

## ***CORONAVIRUS: WHAT IS HAPPENING?***

### ***Guidelines on the psychological and emotional aspects***

The current outbreak of coronavirus has to be considered a critical event in Europe.

EMDR Europe Association would like to share some thoughts and guidelines with all its members, to reduce stress reactions, enhance information and cognitive processing and promote mental health among individuals and the community.

The citizens' risk perception is extremely high, and it does not correspond to the actual data on risk. Good psychoeducation can be based on the official information that is available on institutional websites:

- [https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response\\_en](https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response_en)
- [https://ec.europa.eu/health/coronavirus\\_en](https://ec.europa.eu/health/coronavirus_en)
- <https://www.who.int/health-topics/coronavirus>

The effects of this outbreak are still being observed and studied. Therefore, it is necessary to be cautious. Nevertheless, according to the data that have been collected up to now, it is being noticed that they are comparable to the ones of a seasonal flu, and the mortality rate is close and a little bit higher to the flu average mortality rate. (Source: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020>)

Having said this, it is extremely important for people in general and for our clients to focus on what works in protection of mental health at a clinical level and to foster the stress management capacity.

We have to be aware of the efficiency and readiness of the European institutions and the European health systems. Governments have taken precautionary measures that are highly protective towards citizens while waiting to understand the real entity of a problem that has been depicted as very serious and dangerous at an international level. In addition, hospitals have responded offering their best services. Perfection does not exist, and everything can always be improved, but there has been a prompt and widespread response. We have good resources; we can see them and keep them in mind.

Considering that the health risk assessment is still lacking, we are assisting, on the other hand, to an undeniable and intense psychological traumatising – individual and collective – based on the “reputation” that the virus has gained in the countries where it spread before coming to Europe.

The evident psychological traumatising has arisen on 2 levels: personal (people directly affected by the disease, their families, and people living in the outbreak areas) and collective (in the identification and in the images that stem from collective distress).

Speaking of community, it is important to remember that the crowd is not the result of the sum of the single individuals that form it, but it becomes sort of an independent super organism, that has its own

identity and will (Le Bon). The individuals can lose their features to gain the crowd's ones: when a person becomes part of a crowd, they start thinking and acting differently from the way they would if they were alone. Since our clients are already people at risk of psychological distress, they are the first candidates for "feeling" and experiencing anxiety coming from an overexposure to mass-media or the interaction with other people in distress.

At a neurological level, there is a switch from the use of our Ventral-Vagal System (level of logical thinking capacities) to the Fight-or-Flight System, where the priority is a defensive action disconnected from the more evolved Ventral-Vagal System. This mechanism is very evident, for instance, in the supermarkets with empty shelves, in the less crowded shops, in the isolation and in some episodes of violence towards Chinese people.

Coronavirus has forced people to face vulnerability. But it is important to remember that we can be vulnerable but not helpless, so we can manage stress reactions, fear and other emotions that we are experiencing in this critical event.

## ***GENERAL GUIDELINES***

### ***Examples of behaviours that can be functional***

1) Prefer official channels as sources of information:

In moments of emergency when fear and irrationality might inevitably prevail, it is necessary to take care of ourselves and to put ourselves in the condition of avoiding the exposure to not appropriate and not reliable information, running into fake news or news emotionally loaded with experiences not based on actual data.

2) Choose two moments a day to get news updates and decide the channel through which to do so:

The continuous exposure to the amount of news on the internet, radio and TV keeps our warning and fear system constantly activated. In addition, it is better to choose one or two moments a day when to get informed.

3) Follow the best hygiene practices indicated by your country's institutions and health system.

4) Do not interrupt your routine as much as you can: in emergency contexts, it is necessary to cling to what is certain, known and predictable. Continue with your work and keep your habits when possible.

5) Physical exercise and walking outdoors are very important activities. Releasing tensions by "doing" allows a better night sleep.

6) Get enough rest.

7) Eat as regularly as possible.

- 8) Talk and spend time with family and friends.
- 9) Talk to someone you trust about your concerns, problems and feelings.
- 10) Do activities that help you to relax: yoga, autogenic training, reading, gardening, etc...

## ***GUIDELINES FOR EMDREA MEMBERS***

People react to the situations to which they are exposed to, not only according to the kind of event they are facing, but also according to the previous anxiety or uncertainty conditions that they are living. Being aware of the circumstances means that we should discriminate the presence of previous anxiety situations that might influence people's perception of the event. In our clients' case, we will try to analyse what emerges from the "coronavirus phenomenon" on more levels:

- Using the Adaptive Information Processing Model we can understand with the clients what is the basis of their "coronavirus" anxiety; we can do a float back using one of the most distressing moments they lived with coronavirus to understand – through CN, emotions and sensations – where our clients have already experienced similar feelings (which will become targets to be reprocessed).
- Considering the transgenerational aspects of this mass emergency situation: how is our clients' family reacting? Have they already experienced other collective traumas, directly or through previous generations? These can become targets to reprocess as well.
- Psychoeducation on the difference between risk and danger is extremely important, quoting official sources, highlighting what the clients can do (WHO good practices) to improve a feeling of self-efficacy, and installing those behaviours with EMDR. It is necessary to focus on the good news: 95-97% of the people recovers (rather than focusing on mortality).
- Stabilisation through grounding, breathing exercises, and the safe place.
- Reprocessing of targets related to the worst moments of the "coronavirus phenomenon".

In the last days, clients have started to show a complication in the traumatising; a disoriented state is emerging, between the past weeks' information, which indicated a high severity of the coronavirus infection and consequently activated a warning state, and the information that has emerged in the last few days, about a – all in all – "reduced" impact of the same virus.

If the virus' low-risk trend is maintained, we would easily run into a reaction of rage and frustration of our clients and of the population. The psychological problem that would arise would be that while our health systems were effective in detecting the virus and our institutions worked for protecting the citizens, we have obtained an economic damage and the outbreak areas are now stigmatised.

This reaction of rage and/or shame of the population could be channelled into dysfunctional behaviours, like disesteeming the institutions and the health systems, and downsizing one's image, even personal.

**As therapists, we can help our clients to restructure and redefine what is happening in terms of resources of efficacy and self-protection.**

## ***GUIDELINES FOR CHILDREN'S CAREGIVERS (PARENTS, TEACHERS, RELATIVES, ETC.)***

### **SELECT THE INFORMATION**

Children need CLEAR AND TRUE information, filtered according to their age so that it can be understood.

It is important not to expose or over-expose children to images and news that are not appropriate to their level of understanding. Choose one or two moments a day to dedicate TOGETHER to watching the news or searching the web for information, in order to explain what is emerging and to reassure the children, using a realistic focus that is oriented to positive aspects. Explain to the children that there are many people taking care of the issue and highlight these aspects when they show up on TV or online.

### **MAKE CHILDREN FEEL SAFE**

It means that children can keep on behaving like children: they can play, talk about funny things, do their homework and learn new things.

Also, it means they can be with their mom and dad and other people they trust without seeing only scared or alarmed faces. We should remember that children are small, but they notice and understand the parents and caregivers' emotions and state of mind.

A child, to feel safe, needs to be with an adult that is capable of transmitting love and that has control over himself/herself – in the first place – and possibly over the situation.

Children notice adults' inconsistencies. For example, if I say: *"There is no reason to be afraid"*, but then I stock up a lot food for emergencies, it can cause confusion, and the child might ask himself/herself if it is right to believe what the adults say or if the adults can be trusted.

Trust is essential to make the child feel safe.

Remember that if you cannot calm yourselves down, you cannot make your child feel safe!

In this case, seek support from other relatives, the community, the network of friends, and, if need be, refer to clinicians.

*Special thanks to Giada Maslovaric, Manuela Spadoni and Alessia Incerti from EMDR Italy for the preparation of this text.*