psychological risks factors.

Concerns About Coping Mechanisms During the Pandemic:

- *Avoidance*: The lock down can have long lasting effects, since it is an *“avoidance”* response. At this time, we are avoiding people, physical contacts, places, crowds, etc. It is possible that going back to normal might not be easy for everyone.
- *Catastrophic Thoughts*: During lockdown it is easy to develop *catastrophic thoughts and interpretations of what is happening*. It is suggested that people listen to the official sources of information. Often, people tend to look for answers and solutions through other channels to give them a sense of control. For instance, there is no basis that if we eat spicy food our immune system becomes stronger. However, people want to believe this so that they have a sense of more control. It is important to fight this by highlighting only the information that we need: Stay at home, wash your hands, etc.
- *Unresolved and Complex Grief*: Seriously infected people that need hospitalization, especially seniors but not only seniors, are dying. The most difficult is that in these conditions their relatives cannot take care of them and cannot accompany them as they pass away. Relatives cannot say goodbye and cannot grieve them with the usual cultural rituals that normally help and give relief (like having a funeral where family and friends can comfort each other). *Unresolved and complex grief* will be a significant scenario that clinicians will have to deal with in the next future.
- *Sanitary Measures*: Because of the prolonged situation, it has been hard to keep up with normal sanitary work not to mention the more recent needs for many burials. We are not used



to these kinds of conditions especially with the strong feeling that nobody has any real control of the pandemic.

Important Ways to Cope

Several factors are involved in the way the situation will evolve:

- *Individual level:* The importance of individual's compliance with the official guidelines.
- *Group Level:* It is important that smaller and larger groups monitor their behaviour to limit the spread of the virus.
- *National Level:* It is critical to provide orientation on a national level how the affected populations will be managed.
- *International Level:* We know that countries did not start with prevention regulations at the same time and many countries lost a lot of time. Many countries have not been coordinated in the efforts concerning the pandemic. We do not know how the effects of the strategies used by other countries will impact our own. This is especially of concern, regarding the policies for traveling and for facing new challenges that will come up.

EMDR Italy

The Italian EMDR Association in the last 20 years has done around 700 interventions in emergency situations and mass disasters. All the experience and expertise we have gathered through these years had to be adapted to this new emergency related to Coronavirus. We know every critical event is different from the others that we might have dealt with, but this emergency is very special, because of its characteristics.

Since the beginning, on February 21st, the Italian National Association and all its members have been trying to make a difference in terms of psychological support and prevention for the wellbeing of all those who have been strongly affected by the pandemic: medical staff (doctors and nurses), people infected, families of those infected and the population in general.

We really felt that we could make the difference since as clinicians, our priority is to use our psychological expertise to help and communicate the necessary information correctly to reduce anxiety and panic and to support all the people who have been in close contact with the disease (patients, relatives and health workers). The Italian EMDR Association received many requests from institutions, hospitals, local health units, Health Protection Agencies and municipalities. We have been active on the field, providing psychological support to the population, to the people who have lost a loved one to the disease, to the health workers and the people who work long hours in this emergency every day and who are exposed to patients and to new stressing situations.

In these weeks, EMDR Italy have been sharing their experiences and material with other European Countries, so they could have a base that could be useful and concrete.



The Role of Our Membership

The contribution our Association members have given has been exceptional. They have responded to support requests from all over our country and members in all regions have been helping.

Activating EMDR Italy

In many mental health services, our members spoke to their directors, to their administration and suggested that these services create an official partnership with the National EMDR Association. It is in this way that EMDR Italy has partnered to manage the psychological support for the population and the medical staff. These also occurred in town and cities where members contacting the majors and the local administrations helped link these services with EMDR Italy. When the number of requests was too high, other members were available from other cities to reply to the phone. The toll number system allowed to connect volunteer EMDR clinicians who were available for that kind of support.

In some points areas of the National Service, there was only one practitioner trained in EMDR. We offered to train the rest of their staff in Early intervention and Psychological support that was not EMDR therapy but general psychological support. This was an excellent way to give them concrete tools and to introduce them to EMDR therapy.

A team of experienced clinicians of the Association, was created to coordinate the high numbers of requests and interventions that developed every day. These special team of 5 people with expertise was giving support and guidance to membership as they were getting active.

Medical Practitioners

We are aware that our medical practitioners are exposed to great risk and concerns; dealing with many patients at the same time, with not enough resources for the paramount emergency; exposed to the infection and many have become sick with the virus or died; fear of infecting their families to the point of deciding to live and sleep elsewhere in order not to infect their children and relatives. They are one of the most important populations in need of psychological support during the emergency, but their need will be even greater in the future when they will be finally in the condition, to restore their working serenity and their daily routine.

Directors of medical staff in hospitals, mostly working in resuscitation and ICU, are aware that the personnel needs and request specific psychological support such as EMDR. So, they are advising their personnel to call the Association and to get assigned to a clinician. Most of the work will be done probably at the end of the emergency, since medical staff are focused on taking care of the



sanitary aspects and are not accessing their own emotional response, except for some of them who are devastated. Many doctors and nurses are getting infected and some are dying. For their colleagues this is not only traumatizing, but they do not have the space to grieve their colleagues and friends. Every doctor or nurse that gets infected is a reminder to the others that they could be the next one. This experience and also the fact that they have to deal with many patients at the same time, with the anxiety of not having enough respirators or life support for so many patients is very traumatizing for healthcare personnel.

Videos

We produced videos on stress reactions, on stress management, on EMDR and for the jail directors and personnel, for the National Health Service for medical teams and for the population, in general. These videos are 5 minutes long and are very practical, especially for doctors and nurses who do not have the time and possibility to call or have psychological support right now. We have had good feedback. They are watching them and following the suggestions that were tailored for the Coronavirus emergency, for instance, what to do at the end of the shift, etc.

In emergencies, things change quickly, information may often be conflicting, and it can confuse the population – both health workers and common citizens. This is the reason why we created specific texts for different targets (children, elders, medical staff). We made these texts available to all the Association members so they could distribute them in their community, schools, drugstores, etc. We sent them also to the national health structures and facilities and they put them in their websites and sent it to their personnel. The Association website, the discussion list and Facebook were also important channels to disseminate information and to send useful news, practical tools and protocols for this emergency.

EMDR Italy Support

We were surprised and pleased that so many stakeholders in our country were asking the EMDR Association for help such as hospitals, citizens, medical teams, Town Halls, the National Health System, the psychological associations, the jails (there were riots inside the jails since visitors were not allowed, so the staff was greatly traumatized as well as because of the coronavirus), etc.

After 3 weeks of the Coronavirus emergency, EMDR Italy through its members is supporting:

- 20 Hospitals
- 11 Municipalities (big cities and towns)
- 13 National Health Service centers
- 4 Regional/State Health Services (covering around 15.000.000 inhabitants) of the Northern Italy
- 11 different associations and NGOs
- 4 Regional/State Psychological Associations



- The National Psychological Association
- Network of jails administration of Northern Italy
- Costa Cruises (with guests and crews infected during the Cruise)
- Ministry of Education (programmes for teachers and students of all ages regarding the Coronavirus emergency)

We organized a free seminar focused on EMDR protocols and tools applied to the Coronavirus emergency. This seminar was also useful to give our members connected in streaming (5300 members out of 7100 attended) the possibility to understand their stress reactions, to feel part of a professional community in this time of isolation, to have the same tools to work with EMDR with the same perspective and with a good level of competency.

As a result, we are able to connect as a professional community, while being asked to isolate ourselves and remain alone. In this way we could remind our membership that a concrete organization exists even though there is great uncertainty and unpredictability at this time... As one of our members wrote to us:

*Dear colleagues,
I attended with a lot of interest the seminar regarding the emergency that we are going through in this time of our lives.*

*The seminar has been very useful from a professional point of view, since you gave us concrete tools to deal with what is going on and it has been important also from a psychological point of view... I felt again the enthusiasm for our work, and it confirmed our role as EMDR clinicians... The seminar was useful also for my family, clients, since I felt more confident and they could feel it.
The dedication that you showed to us was amazing. I appreciated the way you do this not only with expertise but also with humanity and strong values.*

I live and work in Palermo and I am part of the EMDR group that is giving tele psychological assistance.

I have been working with EMDR for many years with good results and I am proud of being part of this Association. Thanks again for everything!

Lucrezia

Media and connections

We have been interviewed everyday by radio, TV and newspapers. At the same time, we had to produce a lot of material for those who we are helping, for our members and psychoeducational materials for the population, in order to allow them to work in the same way.

The Ministry for Education asked us for material for children, adolescents, teachers and parents to distribute in partnership with the EMDR Association.



Our members are creating a lot of initiatives in their communities with the support of the EMDR National Association. They are all working pro bono and are coordinated by the team of experienced members of the Association.

Members that are living abroad, like in London or Spain, are organizing there also support for Italians that live in those places. Our support has been to help them to implement the service and also finding colleagues in Italy that could help them with the calls that they were receiving, using WhatsApp, Skype, etc.

We are doing all this by phone, Skype, Zoom, etc. We were surprised that our work could be done remotely and be so effective, even with groups of doctors and nurses.

Conclusive remarks

- *Emergency Concerns:* During an emergency, everyone responds with his own personality, characteristics and the abilities he/she has learnt in life. Many will develop anxiety or fear; others will become depressed, etc. It is important to know that these effects will not stop with the end of the emergency, but they might persist in the medium-long term or they might even grow and generalize to a number of situations that used to generate no disturbance before.
- *Providing an Environment of Safety:* During an emergency, and particularly in this case when we are fighting against an “invisible” enemy, the people might feel in constant danger and they might feel constant fear. This feeling of threat has the priority over the cognitive rational structures because this is a question of survival and hence it is innate and irrational. In this first phase, it will be important to provide the people with a sense of safety and remind them that there are things that we can do, so we are not so helpless. When providing support even in this situation, we noticed that it is possible to find resources, positive aspects or situations, where the client was able to feel safe. It has been fundamental in order to promote safety, to provide information and psychoeducation on what is happening and how and why we are reacting this way.
- *Support Official Channels of Information:* In situations of emergency, people feel the irrational need to be reassured and to have control over what is happening. Hence, many will feel the need to follow the online news constantly. Quite often, however, they will get fake news: since it is written to stir an emotional impact, it will become viral and difficult to manage. It has been necessary to repeat how important it is to follow the official channels, like the website of the Ministry of Health, or other official websites managed by health organizations, to reassure the population and not to disseminate panic as fake news often does.
- *Legitimize Emotional Responses:* Explain the coronavirus as if it were an “invisible enemy” difficult to control and to predict. This emergency has been challenging our mental schemas, those we are used to as human beings. This is the reason why strong anxiety and concern may arise. Trying to normalize and legitimate all these emotions can be helpful to calm down the client and to explain what is happening in them.



- *Support Resilience:* Just as our body is equipped with an immune system, our brain is able to adapt psychologically to adverse situations thanks to its resilience. It is important to extend the perspective of what is happening: we are not helpless even if we cannot change things. We can change our reactions and perspectives, the way we see what we are experiencing.
- *Constructive Viewpoints:* Provide a constructive view of what we are experiencing: It is possible to find resources in each situation, which can be used. This is an opportunity to devote time to a slower life, to our family and ourselves. In this moment, we can do things that have never been a priority for us. Now we can do them and use technology – streaming and platforms – we are all isolated, but we are all connected as a community at the same time.
- *Support What We Can Do:* For all these factors, it is not possible to predict results. Many people may feel difficulties due to this unpredictability. Providing simple and clear indications on what to do allows the people to feel this sense of unpredictability less. For instance, washing your hands, cleaning all home surfaces, paying attention if we sneeze or cough, etc., but also emotional and psychological strategies to feel grounded and safe.
- *Focus on the Here and Now:* The fact that we cannot make projects in this moment, no plans, may create new challenges and feelings, since we are not used to not make plans. However, it is important to state that we must focus on the here and now. This is a great opportunity to simplify our lives that are generally very complex and fast. We have the possibility to explore this simpler and easier life that the Coronavirus emergency is compelling us to conduct, changing our hierarchy of priorities.
- Throughout the whole country *a new sense of community* has developed. People have found ways of sharing nice and pleasant moments, in creative ways, like opening their windows, or going out to their balconies or terraces and sing together or play. Through internet, WhatsApp, etc. many things can be shared like having a virtual drink together or celebrate events. People that lived in the same building and had never met, now have a WhatsApp chat sharing information on groceries stores or to help if someone is in great need in the building... So, it is very positive to see that when individuals cannot make it, the group comes up in a natural way to help and support
- *The Contribution of EMDR Therapy:* At sanitary level, specific scientific protocols have been pursued, following medical protocols, knowledge and expertise. From the psychological point of view, we must also address the needs and dynamics that are being triggered in the people, through research-based protocols considered effective according to the International guidelines *as EMDR therapy*.
- The last thought is about the generosity of the members of a National EMDR Association, they are not only clinicians, but they are aware of a tool like EMDR Therapy and how this



can make the difference in emergencies. Observing a whole country going through highly stressful and traumatic conditions, their will to help and reach the populations in need comes up once more, in the spirit of EMDR.