



COVID-19, MENTAL CONDITIONS & EMDR ANXIETY DISORDERS

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This document addresses Anxiety Disorders (AD) including Generalized Anxiety Disorder (GAS), Social Anxiety Disorder (SAD), Panic Disorder, Agoraphobia, other specific phobias and Anxiety Disorder (previously Hypochondria). (Obsessive Compulsive Disorders are addressed in a specific document). These Disorders can be successfully treated but may be subject to relapse especially in cases of stressful life events, psychological traumas and physical or psychological exhaustion. COVID-19 represents in many cases a high risk of relapse or increase of previous Anxiety Disorders and onset of new disorders.

IMPACT OF COVID-19

Covid-19 related anxiety

The pandemic is a state of objective danger and uncertainty that directly interferes with the perception of control both of the environment and the self. Lockdown and quarantine contribute to externalize individuals' locus of control, a state of fearful anticipation (Covid-19 related anxiety), facilitating the onset of anxiety disorders and increased relapse ratings.

Covid-19 and Panic Disorder

Symptoms of panic attack (dyspnoea, chest pain, nausea, burst of heat, etc.) can be mistaken for Covid-19 symptoms. This misinterpretation may result in an increase of panic symptoms mimicking flu and/or a breathing disease. For this reason, individuals with Panic Disorder may be especially affected by Covid-19 related anxiety, resulting in higher frequency of panic attacks and the worsening of persistent worrying.

Covid-19 and Social Anxiety Disorder

Social distancing, the commitment to stay home and the weakening of interpersonal bonds can be experienced by subjects with SAD as desirable, colluding with Covid-19 related anxiety. Such individuals have then an "alibi" to avoid social situations. Reinforcement of avoidant behaviour increases social anxiety, so establishing a positive (e.g., augmentative) feedback between the two symptoms.

Covid-19 and Agoraphobia

Avoidance concerning public places, rather than social situations, as in Agoraphobia, is also reinforced by the different sanitary measures that "legitimizes" the reclusive behaviour. People with Agoraphobia and Covid-19 related anxiety may find especially hard "venturing" outside again when it is permitted.

Covid-19 and other phobias

Lockdown and quarantine could trigger claustrophobia even among subjects who have not previously experienced this disorder. Claustrophobic sensations may occur more easily if subjects live in small houses or apartments. Individuals living in cities may experience their apartments as "traps" during the lockdown.

Covid-19 and Illness Anxiety Disorder

Subjects with IAD may experience fear of infection or of death from Sars /Covid-19 in a particularly disturbing way. They may become extremely worried about minor physical symptoms, with an increased request of unnecessary medical examination or conversely an avoidance of appropriate medical checking when necessary.

Covid-19 and General Anxiety Disorder

Covid-19 related anxiety can be a powerful catalyst for GAD symptomatology, magnifying sensations of restlessness and irritability, fatigue and muscular tension, concentration, memory, and sleep difficulties. Covid-19 may trigger the onset of a latent GAD and explain a first consultation in a crisis situation.

Covid-19 and the general population

Covid-19 related anxiety negatively impacts the average wellbeing and contributes to the onset of AD even among subjects who didn't previously experience mental illness, especially in individuals who live together with family members or significant others who contracted the virus, both in cases where they took care of them or in those where they were separated. Furthermore, subjects with physical pathologies may experience extra levels of anxiety because of the difficulties to attend therapies during the sanitary emergency.

IMPLICATIONS FOR EMDR THERAPY

Focus on the present

Within the Adaptive Information Processing (AIP) framework, Covid-19 pandemic and lockdown should be conceptualized as triggers that activate previous, adverse and/or traumatic events that were not adequately elaborated. Explore possible links between Covid-19 related anxiety and other sources of stress. Nonetheless, it is advised to focus on the present, then on the future, and only briefly on past experiences.

Stabilization and containment

Given the extra amount of anxiety that comes with the pandemic, EMDR intervention should prioritize procedures for stabilization and self-containment, such as installation of resources and psychoeducation: installation of the Safe Place, Four Elements for Stress Management Exercise (Shapiro, E. 2009), grounding techniques. We advise the use of the Butterfly Hug technique as a valid support for stabilization procedures.

Psychoeducation

Inform on stress and anxiety mechanisms: enhance the ability to recognize, name and modulate emotions; enlighten the importance of relationships and networks; give input about simple, every day, "take-care routines" (e.g., physical activity, mindfulness, meditation); provide suggestions to manage the overload of pandemic information in order to protect oneself from misinformation and disinformation.

Work on the "catastrophic thought" ("*I'm helpless*"; "*I'm all alone in this mess*"; "*I'm weak, I can't face it*"; "*We're all going to die*"). Give information to correct these beliefs and openly discuss them as this also has a preparatory function that facilitates the desensitisation of catastrophic thoughts (Faretta, 2018).

Desensitisation and reprocessing

Select Covid related experiences that caused an intense stress reaction, starting with the first (e.g. "*When they told us that we were going to work from home, I finally understood it was no joke and felt overwhelmed by the situation*"), proceeding with the worst (e.g. "*Granny was admitted to the hospital and we could not visit her for weeks*"), and ending with the last (e.g. "*Then my firm shut down, and I've got less than six months to find another job*"). Then, target the present triggers (e.g., "*Every time I hear the ambulance's siren, I freeze*"). Finally, future templates of more functional behaviours are installed (reinforcing coping strategies). Therapeutic plan should also include desensitisation and reprocessing of dysfunctional beliefs underlying "catastrophic thought", especially if the subject finds it difficult to link Covid-19 related anxiety to discrete events.

Specific protocols to use as an alternative to the standard procedure

The EMDR Life Stress Protocol (Lalotiotis, 2020). This protocol targets a recent experience or a life scenario that causes clinical distress and impaired functioning. The reprocessing of the Target Memory represented by present-day experience (e.g., "*Getting up every morning with dread*", "*Feeling anxious about leaving the house*") is immediately followed by a future template in order to facilitate everyday management.

The EMDR Abbreviated Recent-Traumatic Episode (R-TEP or "The Sandwich Protocol" – Laub & Malchi, 2020): It is made up of three parts: an opening resource, a Point of Disturbance, and a closing resource (40-60 mins).

Lalotiotis, D. (2020). Letting Steam Out of the Pressure Cooker: The EMDR Life Stress Protocol. *Journal of EMDR Practice and Research*.
Laub, B., & Malchi, K. M. (2020). The EMDR abbreviated recent-traumatic episode protocol (R-TEP), the "sandwich" protocol. In M. Luber's (Ed.), *EMDR resources in the era of COVID-19* (pp. 126-142).
Shapiro, E. (2009). Four elements exercise for stress management. In M. Luber (Ed.), *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* (pp. 73-79). New York, NY: Springer Publishing Co.