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Letter to the Editor

Emotional Health and Mental Coaching: Safeguarding Oncological Patients' Mental Health in the COVID-19 Era

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ARTICLE INFO

Article history:

Received: 26 December, 2020

Accepted: 12 January, 2021

Published: 22 January, 2021

Keywords:

Mental coach

cancer

COVID-19 pandemic

emotional health

mental health

ABSTRACT

The new Coronavirus infection, called COVID-19, has appeared on the world stage with significant implications for patients suffering from cancer and their caregivers. Patients with oncological diseases are particularly at risk, both for morbidity and lethality related to respiratory virus infections and are exposed to a higher risk of severe events. The assistance to these types of patients had to deal with the consequences and damage that arise from a state of health emergency and has therefore undergone a remodeling. While the threat of slowdowns threatens patients and all people who risk being diagnosed late, many oncologists face severe occupational burnout. This situation has repercussions on an emotional level: a shared path is desirable to protect the patient himself and the health professionals who take responsibility for the therapeutic care process of such fragile patients. Our model of assistance is based on coaching pointed towards patients affected by cancer, their caregivers and healthcare professionals with the aim of addressing the crisis through an operational process aimed at helping to integrate the experience of illness in order to rebuild the continuity of the existence and give it an evolutionary sense.

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The spread of the new Coronavirus that emerged in China (SARS-CoV-2) began in 2019 and has been shown to have a devastating impact on public health. The worldwide expanse of this new disease for which people have no immunity has led to a pandemic, which is currently underway. The Coronavirus has opened a "leak" in the social, health and economic certainty of the man of the twenty-first century. More than a year after the spread of the new Coronavirus, the numbers related to the infection are truly significant, with over 76.8 million confirmed cases and more than 1.69 million deaths globally. In Italy, there have been

more than 70,000 victims of COVID since the beginning of the pandemic and Italy is the fifth most affected country in the world for deaths [1].

COVID-19 is characterized by high contagiousness and can cause a subclinical or mild disease but can also produce respiratory complications such as severe pneumonia and interstitial pneumonia, requiring hospitalization in intensive care. People of all ages can be infected with the new Coronavirus. However, the virus represents a particular risk for people over the age of 60 years and for those who have pre-existing medical conditions, including cardiovascular disease,

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hypertension, diabetes, chronic respiratory disease, cancer [2-4]. Cardiovascular disease is not only a risk factor but also a common complication in COVID-19 [5]. The new virus is not just testing the lungs. The pandemic has implicated many challenges for different categories such as healthcare workers, family members of COVID-19 patients, people suffering from mental disorders and more generally, people in disadvantaged socio-economic conditions and workers whose livelihoods have been threatened [6-9]. The substantial economic impact of the pandemic may, in fact, hinder progress towards economic growth as well as towards social inclusion and mental well-being.

A study conducted by Mazza and collaborators showed that patients with a previous psychiatric diagnosis reported a worsening of their clinical conditions and 56% of the study participants manifested, in proportion to the severity of inflammation during the disease, at least one of the following disorders: post-traumatic stress disorder (28%), depression (31%), anxiety (42%), insomnia (40%) and obsessive-compulsive symptoms (20%) [10]. The authors stressed that the inflammation caused by the COVID-19 disease could also have repercussions at the psychiatric level. In fact, inflammatory states, also as a consequence of viral infections, can constitute risk factors for various pathologies, in particular, depression [11]. The feared second wave of Coronavirus which is already a reality, the vaccine rush is becoming frantic and the announcement by the World Health Organization that the average age of the infection has lowered, represent an alarm for mental health, especially in view of the fact that the ghost of the third wave is appearing, when the second wave has not yet ended. The diagnosis of cancer and its treatment often cause difficulties in the psychological, social and relational spheres. Compared to the general population, oncological patients appear to be more at risk of developing disorders such as anxiety and depression, where the percentage can be as high as 23% and 17%, respectively [12, 13].

Recently, the impact of the COVID-19 virus had numerous repercussions on the psychological and social areas of people, but also on the care of oncological patients that have undergone a reorganization, causing high levels of stress as well as physical and mental health-related problems [14, 15]. The uncertainty for the future, for the disease progression and the outcome of medical treatments, already present before the Coronavirus, collided with the uncertainty given by the pandemic and its course. It can almost come to delineate a catastrophic scenario inhabited by very intense feelings, such as a sense of unreality, denial, disbelief, disorientation and anger. The way of reacting to one's state of health can influence the course and the prognosis itself of the oncological disease by compromising the adaptation process, compliance with medical treatments and coping style, amplifying the feelings of hopelessness and helplessness and imposing the use of denial and avoidance. The indeterminacy of the causes and the "self-generating" aspect of the oncological disease evoke the disturbing fantasy of a part of oneself that is transformed into something other than itself destructive and deadly.

Cancer disease is a difficult and complex pain experience that arouses anguish, fear, panic, causing an internal emotional upheaval and changing the sense of oneself and one's possibilities. In addition, the spread of the Coronavirus threatens life and forces to live for the fear of contagion away from habits and affections. To the burden of enduring

the persecutory anxieties related to the fantasy of the invisible enemy of the tumor ready to launch the attack at any moment is added a new invisible and equally unpredictable enemy: the Coronavirus. The pathogen COVID-19 reveals itself as a mysterious "serial killer", with whom one must live in everyday life and must try to "domesticate" him as the most dangerous and "unknown criminal" unheimlich.

Cancer disease, together with the possibility of COVID-19 infection, gives a signal of precariousness, anguish and helplessness. Anguish is a signal of a danger that the person feels coming from the outside of the subject's body, but in reality, the echo of this danger resounds from inside the subject to the surface of the body and inside the body, bringing out a feeling of helplessness without resources placed in a dimension of waiting. The shadow of death extends to the possibility of living fully. Cancer therapy is experienced as a challenge to the biological and cultural boundaries of death. Therapies and technological innovations are often still more or less experimental, they cause risks and suffering and despite the therapeutic successes obtained, do not guarantee a prior recovery.

If the person affected by the disease is the main protagonist, the family assumes an equally significant role. Cancer is to be considered a traumatic family event, a family disease that threatens the unity of the family and that creates important changes in its structure and functioning. Moments of denial, minimization and rejection of what is happening are intertwined with moments of despair, in which feelings of inevitability prevail. The emotional reactions of the family can alternate mechanisms of modeling or concealing the truth with mechanisms of hyper-involvement, feelings of marked anxiety and overprotective modalities. In other circumstances, attitudes of distancing or even conditions framed in the concept of anticipatory bereavement may prevail.

Numerous studies have shown how the presence of comorbid psychological problems negatively affects treatment adherence, survival rate and general quality of life, underlining the importance of taking global care of the oncological patient. In our clinical practice, it has been useful to offer online coaching sessions within the relational process with oncological patients and their families, which represent a new and effective way to respond to people's needs and to help them develop with awareness choices necessary to maintain their quality of life. Furthermore, through the coaching reserved for caregivers, it was possible to facilitate the overcoming of the difficulties associated with the disease and the progressive readjustment of communication methods and intra-family dynamics. A coach is able to communicate and decode the language of the body and mind, to decipher the needs that remain confused in the background, to help the person with the management of the disease, to build a congruent program, more effective and less expensive in personal and social terms.

In oncology, the practitioner must be able to withstand the deep regression of the patient linked to an amplified mortal threat in the COVID era, listen to it and welcome it, identifying himself and not in the real possibility of dying and experiencing an oscillation between an omnipotent challenge and the anxiety of operative paralysis with the consequent failure of that fundamental task of healing through acting. In this perspective, our program has also taken into account the healthcare

professionals who have been offered a coaching space since they have to live with the ghost of urgency and uncertainty, swaying between different psychic configurations in their personal and professional organization. Our assistance model, based on our personal experience, has helped the person to understand and respond to his own needs, to manage and solve problems and represents a tool to facilitate the relationship with the person and to make their own interventions more effective. In the care of the oncological patient and his family, coaching has proved to be a useful approach in cases in which it is necessary to provide information, support in times of crisis, operate problem-solving and promote decision-making.

Coaching often represents a way to continue to live and overcome the anguish of annihilation and death triggered by the disease and the fear of the Coronavirus infection, an aid to the ability to find new resources and new possibilities, helping to revive the capacity of thinking and dreaming of a better future and reacting to feelings of catastrophe. The method of understanding and emotional closeness used has managed to open unprecedented insights into the experience of the disease, in the terror that it activates but also in the richness of new experiences. The disease, therefore, brings fragility and attacks vitality and creativity, but at the same time, it can activate awareness and reflection that somehow enrich the internal world and the ability to experience emotions, helping to keep alive and vital the creative aspect of the self.

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