Tending and mending: Affiliative responses to the COVID-19 pandemic by healthcare professionals in Italy

Tending and mending: Affiliative responses to the COVID-19 pandemic by healthcare professionals in Italy

Edita Fino, PhD[1*], Viola Fino, MD[2] Michela Mazzetti, PhD[1], Paolo Maria Russo, PhD[1]

1. Department of Experimental, Diagnostic and Specialty Medicine, Alma Mater Studiorum - University of Bologna, Viale Berti Pichat 5, 40127, Bologna, Italy.

2. IRCCS Ospedale Sacro Cuore / don Calabria di Negrar, Via Don A. Sempreboni, 5, 37024, Verona, Italy.

*Corresponding author:
Edita Fino, PhD
Viale Berti Pichat 5,
40127, Bologna, Italy
E-mail: edita.fino@unibo.it

The global outbreak of coronavirus 2019 (COVID-19) and the restriction measures adopted to contain the spread of the disease are significantly impacting the lives of people in Italy, which is one of the hardest-hit countries by the pandemic. While much about the disease is yet unknown and the perceived risk of contracting the virus induces high levels of health-related anxiety, the physical and social isolation associated with the containment measures represent a particularly distressing aspect that might accentuate the fears and suffering associated with the disease.

As a social species we have evolved to depend critically on one another for survival, hence being separated and isolated from others can be amongst the most distressing experiences there are (Eisenberger, Lieberman, & Williams, 2003). When social ties are severed and one is socially isolated from the nurturing relationships with others, there is a heightened risk of physical and mental health deterioration (Cacioppo & Hawkley, 2003). Social connections significantly predict health for either good or bad, thus being able to maintain social ties in the context of an outbreak and physical isolation emerges as a crucial factor in our ability to cope with the stress caused by the disease (Holt-Lunstad, 2018a,b).

Indeed, affiliation with others is one of human beings' most basic and fundamental coping responses to threat (Taylor, 2012). Alongside the '*fight or flight'* response that represent more proximal and individual reactions to threat, there is a wide range of affiliative and socially tuned responses that are aimed to sustain our physical and psychological health, by means of tending to the most vulnerable and affiliating with others (i.e., the *'tend and befriend'* theory, Taylor, 2002). Caregiving relationships and social affiliation crucially calibrate the stress response on an acute basis and across the life span and provide, in the context of threat, an important buffer against the noxious effects of stress system activation.

In this perspective, the measures of physical distancing, while certainly necessary to contain the spread of disease, critically impinge upon one's capacity to turn to the affiliative connections with others for support. This is especially true for those affected by COVID-19, whether suffering the

illness in the solitary confinement of private homes, or in the units of healthcare facilities. In addition to the hardship caused by the physical symptoms of the illness, they have to endure the emotional distress of being separated from their loved ones. Isolation is exceptionally hard on those affected by moderate and severe levels of disease. The desolation of COVID-19 patients, struggling with the illness in intensive care units, many of them facing the last moments of their lives alone, removed from the soothing sight and presence of their dear ones, has indexed a new type of fear into our collective imaginary: the dread of a solitary death due to COVID-19.

While this particularly chilling fear of dying alone might be more vehemently felt amongst those that seem to be disproportionally affected by the disease (i.e., the elderly, the persons with comorbid health conditions), it inevitably implicates the relatives and informal caregivers who are barred from being near and taking care of their dear ones in the most vulnerable (for some the very last) moments of their lives. Not being able to say 'good-by' to a loved person can be a very traumatic experience, which is further exacerbated in the context of restriction measures, by the absence of after-death rituals and social practices that ease the grieving process (Ingravallo, 2020).

Equally traumatic can be the experience of witnessing patients as they suffer in isolation and die alone, removed from the consoling presence of family members and close relatives. This aspect is weighing down particularly hard upon healthcare professionals (doctors, nurses, healthcare operators) many of whom are resiliently working around the clock and providing care in a context of emergency but also of isolation, as most of them are themselves removed from their own families and loved ones to contain the possible spread of the virus. The high exposure to the risk of contracting the virus and to the suffering of COVID-19 patients as they battle the illness alone can deeply resonate with healthcare workers' own fears and feelings of isolation, accentuating their emotional exhaustion. As the death toll for contracting the virus increases among healthcare professionals, particularly disquieting are the suicide cases amongst their ranks (Belenky, 2020; Reger, Stanley & Joiner, 2020).

Yet, in the midst of desolation, examples of affiliative responses to stress are also sprouting in hospitals and COVID-19 units across the country, in the form of initiatives aimed to establish links of communication between patients and family members. At times, these emerge as individual actions of the doctors, the nurses the psychologists who use their personal smartphones to try and facilitate facetime communication between patients and their family members. Other times, such initiatives are adopted as established practices within healthcare facilities and COVID-19 units: for instance, some COVID-19 structures in various regions of Italy have established "*online visiting hours*" schedules for family members to be able to communicate with their loved ones in semi intensive care units. By making use of electronic devices, like tablet and smartphones, healthcare professionals amongst other duties are taking turns to facilitate such assisted communication sessions between patients and family members.

Although engaging in supportive actions like these requires investing extra time and energy in a context of already heavily taxed resources of healthcare workers, seldom would they accept to be depicted in 'heroic' terms. On the contrary, the language commonly used to describe their own experiences in assisting the communication between patients and family members is about caring. Narratives of the emotional impact of these encounters are heartwarming: enabling communication between patients and close relatives might not save the patients' lives, but it will likely improve their emotional experience, as well as that of family members, and will probably modulate stress levels in healthcare providers themselves. The caring behavior of tending to others' needs has been shown to benefit not only the most vulnerable, but also the tender as it downregulates the stress systems of both (Brown, Nesse, Vinokur, & Smith, 2003; Taylor, 2012). Such acts of care in the midst of desolation speak volumes about the repercussions that making affiliative opportunities available to others and helping re-establish interrupted social connections in the context of an epidemic can have on healthcare professionals' own coping resources in the face of the crises.

Amidst the myriad of actions on the ground attesting to the efforts and resilience of healthcare workers all over the country, actions like these, that tend to the emotional needs of patients and mend the social connections interrupted by the disease, by using new communication technologies, are examples of a comprehensive care for the person in the context of and despite adversity. In the same lines, a multitude of initiatives of support are emerging at different levels, aimed at contrasting physical isolation effects by establishing social links and sharing experiences of caring for the self and others at the time of the pandemic. Such are the initiatives endorsed by the School of Medicine and Surgery of University of Bologna, in support of staff and medical students, part of whom are also volunteering in hospitals and assisting in the efforts of healthcare operators to alleviate patients' and their relatives' distress[1].

Intensifying connections amongst the various healthcare professionals and academic communities, tending to the tenders' needs by providing online support and training in order to enhance their emotion regulation and coping resources are good examples of the interdisciplinary cohesion and affiliative responses to the COVID-19 crises that are being evidenced in various regions of the country. While much about the cure to the virus remains yet to be unveiled, our capacity to overcome the pandemic will depend as much on our ability to nurture our relationships and engage in seamless acts of care.

[1] https://corsi.unibo.it/singlecycle/MedicineAndSurgery/reflecting-on-suspended-time-between-present-and-future

References

Belenky, S. (2020, March 25). Health Care Workers Around The World Are Dying To Save Us From COVID-19. Huffpost. Retrieved from https://www.huffpost.com

Brown, S. L., Nesse, R. M., Vinokur, A. D., & Smith, D. M. (2003). Providing social support may be more beneficial than receiving it: Results from a prospective study of mortality. *Psychological Science, 14,* 320-327.

Cacioppo, J. T., & Hawkley, L. C. (2003). The anatomy of loneliness. *Current Directions in Psychological Science, 12,* 71-74.

Eisenberger, N. I., Lieberman, M. D., & Williams, K. D. (2003). Does rejection hurt? An fMRI study of social exclusion. *Science, 302,* 290-292.

Holt-Lunstad, J. (2018). The Importance of Social Relationships for Physical Health: A Systems Approach to Understanding and Modifying Risk and Protection. Annual Review of Psychology, Vol 69.

Holt-Lunstad, J. (2018). Relationships and Physical Health. In A. Vangelisti & D. Perlman (Eds.), The Cambridge Handbook of Personal Relationships (Cambridge Handbooks in Psychology, pp. 449-464). Cambridge: Cambridge University Press. doi:10.1017/9781316417867.035

Ingravallo, F. (2020.) Death in the era of the COVID-19 pandemic. *Lancet Public Health.* https://doi.org/10.1016/S2468-2667(20)30079-7

Reger, M.A., Stanley, I.H. & Joiner, T.E (2020). Suicide Mortality and Coronavirus Disease 2019 - A Perfect Storm? JAMA Psychiatry. Accessed May 18, 2020. https://jamanetwork.com/.

Taylor, S. E. (2002). *The tending instinct: How nurturing is essential to who we are and how we live*. New York: Holt.

Taylor, S. E. (2009). Social support: A review. In H. S. Friedman (Ed.), *Oxford handbook of health psychology.* New York, NY: Oxford University Press.

Taylor, S. E. (2012). Affiliation and Stress. In S. Folkman (Ed.), *Oxford Handbook of Stress, Health, and Coping*. New York: Oxford University Press.