

REVIEW ARTICLE

‘SENSE OF COHERENCE’ APPROACH TO UNDERSTAND HUMANITY’S RESPONSES TO COVID-19 PANDEMIC AND ADAPTING ROBERTS’ CRISIS INTERVENTION MODEL TO COUNSEL PATIENTS.

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Abstract

When facing a crisis like the COVID-19 pandemic, the ‘Sense of Coherence’ (Antonovsky), which is a composite of Comprehension, Meaningfulness and Manageability, promotes mental wellness and ability to cope with the challenges. Misunderstanding due to false information, and personal beliefs and biases distort the people’s perceptions and their coping responses to the pandemic. Medical professionals have an important role and responsibility to foster the sense of coherence among their patients by adapting the 7-step crisis intervention strategy of Roberts and help them cope with the challenges.

Keywords: Sense of Coherence, Coping behavior, COVID-19 pandemic, Crisis-intervention

Introduction

“The meaning of a crisis lies not in the situation but in the interaction between the situation and the ability of the person to successfully cope with it”. - WI Thomas (1863-1947)

By all the unprecedented happenings since January 2020, humanity is facing an acute crisis on a global scale due to the corona virus pandemic (CVP) caused by SARS-CoV-2.

Like most crises, the CVP crisis too has five components to it as initially proposed by Roberts¹.

- a hazardous event viz., the emergence of a mutant corona virus SARS- CoV-2.
- a vulnerable state viz., the absence of protective antibodies to combat the virus
- a precipitating factor, which is uncertain and is still being debated
- an active crisis situation, which is based on people’s perception of danger; unfortunately in this pandemic, potential danger was not initially recognized by some countries, which has resulted in great hardship and loss of lives
- the resolution of the crisis, which in the case of CVP may take several months more to achieve.

A major crisis nullifies or overwhelms our routine coping mechanisms; it results in feelings of utter helplessness and anguish; it disrupts our equilibrium and engenders functional impairment. Therefore, a stressful life experience compromises our ability to cope or function effectively.

Sense of Coherence (SoC) Perspective of Stressors of a Crisis

Based on his extensive research conducted to study the coping behaviour of the holocaust survivors, Aaron Antonovsky, a medical sociologist proposed that Sense of Coherence (SoC) was the basis of wellness; a strong SoC helped the person to cope better with stressors like

crises and diseases. He enunciated that SoC had three components:

- i) Comprehensibility, which answered this self-test in an honest manner: “do I truly understand my situation and the reasons for my stress?”
- ii) manageability, which answers this self-test: “do I have the resources to cope with it?” and
- iii) meaningfulness, which is an unbiased answer to this self-test: “do I feel it is worth my time and effort to manage it – using the resources listed for the preceding query – or should I just be passive and let the crisis pass?”²

He proposed that manageability required general resistance resources (GRRs), which were material or non-material in nature and GRR helped in coping with the stressors and challenges in life. He classified GRR into three types:

- (i) Adaptability at various levels, viz., biochemical, physical, psychological and socio-cultural levels;
- (ii) Deep and meaningful bonding with others, such as family members and friends; and
- (iii) Committed and institutionalised supportive links between the person and his/her community.³

In addition, Antonovsky stressed on the importance of specific resistance resources (SRRs). He cited numerous examples, which are effective in specific circumstances causing stress and tension, viz., a vaccine for prevention, a specific medication to treat a disease, etc. He indicated that the sense of coherence lead one to focus on active adaptation through the use of GRRs and SRRs to remain well even in a stressful milieu.^{2,3}

I Comprehension

The differences between the cognitive realisation and the emotional reactions of people to a crisis greatly influence their individual comprehension and true understanding of the crisis. In relation to the global crisis of CVP, this is indeed a gut versus brain battle.

The gut feeling is that the CVP would be severe enough to disrupt our normal lives and we may not be able to return to our hitherto way of life for several months. The current reality is that all the experts have predicted a few very challenging months, and perhaps a few years of suffering the adverse sequel to CVP. If one were fully rational, the brain, based on available evidence, would be in agreement with the gut feeling. However, since people are not fully rational beings, some of them may believe that the virus would quickly mutate into a milder strain or that a lifesaving treatment would get discovered overnight.⁴

Balancing Cognition and Emotion in Public Health Campaigns:

- i) The public, the target of the campaign, is extremely anxious and yet, often resist rational advice.
- ii) The campaign must repeatedly inform the people in an emphatic manner.
- iii) The campaign must be proactive and get the people prepared for the subsequent possible actions, such as personal hygiene, social distancing, wearing of protective gear, volunteering to be a convalescent plasma donor, etc.
- iv) The campaign leaders must acknowledge the ambivalence of the people, viz., their anxiety and their cognitive resistance, which may make the public initially say the officials are overreacting and later, when the crisis becomes full blown, say the officials showed apathy. The leaders need to acknowledge the public fear and other reactions such as denial, embarrassment, depression, feelings of alienation, etc. so that the people can be at peace with their past behaviour even as they change their mind set.
- v) The campaign should be careful in wording the messages. It should not be guilt inducing or intrusive. Such a direct approach can trigger defensive self-doubting denial instead of determination and action. The messages should eschew false optimism and instead foster solidarity, resilience, community-orientedness and adaptability to uncertain days ahead.⁴

II Meaningfulness

Meaningfulness is highly personalised as each individual has a unique set of personal beliefs and values⁵. Every individual perceives all that happens around him/her through these filters.⁶

Recently, a Danish study looked at the individual and personality factors, which correlated with people's willingness in accepting personal restrictions for fighting COVID-19 and their different personality characteristics. In a representative sample of 799 adults, the study found that older age and two personality factors, viz., emotionality and "dark factor" correlated with willingness to accept restrictions. The people found it more meaningful to accept the restrictions if these restrictions were for self-protection rather than to protect others.⁷

Depending on the individual beliefs, people may ascribe the CVP crisis to astrology (malevolent planetary positioning), astronomy (the recent sighting of a comet coming towards the Earth), karma theory (Mother Nature responding to the avaricious exploitation of the natural resources) etc. Their belief system makes them ascribe cause-and-effect relationship to mere coincidental occurrences.

Media cater to such beliefs propagating it further; for example, a recent report stating that Indian Astrologers' predict that CVP will end soon in India and rest of the Globe.⁸

Self-fulfilling prophecy is a related behavioural concept. Merton in 1948 has defined self-fulfilling prophecy as an initially incorrect perception of the situation that evokes behaviours making the incorrect belief appear to be true.⁹

WHO has called the current spread of biased opinions and false information on Coronavirus in various media as an "infodemic". Misleading information is circulating rapidly (virally) on social media. WHO has said that the fight against the "fake news infodemic" would continue as long as the COVID-19 causing virus exists¹⁰.

That the personal belief system distorts the comprehension, meaningfulness and behaviour of the population, is quite evident by the extent of maladaptive coping behaviours discussed in the next section. Therefore, addressing and correcting

personal biases is very important if we want to combat effectively the tsunami of misinformation causing the current infodemic, which is as bad or even worse the real pandemic to the collective human psyche, mental wellbeing and adaptive coping strategies.

III Manageability: Coping with the COVID-19 Viral Pandemic (CVP)

Extrapolating Antonovsky's concept of general resistance resources (GRR) and specific resistance resources (SRR), one could say that the GRR needed to cope with the present CVP crisis would include measures to boost innate immunity, hand hygiene, social distancing, financial support, provision of necessities for living etc. The SRR to cope with the pandemic would be to develop an effective vaccine against COVID-19; develop a reliable rapid diagnostic test; provide various treatment modalities like anti-viral drugs, equipments for respiratory support such as mechanical ventilators, intensive care services etc. The coping ability of an individual depends on the preparation of that individual to meet the threat and his/her motivation to meet the challenge. If preparation is 'taking a horse to water', then motivation is what the horse requires to make the effort to drink it.

Coping abilities of the people vary widely. It could be adaptive or maladaptive in the context of the problem faced. An adaptive strategy aims at resolving the problem, while a maladaptive strategy is often counterproductive.¹¹

Some of the strategies in the context of CVP are -

- Anticipatory problem solving: the individual makes a proactive action plan to cover all eventualities and follows it until the end.
- Accepting Responsibility: the individual realises own responsibility in facing up to the challenges and the consequences.
- Confrontation: one meets the crisis head-on and persists with the efforts until achieving the goal.
- Denial: a false belief that nothing has really happened and that people always exaggerate.

- Dependence on social support: these groups of people contact the relief-providers for support.
- Escape or Avoidance: these groups of people believe that they do not have to follow any advice from others and that the crisis will vanish soon.
- Positive reappraisal: these groups of people face the crisis and emerge stronger than they were earlier.
- Self-control: Those, who keep their anxieties and uncertainties to themselves and do not let others, know how bad the crisis has been for them.¹¹

It is apparent that denial and avoidance are maladaptive and do not help resolve the CVP crises.

Some of the other coping strategies may be adaptive or maladaptive in the context of the roles and responsibilities of each individual in facing the CVP crisis.¹¹

Other coping strategies documented in CVP

Use of unproven remedies as 'cures' – a maladaptive behaviour

Numerous unproven strategies and downright irrational methods, which people are using in various parts of the globe for prevention, diagnosis, treatment of COVID-19 are listed in Wikipedia.¹²

Humour as a coping mechanism

- COVID-19 based cartoons, jokes, memes and videos provide comic relief and distraction from the stark reality unfolding in the pandemic resulting in the populace living in fear and uncertainty.
- Some social psychologists and the artists creating these humorous items opine that the humour and art play an important role in bringing people together, in promoting solidarity and in reducing the anxiety and panic.¹³

According to Christopher Hitchens, laughter makes us feel powerful and humour constitutes a

part of 'the armour-plate of humanity', which shields us from the grim reality of the pandemic. He has opined that in crisis situations, we use humour because if we did not do so, we might only keep crying and feeling depressed and miserable. Robert Provine, a leading expert on laughter, who has done research on how and why people laugh, concluded that laughing together led to social bonding.¹⁴

Domestic violence as a maladaptive coping behaviour

Globally, there has been an increase in domestic violence and child abuse. Social tensions, which predispose to violent behaviour, seem to arise from reduced access to resources (GRR and SRR), disruption of normal lifestyle, stress of losing job, financial insecurity and being physically isolated from various support systems and relationships.¹⁵

Coping by the poor without access to food and basic necessities

The CVP crisis and subsequent lockdown in India, done to contain the spread of the virus, has resulted in the poor and marginalised communities without access to food and basic necessities for living. Media have documented them digging in to the city dumps for discarded food items that they could eat and for any other discarded items of value (including face masks and gloves) that they could sell in a flea market.^{16, 17}

Meanwhile, thousands of migrant workers, who had lost their jobs in the cities, were stranded without any mode of transport to return home. Perceiving starvation to be a far greater threat than the pandemic, they marched in thousands far and wide in to their native villages. No doubt, several of them might have carried the killer virus to their villages. Time will show its impact in terms of mortality and morbidity in villages, which is lacking in advanced healthcare facilities needed to manage seriously affected individuals.¹⁸

Panic Buying of Toilet Paper: a maladaptive coping behaviour in the Western nations

Why is toilet paper so much in demand during CVP crisis? Social psychologists opine that there is a psychological reason for stockpiling rolls of toilet paper. Pandemic make people feel vulnerable, uncertain and perhaps create a sense of impending doom. Buying non-perishable items like toilet paper to stock up gives the people some sense of control and preparedness in their lives. They wish to retain their basic dignity in personal hygiene and however irrational it may seem, they feel safer with a stockpile of toilet paper.¹⁹

Among the media hype that only aggravated panic buying of toilet paper by more people, there were voices of rationality too. The mayor of Houston city tweeted: "Stop panic buying. The world is not coming to an end; but if it does so, the water bottles and toilet paper rolls you have stockpiled will never get used!"²⁰

What Medical Professionals can do to help their worried patients?

From clinical and mental health viewpoints, Caplan has listed four stages of human reaction to a crisis.²¹

- i) Initial mental tension and agony caused by the hazardous situation,
- ii) Intense disruption of daily living by the crisis,
- iii) Further rise in tension due to failure of the usual coping mechanisms and
- iv) Resolution and relief by successful use of innovative problem-solving methods; alternately, be overwhelmed by the insurmountable crisis leading to mental collapse and depression

The crisis intervention model of Robert is a stepwise blueprint to respond to a crisis like the CVP, which bring in many worried patients for helpful advice. Roberts has enunciated seven stages, which the doctor-patient dyads go through before achieving crisis stabilization, resolution, and mastery.²²

Adapting Roberts' Seven-Stage Crisis Intervention Model to COVID-19 Pandemic:

Step 1 - Psychosocial & Lethality Assessment: In the context of CVP, explore the resilience and coping abilities of the patient as well as assess his or her vulnerability based on known risk factors for a fatal outcome to COVID-19.

Step 2 - Rapidly Establish Rapport.

Step 3 - Identify Major Problems or Crisis Precipitants: assess the genuine risk for the individual patient based on evidence as against his/her perceived crisis based on personal beliefs and values.

Step 4 - Deal with Feelings & Emotions appropriately.

Step 5 - Generate and Explore Alternatives in a proactive manner for shared decision making.

Step 6 - Implement an Action Plan that the patient can comprehend, find it meaningful and be able to manage; this fosters sense of coherence even in the crisis situation.

Step 7 - Follow-Up: being 'always there for the patient' helps assuage fear and panic. Tele-consultation is a safer way for both the professional and the patient to interact.

Conclusion

The sense of coherence (SoC) seems to be essential for mental wellness and stability during COVID-19 pandemic. To foster SoC, we need to i) promote comprehension of evidence-based scientific information on the pandemic, ii) provide manageable options to cope with the crisis and iii) make it meaningful to the people so that they are motivated to adhere to the crisis management strategies at individual as well as community levels. To help their patients achieve SoC, the medical professionals could adapt the 7-step crisis intervention approach of Robert.

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