

“Support beyond the Distance”: the creation of a working group and its function of containment. New settings in psychological intervention in COVID-19 care contexts

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Abstract

The article presents the professional and emotional experience of the working group of psychologists engaged in home care and the management of the COVID-19 emergency.

The emotional impact of traumatic events for the individual and the community requires the set-up of a multi-level containment structure.

The various interventions included in the "Support beyond the Distance" project seem to indicate the group as an elective tool in dealing with experiences such as isolation, disease, death and fear.

Key words: group, home intervention, emergency, trauma, institution

“For the doctor of Kos, diseases appear as processes that [...] have both an evolutionary and systemic phenomenology. In other words, they are evolving systems marked out by relative independence from the subject in whom they occur [...] and by a kind of implicit finality [...]. In that sense, healing does not so much mean decisively removing the harm, ‘driving it away’, but rather promoting a spontaneous strategy implemented by the organism itself. That is, therapy proper [...] is intended either to assist the channelling that leads to the remission of the harm or to prevent its deviation”

(F. Voltaggio, L'arte della guarigione nelle culture umane [The art of healing in human cultures])

In certain situations – unexpected, unique, special events – it may seem that things happen almost by chance or by magic. We could definitely carry on for hours about destiny, fate and the synergies of the universe, but as far as we are concerned, the events of the last few months are the result of very precise movements, which have their own history and were the origin of everything: for example, when you hear a beat that gives you the impetus to move. First one finger, then your shoulders, your head, then off you go, it has unexpectedly become a dance. What has happened, the story we are about to tell, speaks of such a phenomenon, an almost alchemical reaction that has given rise to a flow of energy that remains unabated to this day.

Five months ago, everything changed suddenly. Our home-based psychological care work with patients suffering from serious illnesses has also witnessed a sudden setback.

A story of decision-making

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The advent of COVID-19 required a re-evaluation of home-based interventions. Patients with serious illnesses had to be protected, so psychological support therapies at home had to be discontinued.

Our experience showed us that the limit, the pain, the illness can find meaning in sharing, in the encounter between two minds, in authentically being there.

The silence of lockdown and the immobility it forced us into set in motion a thought that, hour after hour, drew from each of us a contribution to what would later become the “**Support beyond the Distance**” project. This could seem like magic, but that is not the case.

A project began from a flow of thoughts, ideas, feelings, professional requirements and responsibilities. A project began and firmly laid the boundaries of a group that until then had woven threads of professional bonding, despite operating in far-apart districts of the ASL NA3 Sud [*South Naples Local Health Authority 3*]. Almost 10 months of exchanges and discussions ensued on the minutiae of a complex project, as you might well imagine. A youthful group with robust, experienced leadership was growing, seeking the confidence it required to be united despite its differences. Because we were and we are different. The project was created in just over a week, amid fears of facing the unknown and certainties that took shape, concerning the need to transform and remodulate ourselves to continue supporting patients, at no risk.

While the requirements to socially isolate may at first have seemed to impede our constant care work, forcing us to distance ourselves from those we look after, we realised even so that the *constraints* and *limitations* were bringing us closer than ever before to our patients and their conditions.

Our patients – already confined to their homes in their own way, in an interruption of everyday life due to serious illnesses – were now experiencing a lockdown within a lockdown, exasperating an already distressing isolation. Isomorphically, us home psychotherapists also found ourselves isolated, restricted to our neighbourhoods and disempowered in our daily work, preventing us from sharing, meeting, being there.

When illness and health protection correspond to the renunciation of most of one's habits and encounters with others, survival also lies in finding new ways of being in the world, new ways of being together, striving to consider what remains of our abilities and resources, letting what is no longer there fall by the wayside.

This major learning distinguished how we were looking at what was happening to us. We had to put aside shared methods and make room for others, for the belief that something else could and should be done. First of all, we needed to realise that there was another way, that we could be there by means as simple as the phone, video calls and chats.

But then there was also fear, how can we forget it, the apprehension we all experienced that would not leave us for so long. The same fear experienced by our patients' families, tireless warriors seemingly only disarmed by an unknown virus. The same fear as our patients, who had come into an operating network that seemed to them to be faltering, but nevertheless kept its basic tenets going. Our fear of falling ill and infecting our families. It was vital to acknowledge, express and share it.

The *burden of suffering*, the *fear of death* we found ourselves sharing with ‘home patients’ time after time, left *indigestible traces* that required further exploration.

As psychotherapists, we know how distress requires a vessel and how the mind of a mother, a therapist, a group can perform that function.

Sharing painful emotions, experiencing that others can understand and feel the same or otherwise is the basis of the psychological work of containment and transformation referred to by Bion.

A story of boundaries

The initial challenge was thus to believe in a new operational framework, transforming the limit imposed by distance into an opportunity for another kind of proximity. The leadership at our Department welcomed early proposals to transform home care into telephone assistance, relaunching with the option of using these tools to reach and support all stakeholders: patients, healthcare professionals and their families.

A freephone number was then set up, an operating platform was instituted and an intervention team was formed.

Daily phone and video calls, via the tablet computers all the team members were given, became the vessel for doubts and the space in which that pain could be identified, felt and shared.

The outline of the project’s boundaries seemed to us a continuation of the movement within our group, where the expression and reception of anxieties and resistances co-existed with an emerging, characteristic feature of our system: a clear propensity to accept risk if sustained within the group. We directly experienced the strength of togetherness, very much seen in home care in the last few months. Boundaries that are becoming broader and more supportive.

The daily exchange, which began very naturally in the working group, lightened the not yet metabolised elements and enabled us to see and feel what we had to give back to our patients as more tolerable than it originally seemed.

Despite this excellent resource in the group of psychologists, just like the group of healthcare professionals at the COVID Hospital where we were working, the fight-or-flight response when faced with the enemy resulted in a series of departures from work, abstentions that seemed to betray some sort of lack of personal and organisational equipment.

The choice made by many of the group's members to take to the field, to the front line, by structuring our psychological support work, came about in the conviction that the experience gained could be used to deal with this new challenge.

The onslaught of the virus, the unfathomability of the mechanisms of infection, the vulnerability of life demanded a kind of emotional support that medical culture usually delegates to a psychologist.

The institutional delivery was very clear: to bear the burden of suffering and the primordial terror of the end. We were asked to follow up not only patients who had

tested positive for COVID, but also those who were treating this mysterious virus: to treat the healthcare professionals themselves.

A Story of Stories

In the meantime, the numbers in isolation, in quarantine, in hospital, in the professionals involved were all increasing. The common denominator? Forced distancing from their loved ones.

Little by little, with the set-up of the freephone number, the Balint groups and Photolanguage, “Support beyond the Distance” became a vessel for stories, memories, tears, prayers and hopes.

The constant presence of the group of psychologists at the COVID Hospital in Boscotrecase has become an anchor for people to cling to at a time when the threat of alienation was looming over everyone’s lives.

Anger at perceived neglect in the first few weeks was one of the first emotional reactions received by us professionals: “*Where were you? ... You left us alone!*” These were the words of Mrs L., concerned for her hospitalised husband, in isolation from the rest of her family, disappointed by care that seemed to be lagging. Likewise F., forced into isolation by her son and husband testing positive, told us she was no longer able to cope with marital conflict, left dormant until then by the daily routine. She said their son was paying the price for it, and asked us for help.

The interventions reached many children, via work with their parents.

On 30 March, the psychologist manning the freephone number received a recording, the fretful voice of a little boy who was talking with his mother, in an intense, profound conversation imbued with distress and bewilderment.

The speaker was a six-year-old boy whose father had been taken away by the virus. He, his mother and his little sister were in isolation at home waiting to hear whether they had become infected.

The person who responded was his mother, also deeply hurt yet taking on all her son's pain and supporting him as only a parent can. The impact of this conversation was very powerful. On the one hand, it embodied all the pain that can result from such a visceral loss, but at the same time all the strength and reassurance a maternal bond can instil at such a time.

It was immediately clear to the psychologist dealing with this case that she was a competent and attentive mother, able to embrace and console her son's great pain.

Despite her evident competence, she was asking for help to hold herself up against a bolster that could assist her in dealing with the shock and burden of such emotions.

In this case in particular, the fairy tale provided by the Italian EMDR Association to the psychological support workers assisting children and parents (“The Story of the Oyster and the Butterfly: The Coronavirus and Me”, Ana Gomez) was of great help. The principles that have inspired the various tools and methodology employed by the team of psychologists are those of Emergency and Trauma Psychology, aimed at helping people alleviate and manage the effects of a painful experience.

While family members have always been an integral part of and an indispensable resource in the care of seriously affected patients, the forced remoteness during this pandemic has amplified experiences of powerlessness and abandonment.

A 45-year-old, A., called the freephone number because she felt like she was losing control over her reactions. She had already been at home for months, caring for her 80-year-old COVID-positive father, and was the only person in her family who could do so. She said she was unable to cope, felt too alone, was often experiencing anxiety and panic attacks she could no longer manage and was despairingly asking for help as she was thinking about doing something terrible. For A., daily contact was instituted over the phone and WhatsApp messages, at various times of the day. Two weeks later, A. reported that she felt better, was better able to deal with her anxiety and showed a touching attachment and gratitude to the therapist.

No less touching was the meeting she was pushing for once lockdown had ended. The meeting took place and ended with the two of them giving each other a big hug.

Even the healthcare professionals and their stories seemed to report abandonment by their parent institution, despite their facility providing them with a forum for support and a space to talk.

Initial irate comments were later followed by calls for help.

Photolanguage groups have been set up with the aim of facilitating the flow and processing of shelved or inaccessible emotions, using evocative images.

This psychoanalytic tool, put forward by France's Claudine Vacheret, has been chosen for its specific efficacy in groups where it had proven difficult to share intimate and profound feelings. Healthcare professionals were requesting a space to talk and their institution was attempting to provide a response by involving us.

The image this situation has produced has always been that of a pyramid, at its apex nurses, doctors and healthcare professionals dealing with the most serious physical consequences of the infection, in intensive care units. Working on the front line equates to an inability to stop, to stop thinking and to 'feel' their suffering. But that suffering comes even so, joining concerns for themselves and their loved ones. Although it remained unexpressed, all this required support.

We positioned ourselves at the base of the pyramid and tried to keep our feet firmly on the ground.

Together with individual listening spaces for professionals, the function of the Balint groups was to make us ready to manage the expression of what they had until then been unable to describe or express.

The urgency of the pandemic required careful reception, the next stage, when an initial request for help became clear, for which these tools proved a useful means of emotional processing.

One of the most striking images, given to us by a nurse, comes from one of the many stories from Hasidic Jews, where men sitting around a table, who had been forced to eat using cutlery with excessively long handles, understood that the only way to survive was to feed each other.

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