

حالات الوباء وديناميكية المجموعة: علماء النفس، بين وظائف الاحتجاز والعلاج

Pandemic situations and the group dynamic: psychologists, between holding and treatment need functions

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الملخص:

لقد هز فيروس كوفيد-19، باعتباره وباءً يعاني منه سكان العالم، الأفراد على مستويات مختلفة، مما خلق الكثير من المعاناة، سواء كان ذلك للأشخاص الضعفاء الذين يخشون المرض، أو الأشخاص الذين فقدوا أحبائهم، ولكن أيضاً وخاصة عندما يتعلق الأمر يأتي إلى المحترفين الذين ظلوا لعدة أشهر في الخطوط الأمامية للمواجهة.

ومن بين هؤلاء، يمكننا أن نجد علماء نفس الصحة العامة، الذين لم يعتادوا على التعامل مع هذا النوع من المواقف. وهكذا، حاولوا طرح استراتيجيات لحماية أنفسهم، وهي الاستراتيجيات التي ظهرت في ديناميكيات المجموعة العلائقية بشكل خاص والتي أثرت على التفاعلات داخل الفرق، مما أدى إلى ظهور المنافسات والعداوية بين المهنيين.

وسنقترح في مقالنا الاقتراب من نموذج فريق من الأطباء النفسيين، الذين عاشوا واضطروا إلى مواجهة حالة الجائحة في بداياتها، وكذلك تداعيات ذلك على أروطفونيتهم وتجاربيتهم.

الكلمات المفتاحية: (5 كلمات على الأكثر): كوفيد -19، الصدمة، عالم نفسي، استراتيجيات التكيف، الصراع، ديناميكية المجموعة

Abstract:

The Covid- 19, as a pandemic experienced by the world population, has shaken individuals at different levels, creating a lot of suffering, whether it is for fragile people fearing the disease, people who have lost loved ones, but also and especially when it comes to professionals who have been for months on the front lines of confrontation.

Among the latter, we can find public health psychologists, who are not used to dealing with this kind of situation.

Thus, they tried to put forward strategies to protect themselves, strategies that appeared in particular relational group dynamics that affected the interactions within the teams, letting appear rivalries and aggressiveness between the professionals.

We will propose in our article to approach a model of a team of psychologists, having lived and had to face the situation of the pandemic during its beginnings, as well as the repercussions of this one on their balance and experiences.

Keywords:(5 Words at most): Covid -19, Trauma, Psychologist, adaptive strategies, conflict, group dynamic

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1. INTRODUCTION: In the current context of the health crisis and facing the covid-19 pandemic, whose effects have affected different aspects of life, it was normal that the health sector, like many others, has been enormously affected.

And it is in a particular context that many psychologists, like their colleagues in the health field, have had to make adjustments in their practices; but also and above all, to face an anguishing situation, new and unknown, referring to anxieties of death and chaos.

In an atmosphere where a quasi-total confinement was imposed, precisely to protect the population, these same professionals found themselves called to be present in their workplaces and intervention areas, in order to bring their help to people affected by Covid-19.

Thus, faced with an illness that was initially purely medical, psychologists had to, or were called upon to, manage the emergency and contribute to the management of the crisis.

However, psychologists are not used to managing crisis situations, especially when it comes to intervening within their services.

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For many, psychology is a medium to long term job, requiring them to sit down and take the time needed for reflection.

These conditions are not met when a psychologist is asked to see a patient in a hurry who has completely collapsed following his or her diagnosis of COVID.

Double discomfort: lack of skills and fear for one's own life.

In this context, teams of practitioners had to deal with the different experiences and decisions that had to be made, between people who were ready to commit themselves and others who refused to approach sick patients and considered this incompatible with the work of the psychologist.

And we will ask two-fold question:

*What were the different reactions of the various parties?

*What meanings did these reactions have in the dynamics of the working groups? (Times New Roman 13, spacing 1.15- for all the body)

Methods: Describe in detail your methodology that includes research design, sample, inclusion and exclusion criteria, the time of study, the instruments and measures, data collection processes, ethics committee approval. the statistical software, the statistical tests.

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2. Pandemic Covid 19: It was around February 25, 2020 that the first Covid cases were diagnosed in Algeria, starting first in the wilaya of Blida, the pandemic quickly spread to other cities of Algeria. (Snoussi, Z., 2020).

In less than 9 months, "as of November 17, 2020, 69591 confirmed cases, with a total of 2,186 deaths" have been recorded (Benmouffok et al, 2020).

Highly contagious, appearing severe and extremely deadly in its early stages, the best way to deadly virus was to resort to lockdown, either total (as in many European countries) or (partial countries like Algeria).

Lockdown was imposed to avoid the contact of the other, the social relation and the verbal communication which were the vectors of the transmission.

These conditions were completely chaotic for humanity, since it feeds itself and survives on its relationships.

Further, it is also precisely in these circumstances that many institutions have had to close and stop their activities, with the exception of certain fields, among which obviously the field of health care.

And even in this category of professionals, it was the public sector that had to face, since the specialists in

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private practice had chosen instead, in large majority, to close their practices.

In this context, the intervention of the clinical psychologists had to take place, who were also confronted to the unknown and to the nonsense, which brings destruction of the links and discomfort.

3. Emergency intervention in Psychology: It is in a rather traumatic context that the people lived, added to a daily life difficult to manage, of reduction, or total abstraction of social relations, represented as dangerous and threatening, making the lockdown, in itself, a "concrete" image and representation of this threat (Mengin et al, 2020), that the health professionals, had to continue to work, and to meet, in the daily life, people with Covid.

These interventions were unclear, but, however, clear to doctors and nurses, yet it was indeed a virus, medically detectable, but about which science knew little; a factor that made the task much more delicate, and distressing.

And it is with such data that psychologists were also asked, in a second step, to intervene with the affected people.

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At the beginning, listening and teleconsultation devices were put forward, but in a second phase, it is a concrete and presential participation that was asked to them.

Patients and families arrived, devastated by the announcement of a diagnosis, perceived at the time as a fatality.

Also, it was more and more obvious that this population would quickly need psychological help during and after the pandemic. This was quickly pointed out in China (the birthplace of Covid-19), while reminding us of the lack of mental health resources in the face of this unusual situation.

Here, psychologists were invited to intervene in the emergency, as it was the case in the past, facing floods, earthquakes, ...

The particularity here, once again, is that they also put themselves in danger.

Faced with a total blur in front of this pandemic, and "infodemia" (concerning the information, all confused, related to a pandemic) and associated with a kind of infomania (a meticulous, continuous and obsessive search for information) on this unknown virus, the reactions of some and others have varied, between excessive fears, denials, rumors, ... (Jacovljevic et al, 2020).

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Thus, the emergency intervention had to be done under particular conditions:

- *New devices have been implemented to accommodate patients (Covid units have been created, teams set up, etc.),

- *To gather the necessary information, as much concerning the disease, or the method of intervention in the emergency (since the teams of psychologists did not necessarily have the time to be trained);

- *Overcoming or managing one's own fears, regarding the safety of one's own, and the availability of the means necessary to cope with patients, while preserving oneself as much as possible. (El Hage et al, 2020).

And how the emergency response would work?

In the Covid units, the nursing staff saw people arrive in absolute disarray:

Illness and organic damage, certainly, but also and above all this fear, this traumatic reaction, facing this virus that endangers our lives, without knowing the origin, the mechanisms, the certain modes of contamination, ...

Indeed, at its beginning, and maybe even now, in May 2021, the covid-19 remains full of shadows, which make it

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a source of "nonsense" of incomprehension, of difficulties of effective integration in our psyche.

Faced with this situation, and in many cases, psychologists have been among the first lines of intervention.

The patients arrive with an experience of dislocation, of absence of logic: Why me? Why? Have I contaminated my loved ones? Will I make it?

This psychological upheaval, linked to the fear of the traumatic experience, can in many cases create or provoke an absence or difficulty in verbalization.

It is here, despite this situation, that the psychologist should ally himself with the patient, in order to offer him this holding, which would mean that even if he is not in the same situation (the patient could say; you will never understand me), he can still listen, and try (Lebigo, 2005).

Also, it would be important to be able to help people regulate their emotions by essentially reducing negative emotions, using several strategies, including:

- a) seeking and reaching out to others to make them feel good;
- b) keeping busy/working on other things;

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- c) participating in enjoyable activities to improve ones' mood;
 - d) trying to solve a problem, and here, understanding what is happening, following treatment, and empowering oneself to move beyond the contamination phase.
- (<https://doi.org/10.1016/j.jvb.2020.103440>).

4. Between professional duty and personal responsibility: the dilemma of psychologists: In Algeria, psychologists were not used to participating actively in the activities of the resuscitation and emergency services, which were very much in demand during the pandemic.

Thus, for example, psychologists are not involved in on-call duty and emergency interventions...

And in the face of the health crisis of Covid -19, these psychologists were assigned the task of accompanying the sick, talking to them, being present at their bedsides and sometimes returning several times.

Two attitudes and reactions were possible:

- ☁ Feelings related to a duty, need to bring something concrete to what the planet is experiencing.
- ☁ Feelings of refusal, anger, and fear.

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Obviously, these two antagonistic positions were found in different teams, and thus created a splintering, conflicts, and aggressiveness, reflecting the malaise that is nothing but a mirror of the malaise that all humanity lives, the nonsense, and the destruction.

And in the face of the search for meaning, unbinding arises:

In what follows, we will present the model of a team of psychologists in one of the hospitals in Algeria.

This team, usually split, is constantly seeking to develop its skills in order to offer the best possible care for patients.

In April 2020, and in response to the health crisis of covid-19, the state allowed 50% of employees, including pregnant women, people with chronic diseases, and mothers with children less than 14 years, to take paid leave, in order to not put themselves at risk, and slow the spread of the epidemic.

In the hospital setting, taking advantage of this benefit was not obvious: staff, unless they were in extreme conditions, had to keep the health system running.

The psychologists, in this situation, were trying to protect themselves and, why not, find a way to benefit from exceptional leave.

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However, they were given new tasks: they had to provide psychological support to patients.

In this team, until then, almost a model, the two attitudes mentioned above appeared, but not only that, the situation quickly became complicated and degenerated.

The reluctant people blamed the ones who had agreed to work for their decisions:

The latter were betraying the group, especially since immediate and emergency intervention is not part of the usual functions of psychologists in hospital settings; they were putting themselves in mortal danger, and wanted to drag their colleagues with them.

The team broke up, the positions became extreme on both sides, each side accusing the other of incompetence and unconsciousness on the one hand, and of excessive "zeal" on the other hand, and trying to throw trouble on the colleagues who refused to intervene on the other hand.

The latter were told: "they want to kill themselves, I don't want to die".

Friends, buddies, got separated, and huge conflicts broke out.

Fig.1. Representations of the situation Covid19 in sanitary setting

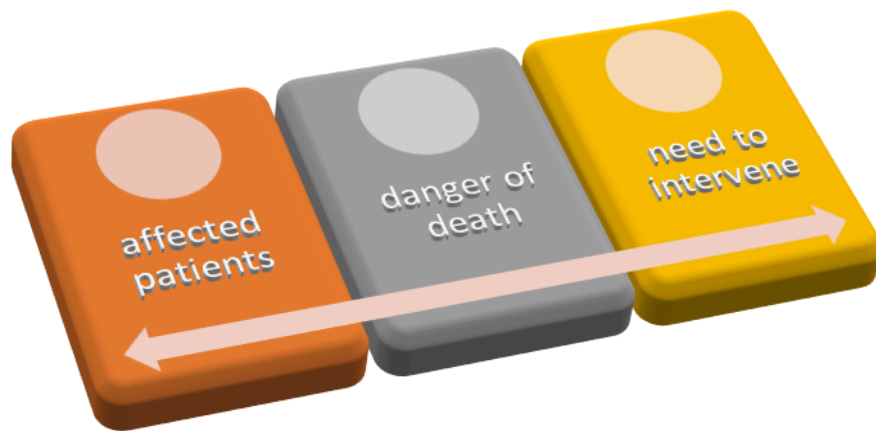
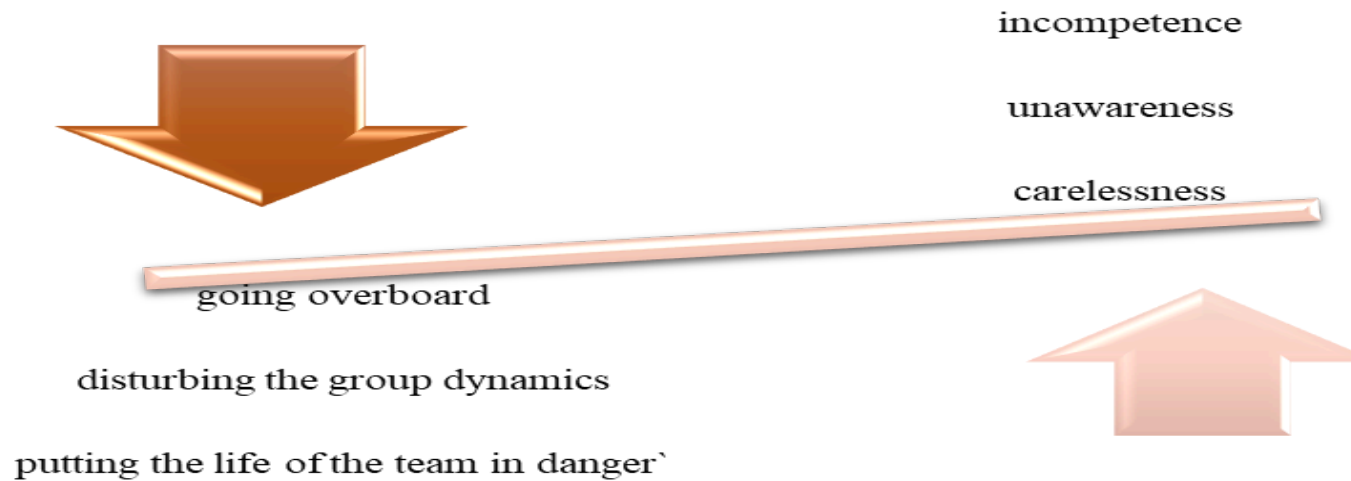


Fig 2. Split in healthcare teams



Fig.3. Mutual representations of team members



Thus, and quickly, relations become tense, the previously flexible and permeable relationships and exchanges become rigid and aggressive.

5. **Discussion:** Confronted in a rather brutal and unexpected way with the Covid 19 pandemic, until then used to the approach of multiple traumas, because of the different circumstances that Algeria has experienced (terrorism, earthquakes, floods, plane crash, ...), and which have the effect of training and preparing the field specialists, the mental health professionals seemed not to be able to manage their own anxieties and experiences anymore.

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In fact, the traumatic events they had faced up to then did not put them in danger themselves; the interveners arrived after the disaster and accompanied the victims.

With covid 19, the conditions had changed:

Working and helping meant putting oneself, one's family and loved ones at risk of contamination and death.

As reported by Vashney (2020): "This particular circumstance alone would be responsible for moderate to severe psychological disorders in 33.2% of the population according to a study conducted in India, and 53.8% according to Wang's study, conducted on a sample of 1,210 people in China" could therefore only have a negative impact on the well-being of the workers.

And in the face of this psychic suffering, and the trauma of confrontation with death, could only reign the nonsense associated with this mysterious virus, and the destruction of links, which, strangely enough, was associated with trauma in general, but also with this deadly virus which imposed what was called at the beginning "a social distancing".

Thus, in the case of the above-mentioned team, all these data were gathered in order to hinder the favorable evolution of the clinical work of the psychologists: the unbinding and the destruction had the master word:

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In the preface of the book "Suffering and institutional psychopathology", R. Kaës (2012) wrote: "Particular attention is paid to an institutional pathology that develops according to a process particularly well described by Racamier, Bleger and Illich: the reversal into its opposite of the primary task of the institution: to aggress instead of to care. The consequence of this inversion is to instill in the institution an unnamed, unrecognized violence, which amplifies the destruction of links, mobilizes archaic anxieties which then prevail over thought processes: they are attacked by the violence of the patients against themselves and against the caregivers, by that of the caregivers against each other and against the patients, by the violence of intra- and inter-institutional relations, and finally by social violence. It is against this background that the work of death is accomplished and that its incarnation is carried out in a thanatophoric subject who bears the symptom and the stigma" (Kaës, 2012, p.IV)

Indeed, unable to find a solution to the chaotic situation experienced, the different professionals attacked and destroyed their mutual links, "fragmenting and splitting" the teams but also the individualities (Rokbani, et al).

What alternatives should be proposed?

In many cases, teleconsultation has come to compensate for the lack of concrete involvement in the field by the

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various health professionals in general, and mental health professionals in particular.

In the team we are talking about, the psychologists had two lines of intervention:

1. The psychological support on the field of the affected persons and their families.
2. And teleconsultation, by telephone numbers made available to the public, in order to contact one of these psychologists at any time.

This could be, for the patients, a way to be reassured and to feel accompanied and not isolated in their sufferings.

But it was also a way for the psychologists to feel less guilty and to feel that, even if they refused to intervene in the field, they were still going to contribute something.

However, this aspect is far from sufficient, since, even if on the individual level, it reassured the professionals, it did not prevent them from being separated on the group level.

Thus, it would have been necessary to work on the sufferings of each other and the sufferings of the teams; exchange and supervision sessions, allowing each of them to express themselves freely, giving them a neutral space for exchange, favoring "metacommunication", could have reduced the tensions and conflicts.

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Conflicts of interest, but also conflicts of loyalty in the sense of Naji, confronting each other with paradoxical choices: "either you follow the group, or you follow the instructions of the management, and you are different and rejected".

6. **Conclusion:** Through our article, we have tried to return to the example of the experience of delinking and destruction experienced by a team of clinical psychologists.

This team, like many others, even in other disciplines, had to face the very difficult dilemma of "fulfilling one's duties as a clinical psychologist or preserving one's health and that of one's loved ones".

This dilemma did not remain only in the individual sphere, but very often had a negative impact on interpersonal relations and on the cohesion of the teams, thus compromising their proper functioning and continuity.

This foreseeable suffering, due to the familiarity of the work with cases of trauma, should have alerted the authorities to the need to provide these professionals with spaces for listening and support.

Disparate contributions took place, thanks to the associative movement (such as the SARP association, which offered tele-supervision sessions to psychologists),

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but also thanks to the individual contributions of professionals who had made themselves available to their colleagues.

But here again, the fear of this specter of contagion was very strong, since with the best will in the world, most of the supervisions were done at a distance, probably reinforcing the anxieties of the professionals in the field.

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