

## MENTAL HEALTH AND COACHING CHALLENGES FACING THE COVID-19 OUTBREAK

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### Dear editor,

On 31<sup>st</sup> December 2019 an increasing number of pneumonia of unknown aetiology that depend on a new virus, Sars-CoV-2, has been registered. The epicentre of the spread of the pathogen has been identified in the Chinese city of Wuhan, but the Coronavirus has reached other neighbouring countries and on January 24<sup>th</sup> the first cases have been ascertained in Europe, until the World Health Organization declared the state of pandemic.

A serious form of disease and a higher mortality rate have been reported more frequently in the most vulnerable groups of the population including individuals over 60 years of age, males, people with concomitant diseases such as hypertension, diabetes, cardiovascular diseases, chronic respiratory syndromes and cancer (Marano et al. 2009, Marano et al. 2011, Marano et al. 2020, Mazza et al. 2020a). There are also indirect victims, that is, subjects who despite not having been affected by COVID-19 have seen their health deteriorate. Nepogodiev et al. (CovidSurg Collaborative 2020) have hypothesized that 72.3% of surgical treatments, equal to 3 of 4, could be cancelled during 2020 due to COVID-19 pandemic. The non-deferrable treatment of acute pathologies has been guaranteed, however elective surgery or even oncological operations have been postponed due to the reduced availability of intensive care places. Furthermore, with the spreading of the epidemic, a large number of patients have avoided treatments for fear of infection in hospitals, while many others have seen deferring visits, checks, examinations and in some cases even operations or other therapies. Coro-

navirus also penalized the fight against cancer by delaying all the screening programs envisaged in the oncology field. Another critical sector is that of heart disease: De Rosa and colleagues recorded a three times higher mortality than in the same period of 2019, going from 13.7% to 4.1%. This increase depends in most cases on a heart attack of myocardium not treated or treated late, in addition to the increase in mortality; there is an associated reduction in hospitalizations for heart attacks of over 60% (De Rosa et al. 2020). Because of the fear of contagion, patients delay access to emergency services and arrive in hospital in increasingly serious conditions, often with arrhythmic or functional complications that make life-saving therapies less effective. Besides, long periods spent in intensive care can increase the risk of delirium, agitation and confusion and generate consequent mental health problems (Rogers et al. 2020, Lazzari et al. 2020).

A growing body of literature has attempted to trace the picture of the repercussions of the COVID-19 pandemic on people mental structure (Brooks et al. 2020; Joseph et al. 2020). During the lockdown, consolidated habits decline and often one has been separated from the affections, besides many people undergo work stress and concern for the economic consequences on their activities. The way of dealing may change a lot based on personal inner resources. The influences on mental health can occur even months after the end of the quarantine and in general discomforts can result in mood deflection, higher levels of anxiety and fear, irritability, insomnia, mental confusion and cognitive disorders, ranging from difficulty in maintaining concentration to reduced attention (Mazza et al. 2020b, Mazza et al. 2020c).

Coaching is a fundamentally action-oriented method, aimed at concrete changes, improving performance and achieving goals by developing resilience, optimism, self-esteem, hardiness, positive emotions and social support, so that the person become able to face reality in more adaptive terms. The coach helps the subject to discover his own representation of the world and offers him a space for listening and reflecting on difficulties related to evolutionary processes, transition phases, states of crisis and reinforcement of the ability to choose or change. The renewed energy that emanates from this exploration allows the person to find new and different answers to his problems, to maximize his potential and to improve his quality of life. Mental coach is an expert in facilitating self-directed neuroplasticity (Brann 2017) and helps individuals to better express themselves by activating those parts that resonate with the actions and experiences of other people. In this perspective, coaching contributes to develop neural networks and to participate in neuronal mirror mechanism. It has been outlined that psychotherapy can produce behavioural changes through new experiences and new learning that are recorded in neuronal networks and can be detected through neuroimaging techniques (Marano et al. 2012). Similarly, a study of functional magnetic resonance imaging (fMRI) seems to reveal that effective coaching could promote neuroplastic changes (Hosoda et al. 2020) and positive emotional coaching can activate regions and neural

circuits that make the subject more involved in motivational processes (Jack et al. 2013).

The entry of the Coronavirus into the thoughts that are part of daily life had the effect of remembering the fragility of the human condition. Such an epochal traumatic event has tremendously denied the illusion of being sheltered from terrifying aspects. The community has therefore erected a taboo, linked to the Coronavirus and its lethality, with the justification that the lethality of the virus is to be attributed to people who, essentially, were already "doomed". When the evidence of precariousness has been experienced, collective expressions might be observed. In the presence of the anguish of death, the community has experienced a series of defences such as minimizations, paranoid constructions, regressions to magical-religious mechanisms, etc. The rush to spend and replenish supplies describes the internal famine that pushes people to grab food, to stock up on the outside of that nourishment and those resources that evidently are lacking in the internal world.

Coronavirus moves imperceptibly among people, has been found in all continents, infects with a mysterious terror and a sense of weakness, and instils fear in the collective psyche. It represents not only an individual but also collective imaginary. The drastic and involuntary suspension of frenetic rhythms forced the return to slowness, an experience of the whole humanity not compatible with the concept of speed that the technological revolution has brought (Rehman & Lela, 2020). Moments of crisis and emergency, such as the one that followed the spread of COVID-19, upset everyday life and forcefully impose within personal experiences, putting a strain on resistance and defences. Days have been marked by fear, suspicion, tension that inevitably implicates the limitation of freedom and forced cohabitation. It is impossible to understand where the enemy is and how attacks, configuring the horizon of the Bionian nameless terror (Bion 1962).

When the waves of panic shake the certainties, coaching can continue to sustain reasonable hopes and not deny any bitterness of reality. Mental coaching can preserve persons from vanishing experiences by helping them to mentalize emotional states, to perceive the relationship as an affective regulator, to better tolerate feelings of terror and vulnerability.

The inability to adaptively manage intense emotions can manifest in various ways, including explosive anger crises, unbearable sadness and anxiety, impulsive behaviours, but also involves defence mechanisms, mood regulation and elements of interpersonal functioning such as trust and a sense of security. The chronicisation of this symptomatology can have devastating effects not only on the individual wellbeing, but also on interpersonal relationships and on the experience of the external world (Ren & Guo 2020, Sinanovic et al. 2020). Coaching can encourage the introspection of the dynamics that take place in the deep tissues of the mind to understand the scenarios that occur within one's psychic world. The ability to resist or succumb to adversity depends on a combination of influences exerted on multiple levels. Resilience is determined by a constellation of aspects extending from innate traits to environmental factors that influence the talent to respond to stress adequately. Coaching can enhance

the level of cognitive flexibility, cognitive restructuring capacity of experiences, ability to regulate emotions and to maintain significant social relationships. Resilience can be learned through coaching so that the subject is able to continue to be connected to life, in the fight against the death instinct.

Coaching can be the key to find oneself and therefore to focus more effectively on the actual bonds, affections and investments, at least slightly reducing the need for elsewhere that often characterizes the escape from oneself. In our experience, coaching can stimulate and promote the growth and improvement of personal resources and the potential of each individual in full respect of their uniqueness and their peculiar characteristics, helping to revive the ability to think and dream of a better future.

Specifically, in this particularly delicate moment, embarking on a coaching process can make learn resilience, acquire specific skills and discover transversal abilities. Coaching can offer the opportunity to find the motivation and perseverance to adopt functional behaviours to achieve a greater level of well-being. The coaching process can transform this moment of crisis into an opportunity for personal and professional growth, facing uncertainty and change, keeping the course and focus on own objectives, investing to improve himself. The construction of an ethics of collaboration and solidarity, in which everyone renounces something in the name of the common good could be the best way to look forward to the future with less anxiety and to preserve mental and physical health.

**Acknowledgments:** None.

**Conflict of interest:** None to declare.

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