

NOT FACING COVID-19 ON THE FRONTLINE

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Despite adding my name to three volunteer websites to ‘contribute to the cause’ I remain confined, at home, with my spouse. As a psychologist, I understand that even when people are fortunate enough to have a safe place to wait out the COVID-19 pandemic, struggles with unresolved inner conflicts or complicated relationships will arise. As a teacher of Mindful Medical Practice, I long to reach out to colleagues who are, in contrast, working directly with patients. When I offered my psychological services to our university-based hospital, no response was forthcoming. Most likely more immediate concerns such as securing personal protective equipment, creating red zones to quarantine positive cases, rotating staff, to name just a few, took precedence.

Full disclosure: I *did* receive calls from my provincial psychological corporation – both requesting that I attend to homeless people who have been isolated in an old run-down hospital or at a downtown testing tent site. My first thought was, “Yes, I can go.” My subsequent thought was, “My spouse will not agree.” At age 65 he has lived with diabetes for 20 years – two risk factors. His reasons for objecting were predictable and logical, like him. Normally, he encourages me to be fully engaged in my work, so I did not perceive this reaction as controlling. I consulted with my brother, a retired cardiologist [see *Common Decency* in this volume] who has decided to serve despite his age (67) and pre-existing conditions. Next, I talked with a family physician/friend. Of course, neither answered the question, ‘Do I go or not?’ but I needed to run my thoughts by them just the same. I chose to respect my spouse’s wishes. What clinched my decision was when he said, ‘What a lonely death this illness has to offer; no visits allowed, masked and gowned strangers

taking care of patients.’ I could not imagine him there and me here, unable to say *adieu*. My dilemma is like others’ who must weigh out the risks and benefits of their choices.

Dr. David Saint-Jacques, a Canadian astronaut, offers advice for coping well with confinement. Living for 204 days on the International Space Station underlie his views. See: <https://www.rcinet.ca/en/2020/03/24/what-we-can-learn-from-astronauts-about-how-to-deal-with-isolation/>. First, get informed, but do not overdose on media. Learn from and listen to the scientists, but do not focus exclusively on the negative information (e.g. number of deaths) – include positive facts as well (e.g. recovery rates). This helps to keep things in perspective. Use information to protect yourself and others (e.g. wear a mask, respect physical distancing).

Second find meaning or purpose in your actions. I tell myself that I *am contributing* to flattening the curve, as Montreal has more cases than any other city in Canada. We are told to, ‘Stay home, save lives’ – so I am following those directives.

Third, Dr. Sainte-Jacques suggests following a daily routine. This can alleviate uncertainty. Alas, there are many unknowns: How long will this last? When will a vaccine be available? How will we exit confinement? Will there be a second wave of infections? etc. I confess that I have not, thus far, heeded this point. In fact, I have relished *not* having to stick to a schedule. Before COVID-19, teaching, professional meetings, travel, reading, writing, attending yoga classes, swimming, and social activities were scheduled and carried out accordingly. Now what I do and when I do it varies from day to day. I feel freed from time constraints. I have relinquished rushing. Rather than defining myself by what I do, I am simply being with what is, moment by moment, day by day, week by week, month by month. That is, being: curious, restless at times, occasionally generous, dogged by back pain, attentive, restless, present, tired, grateful, i.e. fully human. Nonetheless, I have made a point to walk an hour each day (pools are now off-limits), practice yoga most mornings, and meditate almost religiously. Of course, others, such as children, need structure and it makes sense to guide them through each day with regular meals, home schooling, games, exercise, and fixed bedtimes.

Dr. Saint-Jacques’ next recommendation is to “create a mental bubble.” He describes how he and his fellow astronauts gave each other mental space while working in outer space. “Immerse yourself in your daily activities,” he said. This reminds me of informal mindfulness practice, when you carry out daily activities (e.g. shower, walk your dog, cook) with heightened awareness of sights, sounds, smells, and touch. Wandering in our neighborhood I notice tiny green buds on branches, birdsongs, children dashing by on bicycles (without helmets!), wind in my hair, and the warmth of the noon sun. I lose myself in books and enjoy participating in virtual narrative medicine groups. This inspires me to write.

The last piece of advice, I think, is the most important, “Try to shift your mental focus to helping people around you. And, you know, you can kind of set the trend and then others will think of you and help you. And I think that is a very positive way to go about hard times when you focus on what you can do for others around you.”

I have had to be creative to enact this while in confinement. First, I created a 40-minute video entitled, ‘Maintaining Resilience: Working Through COVID-19,’ and made it widely available to healthcare professionals (see: <https://youtu.be/18NlkqaHJl4>).

Second, this special gathering of stories came to mind as another way to contribute. By providing a platform for others to share experiences they and their readers may benefit. I edited a book of this nature in 2015 (see *Mindful Medical Practice: Clinical Narratives and Therapeutic Insights*, Springer Press) that showed how mindfulness can be applied in the real world of medicine.

Another way I can help others (while respecting physical distancing) is by facilitating online sessions. I have learned new skills via webinars, to be able to do this. Currently, I run two such groups and it is remarkable to me that we connect virtually without feeling too distant. One of the two groups have been meeting for nine years, once a month for two hours, 10 months per/year. We have history, trust, and continuity to enable us to support each other. The second group was the result of our having to postpone the Mindful Medical Practice course we offer each spring. I woke up one morning with an idea: rather than charge a fee for a weekly session, participants who wished to meet virtually could donate to a local COVID-19 charity. A win-win-win proposition. This group is more challenging for me to lead as the doctors and other health care professionals have differing levels of experience with applying mindfulness to their work in medicine. Nonetheless, open, curious minds have arrived, and we end each session with a sense of surprise and satisfaction. I will offer my first online Mindfulness-Based Medical Practice course this coming fall.

Recently, I gave Grand Rounds for the Department of Medicine at one of our local hospitals entitled, “When the Adrenaline Wears Out.” It was attended by 74 doctors and residents – who will reach many more patients than I can ever meet. (see: <https://youtu.be/99tLBUrpnFc>). And as the pandemic spreads across the globe, I offered a Webinar for specialists entitled, “COVID-Related Mental Health: The Second Wave?” My intention was to help them help their patients cope with the chronic stress of living with uncertainty, loss, fear, and constant change. In December, I will give a day-long workshop to pediatric social workers entitled, “Mindfully Surfing the Waves of COVID-19”, as they find the frontline work exhausting and telemedicine challenging.

“It’s all about our ability to adjust,” Saint-Jacques says. “The human soul has this incredible capacity for adaptation.” Collectively, we will pull through this. I am proud of how Canadians have reacted to this crisis.

Our motto is: 'Stronger Together.' Of course, some refuse to wear a mask and others gather at parties – ignoring risks; but overall, we value communitarianism. Our universal healthcare system is holding up even though we were caught off guard, like other nations, with a penury of personal protective equipment. But we have adapted to this as well, with new hospital protocols in place, testing centres up and running, etc.

I confess that I maintain a nagging feeling that I am not doing enough. I contribute to food banks and local charities but wonder, 'What else?'. Perhaps other opportunities to assist will arise. I am ready and able to respond. For example, I put my name into a pool of potential participants in a vaccination trial at my university. I believe there will be a 'before COVID-19 and after COVID-19' etched into our collective psyches. My optimistic nature believes that this crisis could convince us how interconnected we truly are. I hope we will comprehend Inter-being (as described by Thich Nhat Hanh, see: <https://www.youtube.com/watch?v=kgU8sLTZduQ>) once we have integrated this experience. ■