

An Unforgettable Spring: A Collection of Reflections and Testimonies on Life During the Covid-19 Pandemic Phenomenon

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ABSTRACT

The Covid 19 pandemic has severely affected the personal, family and social behaviour of the general public, in particular due to isolation: this article aims to highlight, through case studies, the risk of increased emotional vulnerability and dependency conditions, and also, the skills required to deal with these negative situations.

Ideas contained within themselves dry up and die out. It's only when they circulate and mix, that they live, that they truly come alive, feed off each other and contribute to our shared experiences, that is, our culture.

Gustavo Zagrebelsky

Keywords

Covid 19, Social behaviour, Public, Virus.

Introduction

This article intends to serve as a summary of what has been found in both clinical studies and wider public life in general, including my personal experience and that of people with whom I have interacted in recent weeks, around the extraordinary phenomenon of the COVID 19 pandemic, or Coronavirus, which from now on I refer to with the abbreviation CV.

Everyone has been affected in different ways, to varying degrees, by a range of unprecedented and wide-ranging experiences, broadening the scope of the experiential continuum directly faced by contemporary western society. Within this context, we analyze several real-life examples, among which, specifically, that of someone with a previous addiction to alcohol.

In this regard, the sudden lifestyle changes engendered by the advent of the CV phenomenon contain numerous elements that typically constitute risk factors for the use of drugs or alcohol in an abusive manner [1-3], and for relapse in recovered and rehabilitated patients [4-6]. Among the factors most likely to

cause a resurfacing of abusive behaviour and the development of addictive behaviour are: social isolation, experiences of frustration and prolonged stress, mourning in its various forms related to loss, unstructured time and unemployment, perception of impotence and a heavy sense of inadequacy, perception of failure, anxiety around economic factors, perception of negative and adverse future scenarios, presence of one or more psychopathological disorders, fears and phobias with respect to one's own safety, sudden changes in lifestyle structure, desire for escape from real or perceived constraints, fault-finding, feelings of boredom and a sense of emptiness, sense of guilt or hyper-responsibility, difficulty in managing intimate and emotional boundaries, difficulty in emotional self-regulation, the desire for meaningful interaction, impulsivity, compulsiveness, the search for self-gratification, the need for carefree feelings and light-heartedness, lack of sleep or dysregulation of the sleep-wake cycle, prolonged or chronic physical pain, difficulty in conflict resolution, difficulty and awkwardness in self-expression.

Conversely, the CV phenomenon, as a whole, has brought with it some elements of potential protection from relapse in detoxified and rehabilitated patients. These possible protective factors could be the result of a substantial decrease in opportunities

around socializing and entertainment, where alcoholic drinks are commonly consumed. Think of the ritual of the aperitif in clubs and bars, restaurant dinners, and social gatherings of various kinds.

From a May 9th 2020 report on the European Addiction Institute website (IEuD, <https://istitutoeuropeodipendenze.it/>), in Italy more than 8,500,000 people, or 14% of the population, are currently at risk of alcoholism. According to them, alcohol abuse would also exacerbate any eventual contagion from Covid19. The World Health Organization [7] has, in point of fact, released guidelines on the relationship between alcohol and aggravation of Coronavirus: alcohol irritates the mucous membranes, making them more permeable to the virus at the entrance through the throat; additionally, it weakens the immune response and depresses respiratory centers, resulting in a more serious illness.

The conclusion will reflect on a possible balance of the relevant importance of the various factors under discussion.

Real-Life Examples

Following are some real-life examples, summaries based on conversations during telephone interviews. Some are with family members, others private individuals. All participants were informed of the possibility that parts of their testimony could be used in the writing of this article:

- A public hospital nurse, working in the resuscitation room
- A hospital employee, responsible for reporting, a former alcoholic
- A staff member in a residential home for disabled adults
- A young graduate in economics, currently between jobs
- A construction worker
- A 16-year-old boy struggling at the beginning of a personal relationship

Resuscitation Department Nurse

After an initial casual approach to the phenomenon, by the time the first cases of people with CV pneumonia symptoms were seen where intervention in the resuscitation room was necessary, the scenario completely changed, and anxiety generated by reports from cities in Lombardy spread throughout the whole department. A sense of greater perceived resilience was the result of the team spirit generated rapidly between the nursing staff, making it possible to deal with very high levels of stress created in only a few days by the various emergencies and the necessary reorganization of the resuscitation and surgery departments.

At the time of the interview (which took place on 04/23/20) the interviewee found themselves very tired and worn down by the volume of work, in addition to which a certain amount of annoyance was added due to perceived bad human resources management, both from the point of view of lack of clarity around obtaining adequate pay for overtime work, and from a purely human point of view,

frustrated at a perceived remoteness and indifference from the administrators and departmental managers.

The worst moment was discovering that management were detached and ungrateful.

The main skill acquired was the strengthening of team spirit and the ability to combat fatigue and frustration.

Administrator, Responsible for Reports (ex-alcohol dependent)

The woman, currently rehabilitated and free from alcohol for about two years, reports numerous occasions of anxiety and deep stress. A few days after the first infections in Italy, the report delivery desk where she works was moved outside the hospital, becoming the main communication channel between hospital departments and the families of hospitalized patients, including those with CV.

In finding herself at the forefront of trying to best adapt to new working conditions with the disproportionate increase in queries and requests, strong feelings of helplessness and a sense of responsibility were engendered in her, together with a perceived impossibility of expressing what she was feeling to third parties and how what she had witnessed had affected her. This huge volume of stress, inadequately offset by brief moments of rest and recuperation, recalled her need to resort to substance abuse (alcohol), an automated reaction to stress due to her past alcohol addiction.

On one of the more demanding days, she stopped at a bar on her way home, ordered a drink, swallowed some if it and then went to the bathroom to try to make herself sick. The woman views the use of alcohol, even in minimal amounts, as a failure with regards to her enforced abstinence that had lasted for several years to this point. The scenes that played over in her mind and that she could not get rid of were related to the dramatic reactions of those families following the communication of the death of their loved ones hospitalized by CV or other clinical conditions. All this, at her makeshift desk, all this without the family members being able to see their loved ones, ill or, by this point, deceased.

The telephone conversations with the woman were characterized by a dramatic intensity, whereas the use of a video call proved to be less suitable than a usual psychotherapeutic setting. Similarly, the fundamental exercise that the woman was able to carry out through distance psychotherapy was to narrate and share, in a secure relational environment, what she was forced to experience and her struggle against the desire for alcohol.

The worst moment was having to report serious health conditions and patient deaths to family members.

Main skill acquired: Enduring fatigue and frustration and assisting others' pain, building sustainable fulfilment strategies, resisting the temptation to resort to alcohol.

Teacher (Secondary School Computer Science)

At the time of the first suspension of teaching (from 5th to 15th March), teaching staff and the education system had already been significantly affected by the impact of the CV phenomenon.

With the second suspension of teaching, an initial effort to reorganize the workload around distance learning was required, resulting in a degree of chaos given the major differences between the various institutes and school bodies.

Being a computer science teacher, he found himself having to facilitate fast-track computer literacy training for online communications.

Fortunately, his school benefitted from an existing high level of computer literacy, but certain other of his colleagues reported very different and challenging situations, with serious adaptation issues for both colleagues, pupils and their families. Comparing with other teachers, it became clear that the distance teaching method highlights the pupils' families' different levels of skills and ability to adapt, exacerbating the difficulties of pupils with various other existing problems.

Especially in the early stages there was a palpable lack of privacy, given some conversations addressed to specific individuals and containing sensitive information were made while everyone was in the videoconference.

It highlighted the need to bypass some of the bureaucratic procedures, which in this new situation were unsuitable and significantly disruptive to smooth, efficient workflow.

BES (Special Educational Needs) students were most badly affected.

He reported an initial frustration and sense of powerlessness, but once he overcame the challenge and perfected a working system, the satisfaction was immense.

As a computer science teacher he felt fulfilled and his skills valued. He reflects on the fact that, in the "middle" and "elementary" school classes, workload is heavily delegated to parents, many of whom find themselves working from home.

Worst moment

Having to educate many people in the use of technology and digital communication, the extension of working hours and problems around confidentiality.

Acquired skills

Creating materials for online teaching, thinking outside the box, creating an entire online course from scratch, remote management of human relationships, building and consolidating a team atmosphere.

Staff Member, Residential Home For Disabled Adults

Describes their experience as particularly stressful as a result of the CV emergency, dealing closely with the direct consequences of the disease in an area of fundamentally high vulnerability.

There were several infections among the guests and some infections

among the staff with consequent emergency adaptation measures and subsequent decisions requiring quick implementation, with the associated increase in stress. They report the difficulty of finding themselves under-staffed but with much more work to do than usual.

They reflect on how the management of disabled people in residential care entails a considerable expenditure of energy in itself. This effort is normally used to organize activities that can be tailored to the different operating frameworks and specific needs of people with disabilities.

With the advent of CV restrictions, the requirement to use PPE (covering the faces of staff) and the stress this generates in the staff themselves, makes the working environment particularly difficult. Some situations have occurred where patient management has been particularly challenging, where maintaining social distancing guidelines and wearing masks are not practicable.

According to the member of staff, perhaps the worst aspect to manage was, and still is, washing people with severe disabilities, both from the point of view of the risk of contagion and from the point of view of practicality, in having to operate with the impediment of PPE and the exhausting sanitation process (one only has to imagine washing an incontinent person with behavioural dysregulation).

They reported that they were pleasantly surprised by the treatment implemented by the regional health authority for an infected patient. They showed obvious CV symptoms with very high fever and respiratory difficulties, and had they not been taken to the intensive care unit they would certainly have died. Instead, they were treated in the same way as other patients and were saved.

Worst moment

Feeling unable to provide their best care due to the necessary precautions, the days of waiting for test results after a swab following exposure to infection, the days of uncertainty following resuscitation of a person they assisted.

Acquired skills

Flexibility and operational adaptability, reinforcement of teamwork, recognition of one's own resistance, fatigue tolerance and heavy workload with a high emotional impact.

Young 25-Year-Old Graduate

For their first work experience, coinciding with the outbreak of the epidemic, they were finishing an initial contract at a startup in the electronics sector. Once the contract ended, they would have had to start looking for new employment.

Fortunately, they managed to come to an agreement with the owner of the company to create a smart-working collaboration so that they could spend that time more constructively at home and earn, in return, a minimum level of remuneration.

Worst moment

Seeing oneself prevented from being able to look for new employment and the consequent economic hardship.

Skills acquired

Ability to structure free time, adaptation to unexpected events and new assignments, coping with uncertainty.

Construction Worker

Married with an unemployed adult son not working due to redundancy, wife is a home care assistant. His company stays open until the directive states that everyone must remain at home (date). In the first week he feels a little odd but also experiences quarantine as an opportunity to rest. From the second week he begins to feel the burden of unemployment. Not used to being at home, always working outdoors and having a small plot of land as a pastime. The prevailing emotions are: frustration, irritability, sense of being uprooted, drowsiness / numbness, concern for the company for which he works (i.e. fear that there may be problems with resuming work or that the company will go out of business). Increased consumption of cigarettes, alcohol and comfort food.

Worst moment

Finding oneself suddenly unemployed and confined to the house.

Acquired skills

Direct and mediated relational skills, anger and conflict management, time management, dedication to and deepening of interests and hobbies of various kinds.

Sixteen Year-Old Boy

The boy says he experienced the first phase of lockdown as a sort of holiday, admits that he met his friends as usual during the afternoons, viewed the fact that school was closed down as an overreaction, and that the contagion problem didn't really affect him. When the advice to avoid outside contact and to stay at home became more compelling, and witnessing the

consequences of the effects of the virus on TV, he too adhered to the regulations more closely. For him, the constraints meant having to sacrifice meeting up with a girlfriend who he was dating a short time before the restrictions were imposed, and with whom a personal relationship had developed, or at least an intimate understanding from which a serious relationship could emerge, as he had hoped for some time. With the fading prospect of meeting up, the relationship gradually deteriorated until the two agreed to end it instead of waiting to meet up in person.

Worst moment

Being away from the girlfriend with whom he felt emotionally involved.

Acquired skills

Structuring of time between study and moments of enjoyment and fun, managing online relationships, uncertainty management, conflict management.

Below is a list of snippets collected from conversations with various people with whom I have been able to interact in a more or less in-depth manner, together with elements recorded in the mainstream media [8-10]. For greater clarity I have divided these findings into three different time frames:

- Contagion in Italy - from 21st February to 7th March 2020
- Implementation of National Quarantine - from 8th March to 9th April 2020
- Extension of the "I stay at home" period until 3rd May - starting from 10th April 2020

Contagion in Italy (21st February 2020 - 16 confirmed cases in Lombardy, in Codogno, Province of Lodi)

Amongst the public we witness conflicting emotions and behaviour that range from trying to play down the extent of the problem, the real danger of infection and the disease itself, to the attempt to protect themselves as much as possible by increasing behaviour that reduces the possibility of contagion, i.e. social distancing, avoidance of contact, increased frequency of domestic and workplace cleaning and improving hygiene in general, frightened by catastrophic scenarios or at least accompanied by intense feelings of fear of loss, combined with imagined flu symptoms.

Significant increase in interest in national news. People working in the health sector or who are in hospital / convalescence or providing care to people with high psychophysical vulnerability take increased precautions and have found themselves experiencing worry and concern, ditto for parents of young children or babies.

National Quarantine Implementation (March 8th, 2020)

In the people I contacted, the push towards implementing laws requiring an ever-greater restriction of contact, movement, and other activity generates:

- A clear break from routine, with contentious and distinctly subjective feelings ranging from strongly negative to also strongly positive, almost euphoric
- Surprise at the extent of the phenomenon, and for the many changes in behaviour required by most of the population
- Fear of contagion
- Increased interest in national and local news
- Full take-up of prevention and hygiene measures
- Full adherence to the recommendations relating to the laws under the "I stay at home" campaign
- Increased worry and concern for the elderly and / or those with existing pathological conditions
- Outbreaks of chaos and confusion, both in terms of difficulty in understanding the phenomenon, attempts at structuring the day, family activities and management of children or dependents, whether still going to work and subject to intense pressure or high stress due to overload or the need to completely change their way of working
- Moments of panic in decontextualized actions such as panic buying large quantities of food, acts of anger, psychosomatic reactions influenced by reporting of symptoms
- Increase in: suspicion, anger, envy, sense of injustice, fear of third parties (in apartment buildings, neighborhoods,

passersby)

- Increase in: solidarity, empathy, downplaying problems, sharing experiences with others, especially when this is the trigger for a conversation
- Feelings of boredom and intense derealization by those who do not usually stay at home or indoors (by derealization, we mean feelings experienced when one spends time carrying out uninteresting or boring activities, or the perception of inactivity, associated with a sense of guilt and pointlessness. This feeling usually manifests itself from the late afternoon or evening onwards since it is in these phases of the day we tend to take stock of our daily personal achievements)
- Concern for financial aspects
- Difficulty in dealing with issues of personal space due to the imposed constraints
- Development of new skills in an attempt to deal with the above
- Development of IT skills necessary for remote engagement in many activities

Extension of The “I Stay At Home” Period until May 3rd (April 10th, 2020)

- Disillusion
- Major concern for the financial impact
- Further confirmation of the perception of intensity and seriousness of the pandemic and its probable duration over time
- Desire to leave the house, and infringement of the advice for the need to stay at home
- Decrease in interest in national and local news
- Increase in online purchases and use of home-delivery services
- Increased use of alcohol and tobacco products
- Irritability, anger and frustration
- For active professionals, perception of tiredness and fatigue
- For healthcare professionals, the feeling of greater division between employees and management, and fear of the latter’s failure to recognize their extraordinary efforts
- Consolidation of “quarantine” coping strategies
- Euphoric effect of conversing with people face-to-face, combined with the tendency to be over-trusting
- Restoration of some partially lost automatic behaviour (such as fastening the seat belt while driving)
- Desire to become active again, as a source of personal and existential validation
- Adaptation to a new existential structure with unfamiliar experiences, among which there is a certain concern around returning to work for those who are in the situation where their normal working activity has been suspended. This concern covers both contingent aspects linked to the fear of contagion but also unpublished aspects of questioning the lifestyle that was in place prior to the outbreak of the epidemic.

Negative perceptions and frustration are only partially eased with the gradual relaxing of restrictions and increases in freedom.

Conclusion

The extraordinary nature of the phenomenon has put a strain on

every human system, from the immune system of the individual, to the European economy, and even the global one.

We find the most painful examples among the most vulnerable and poor in the community. Children, fortunately not affected by the disease, are paying for the deprivation of human contact in general and the severe restrictions on the educational and formative processes.

However, humans have the amazing ability to adapt and so everyone has acted collectively, demonstrating the ability to unite and therefore face up to problems that arise together.

Technology and online communication have played a vital role which, however limited, guaranteed a minimum of human relationships and interaction, the primary source of health and psychological wellbeing.

Regarding the behaviours of abuse or dependence, in its different types and facets I would say that, with the passage of time, statistical data will likely become available which will bring empirical evidence regarding the incidence of the CV crisis on the conduct of the population. For now, we can limit ourselves to speculating that this has constituted a negative experience.

This hypothesis can also be justified simply by making a quick judgment of the greater number of risk factors compared to the protection factors.

As regards alcohol addiction, the European Addiction Institute (IEuD), which receives daily updates on the level of addictions in Italy, found that during the period of social isolation and quarantine, requests for help had significantly increased: “alcoholism is one of the most dangerous addictions because it finds fertile land in solitude and isolation in order to develop itself” reads the IEuD press release.

Therefore, the primary factor in protection against abuse and addiction resides in the exposure to shared experiences and interpersonal contact with others, should the latter demonstrate an ability to empathise. It therefore seems necessary to reinforce mediated listening and meeting strategies too, which can keep the social fabric together and combat the phenomenon of social disintegration which is, unfortunately, running parallel to the epidemic, generating serious mental health issues and exacerbating both individual and societal weakness [11].

I believe that great teaching and great strength can be drawn from momentous experiences, and I stress the critical role that the expression and dissemination of these experiences and lessons can play.

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