JOURNAL OF PSYCHOPATHOLOGY 2020;26:183-185
doi: 10.36148/2284-0249-391

Living in the era of COVID-19: new challenges for psychopathology

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On February 20, 2020, a young man living near Codogno, Lombardy, was admitted to hospital with atypical pneumonia that later was proved to be COVID-19 [1]. After slightly more than two months from the discovery of the "patient one", Italy has registered more than 200,000 cases of COVID-19 infections with a number of deaths which is close to 30,000, being the third country in the world for number of deceases (as to May 1st, 2020) [2].
The worldwide pandemic caused by COVID-19 represents a real challenge for clinicians working in every field of medicine. From radiologists to anesthesiologists, all specialists had to change their way of working and to rapidly learn new tasks and procedures. Although "physically" distant from the heart of the emergency, mental health professionals had also to deal with innumerable challenges and changes. In fact, the COVID-19 pandemic has severely impacted on the well-being and mental health of millions of people. Nevertheless, whereas the physical problems caused by COVID-19 infection – if not fatal – are usually circumscribed in time, the psychological consequences of this pandemic will be presumably long-lasting.
Importantly, some groups of individuals appear more vulnerable than others to the development of psychological issues [3]. First, it is well-known that subjects who live alone are in general more prone to develop mental disorders, such as major depression or anxiety. Nevertheless, the merely forced homestay may lead to emotional responses that do not present a clear and significant clinical dimension, such as loneliness and hopelessness. The management of these emotions is obviously more difficult when social interactions are zeroed. Typical coping strategies, endorsed by the general population and media, are represented by technology-based communication, reading, humor, and entertainment, such as watching TV or listening to music. However, not everyone disposes of the resources to cope with their own emotions using these strategies or may not perceive any real benefit. Thus, the self-isolation and the forced permanence at home may lead to a conspicuous increase of addictive behaviors, such a pathological use of the internet and video games, as well as online gambling. Surveys have in fact shown that these phenomena have dramatically risen since the beginning of lockdown, with the risk of a huge increase of traditional and novel addictions. The emergence of new forms of psychopathology represents one major challenge that we will need to address in the near future as mental health professionals [4]. A careful look should be given also to older people, who represent a wide portion of the Italian population, and typically dispose of less "technological" tools. Therefore, they may not be fully satisfied by the coping strategies universally acknowledged. Moreover, they are reasonably more worried about the risk of contracting the infection and going through hospitalization with severe medical consequences [3]. In these groups of people, mental health issues might not fully manifest; on the contrary, they are likely to appear as subthreshold forms, with demoralization, anhedonia, impaired concen-

Received: April 26, 2020
Accepted: May 19, 2020

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Conflict of interest
The Authors declare no conflict of interest

How to cite this article: Aguglia E. Living in the era of COVID-19: new challenges for psychopathology. Journal of Psychopathology 2020;26:183-5. https://doi.org/10.36148/2284-0249-391

tration, and sleep difficulties. Insomnia and alterations of sleep patterns are indeed among the main issues reported during the pandemic. This is partially due to the changes in daily routines and habits, but also to anguish and internal tension.

A second category at risk of developing severe mental health sequelae is represented by professionals who are working in the health care systems, particularly those who are directly in contact with COVID-19, such as nurses and physician of the emergency and resuscitation departments. The risk for this population is to develop severe burn-out as well as post-traumatic stress symptoms.

The first Italian report on mental health outcomes and associated risk factors among health workers has indeed confirmed high levels of post-traumatic stress symptoms, depression, anxiety, insomnia, and perceived stress, particularly among young women and first-line operators [5].

It is likely that once the pandemic will be finished, we will need to cope with a lack of personnel in our health care system with the necessity to psychologically support all the medical staff that today is working on the front line [3].

Third, individuals with a history of mental illness or substance abuse are more susceptible to the stress and emotional influences produced by the pandemic. Additionally, psychiatric patients regularly follow outpatient visits for drug prescriptions and psychotherapy. Unfortunately, these visits had to be stopped because of the nationwide restrictions [6]. To overcome this obstacle, mental health services have started to be equipped with appropriate e-health technologies, which can help professionals to manage online consultations and counseling [7-9].

The era of COVID-19 is in fact the era of telepsychiatry: psychiatry and related disciplines are going through a real revolution. The direct, personal, empathic contact that we usually experiment with patients in the clinical setting has now to move virtually. Thus, there is an urgent need to adapt and tailor psychopathology to this new setting. Psychopathology is made of observation and communication, meant not only as the verbal expression of the therapist but also as the reception of feelings, emotions, bodily gestures, behaviors, expressed or manifested by the patient. Adapting the psychopathological principles to the virtual setting might be extremely challenging for clinicians. For instance, therapists may experience significant difficulties in catching non-verbal signals through the screen of a computer or a phone. Moreover, the number of technical issues encountered during a virtual conversation may represent a barrier for a fluid and fruitful therapeutic exchange. However, these challenges should represent an incentive to improve and refine our abilities as psychopathologists rather than actual limitations. We need to acquire the capacity to get in touch with our patients and understand their needs also at a distance, without decreasing the perceived value of the interaction.

This novel therapeutic modality might raise concerns not only for clinicians but also for patients themselves. Patients' major worries seem related to the confidentiality of therapy and to the possibility of video-recording. However, this obstacle may be surpassed by clear communication and agreement through an additional consent. Another important concern is related to the significance of therapeutic alliance: few studies have examined the quality of therapeutic relationship in e-mental health interventions, reporting no differences with face-to-face interactions [10]. However, many of these studies did not take into account the cultural aspects, the educational level, the type of mental health conditions, and the usual routines of patients and therapists. For instance, literature has reported that the presence of serious mental illness, such as schizophrenia, may represent significant barriers to the utilization of telehealth technologies and that the use of telepsychiatry is mostly limited to people with higher educational levels. Of note, building a new virtual therapeutic alliance might be easier than suddenly change a relationship which has been laboriously constructed over months or years. Even if regularly followed-up on the phone or the computer, our patients might feel abandoned, "suspended", looking for the return to the usual therapy routine.

The moment we are living resembles in some way the stagnation that preludes the onset of melancholic depression. As our patients, we have the sensation to live in a "suspended time": we cannot truly live in the present, but we are unable to move to an uncertain future. Analogously, we are experiencing a desynchronization, also typical of melancholic subjects: our internal, subjective time is uncoupled from the external, environmental time. Our chronobiological rhythms are distorted and we are breaking and changing our routines [11]. However, in contrast with melancholic depression, we still have the resources for taking advantage of this "suspended time". We have the possibility to enrich ourselves and to cultivate relationships with our family members and friends. Far from the frenzy of the work environment, we can take time for ourselves and for our personal growth. In substance, we really have the opportunity to move from a "social distancing" to a mere "physical distancing".

But what's next? As mentioned above, the consequences of COVID-19 will probably last for a long time. The mental health problems that emerged in the heart of the pandemic are not the only sequelae that we will have to manage. Once the restrictions will be reduced, in fact, there is a high risk to return to live in a "bulimic" way,

with an assault to the pleasures that we could not enjoy over the last few months. Thus, as mental health professionals, we will have to deal with the scarce capacity of control impulses, as a response to the limitations which have been imposed on individual freedom.

In conclusion, the challenges that we are facing and will have to face in the near future should represent a stimulus for a real renovation of psychopathology, but always keeping in mind the solid roots posed by Jaspers more than one century ago.

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