

PSYCHOLOGICAL RESOURCES AGAINST THE TRAUMATIC EXPERIENCE OF COVID-19

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Abstract

Psychological resources, such as defense mechanism and mindfulness practice, can mediate the individual reaction to traumatic experiences as the ongoing COVID-19 pandemic outbreak. A novel self-reported measure based on the DMRS (DMRS-SR-30), has been developed with the aim of assessing potential adaptive defensive strategies against the traumatic experience of COVID-19. Preliminary validation of the DMRS-SR-30 showed good internal consistency in both overall defensive functioning and subscales. Combining adaptive defense mechanisms and mindfulness practice could prevent psychological distress due to the effect of COVID-19 losses and quarantining.

Key words: COVID-19, DMRS-SR-30, pandemic outbreak, defense mechanism, mindfulness practice, traumatic experiences

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The rapid spread of the 2019 Coronavirus Disease (COVID-19) attracted worldwide attention. By March 23, 2020 there were more than 380,000 confirmed positive cases and more than 16,000 deaths for COVID-19. Consequent post-traumatic psychopathology among survivors (Carmassi et al., 2016; Carmassi et al., 2018) is under consideration of the international community of mental healthcare professionals (Xiao, Zhang, Kong, Li & Yang, 2020). To date, epidemiological data on mental health problems related to COVID-19 outbreak have not been available, although an international network of researchers in psychiatry and psychology is trying to address this issue. According to research on psychological impact of disasters, a widespread development of post-traumatic stress disorder (PTSD) and long-term anxiety and depressive syndromes is expected (Dell'Osso, Carmassi, Conversano, Capanna, Stratta & Rossi, 2011; Lee et al., 2007; Maunder et al., 2006; Martino et al., 2019a).

The occurrence of such a pandemic outbreak leads to the urgency of providing an appropriate mental health care (Xiang et al., 2020) that considers stress-related symptoms' management together with reinforcement of psychological resources, in order to prevent future psychopathological consequences (Carmassi et al., 2017; Dell'Osso et al., 2011). Global social distancing and mass quarantines has been commanded by Governments in order to slow the spread of the virus. Despite its positive effects in reducing the number of new infected cases, social isolation and quarantine

tragically impact psychological wellbeing (Brooks et al., 2020). Research conducted during the SARS epidemic found that quarantining increased depressive (Liu et al., 2012) and post-traumatic symptoms (Lau, Yang, Pang, Tsui, Wong & Wing, 2005; Wu et al., 2009). Moreover, proximity to intense outbreaks of an epidemic is associated with higher rates of anxiety (Ko, Yen, Yen & Yang, 2006) and suicide attempt (Chan, Chiu, Lam, Leung & Conwell, 2006; Yip, Cheung, Chau & Law, 2010).

Psychological resources can mediate the individual reaction to traumatic experiences (Shariati & Dehghani, 2018; Di Giuseppe et al., 2020; Di Giuseppe, Ciacchini, Micheloni, Bertolucci, Marchi & Conversano 2018; Martino, Langher, Cazzato & Vicario, 2019b; Conversano, 2019). Defense mechanism and mindfulness practice may help in reducing anxiety through self-awareness and appropriately targeted behavior (Di Giuseppe, Ciacchini, Piarulli, Napa & Conversano, 2019a; Di Giuseppe, Gennaro, Lingiardi & Perry, 2019b). Individuals who engage in altruistic acceptance of risk during the SARS epidemic experienced significantly lower levels of post-traumatic symptoms (Wu et al., 2009). Conversely, disavowal defense mechanisms are associated with poorer psychological outcomes (Main, Zhou, Ma, Luecken & Liu, 2011; Di Giuseppe, Di Silvestre, Lo Sterzo, Hitchcott, Gemignani & Conversano, 2019c; Lingiardi et al., 2010). A robust body of literature shows that traumatic experiences are generally related to high use

of neurotic defenses (Renzi et al., 2017). In particular, the defense mechanisms of dissociation (defined as a temporary eclipse of awareness, loss of ability of doing something, development of psychosomatic symptoms) are typical of traumatized people (Perry et al., 2005). Additionally, mindfulness has a strong impact on the sequelae of traumatic prolonged distress and disasters (Kearney & Simpson, 2020; Di Giuseppe et al., 2019a). These include reductions in negative affect, depression, and PTSD symptoms as a result of dispositional mindfulness (Nitzan-Assayag, Aderka & Bernstein, 2015).

These findings point to the key role of defense mechanisms and mindfulness employed under intense stress provoked by a pandemic. Assessing psychiatric distress and coping mechanisms, such as defense mechanisms and mindfulness dispositions, during the current pandemic emergency is of critical importance (Martino, Caputo, Bellone, Quattropiani, Vicario, 2020). Comprehensive screening procedures should be developed to identify demographic and psychosocial risk factors for developing mental health problems. Accordingly, a novel self-reported measure based on the DMRS (Perry, 1990; Di Giuseppe, Perry, Petraglia, Janzen & Lingiardi, 2014), the so-called Defense Mechanisms Rating Scales-Self Report-30 (DMRS-SR-30), has been developed by Mariagrazia Di Giuseppe (University of Pisa, Italy) and J. Christopher Perry (McGill University, Montreal, Canada) with the aim of assessing potential adaptive defensive against the traumatic experience of COVID-19. The DMRS-SR-30 is being tested among Italians during the March 2020 lockdown. Preliminary validation findings showed good internal consistency in overall defensive functioning, defensive super categories, and defense level subscales, with Cronbach's alphas ranging between .613 and 893.

Effective interventions enhancing psychological adjustment to the ongoing worldwide lockdown are urgently needed. Combining adaptive defense mechanisms and mindfulness practice seem able to prevent psychological distress due to the effect of COVID-19 losses and quarantining.

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