Michigan Psychological Association

THE MICHIGAN PSYCHOLOGIST

Special Edition - The Pandemic

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Editor's Introduction

This is a special issue of *The Michigan Psychologist*. We have never done this before. But, then, we've never lived through a pandemic before. All of us, including psychologists, are trying to adapt to our "new normal". While perhaps not exactly the frontlines of the health crisis, psychologists are not too far behind the front lines. Psychologists, are not only dealing with anxiety, grief and depression, of their clients, they are simultaneously juggling the uncertainties, needs, and other concerns of themselves, their families, and friends. It is not too much of a stretch to say that psychologists may be just as likely to be subject to posttraumatic stress as are the medical health force.

We are publishing this Special Edition of the newsletter. We wanted to get timely articles and information to you as quickly as possible. At the same time, we realize that this is an uncertain time, one rife with rapid change and fluidity. Some articles, we on the editorial staff of *The Michigan Psychologist*, thought just couldn't wait for our next edition in late June.

What you'll find in this special issue are thoughtful and encouraging words from our President and our Executive Director. In one way or another, all these articles are related to COVID-19 and to the fears and worries either we are our clients will have related to the pandemic. But, because we - of all people - have to maintain our sense of humor amidst the current crisis, we bring you two cartoons by our resident cartoonist Steve Fabick, Ed.D.

In this Special Edition are are two separate articles by Dr. Dennis Ortman. In the first, he offers some wise advice as he views our restrictions to our homes as our personal deserts and our places to get in touch with ourselves. In the second article, in which he lays out a pandemic panic hypothesis, he adds some spiritual thoughts. He acknowledges that clients are often more religious, although, perhaps, not necessarily more spiritual, than are therapists. But Dr. Ortman's message invloves surviving the next few months while drawing on the healing power of faith, spirituality, forgiveness and love.

Dr. Jack Haynes, in his contribution, asks what you are doing with your time during the pandemic. Dr. Haynes then offers profiles of two people who changed the

world's culture and our scientific history during their isolation during previous pandemics.

A first-time contributor to *The Michigan Psychologist*, Dr. Susan Malinowski, a medical doctor, was motivated to write an article by the vitriol and the anger she observed in our society related to the coronavirus. She shares some simple, but great suggestions for dealing with the pandemic, as well as your own mental health.

Also, we are summarizing an article on the mental health aspects of the pandemic from the *New England Journal of Medicine* and an article written by Joseph Epstein. In a piece we were given permission to reprint from *The National Review*, Epstein talks about the one thing we can't avoid discussing: death. As he so skillfully points out, death is all around us during this pandemic; it's talked about constantly in press briefings and news broadcasts; but are we really taking it seriously? How should we regard death? These are questions Epstein addresses.

And then to balance the blackness of confronting our mortality, we were able to get two cartoons from Dr. Steve Fabick.

We hope this Special Issue contains useful information, thought provoking, and commentary. Best wishes as you continue to work with people who are experiencing a range of intense emotions and uncertain circumstances. James Windell, Editor.

PLEASE CONTACT US WITH YOUR FEEDBACK. THE EDITOR'S EMAIL ADDRESS IS jwindell@aol.com OR CONTACT INDIVIDUAL ARTICLE AUTHORS.

From The Office Of The President

When the World is the World Again

Joy Wolfe Ensor, Ph.D
President

I wrote my article for the previous edition of this newsletter when we were in the first throes of the global upheaval of the COVID-19 pandemic. That report highlighted efforts, in APA and MPA alike, to react nimbly and effectively to the crisis, including advocating for clients' continued access to care, providing our members with up-to-date information about the changing regulatory landscape, and adjusting our programming to ensure our members' access to continuing education opportunities.

Now, some seven weeks later as of this writing, we are settling into life and

practice in the age of COVID. We are more adept at conducting therapy sessions, family life cycle events, religious worship, and meetings both large and small on remote platforms. We are supporting our clients through their experience of personal and community loss while grappling with our own. And now, I am seeing us start to envision what our lives, our practices and the world itself will look like when we "return to normal."

I am a first-generation American, born in the aftermath of the global upheaval of World War II. I grew up hearing my parents' vivid stories about the people and places that they had loved and then lost before creating new lives in the U.S. My mother frequently invoked her own mother's promise, one that helped buoy her up during the worst of times: "One day the world will be the world again." That saying became a mantra in our family, a legacy now passed on across the generations.

One day our world will be the world again. What do we want that world to look like?

What do we want "return to normal" to look like in our families?

Families are enduring terrible losses: of schools and workplaces, of income, of access to leisure activities, and of social network supports - including, most painfully, the loss of loved ones to COVID-19. We will see the ripple effects of these losses and traumas for many years to come. At the same time, I am hearing from some of the (more privileged) families in my practice that this period of sheltering in place has revealed unexpected silver linings. Hours previously spent in long commutes are now available for family and personal activities. Grab-and-go meals on the road to and from children's extracurricular activities have given way to home cooking and family dinners. Sewing machines, gardening tools, workbenches, board games and puzzles have been dusted off and put to use. Teens are expressing relief from the pressures of academic hyper-achievement.

We are eager to return to our friends and colleagues, our schools and workplaces. Does doing so require us to re-impose the "old normal" stressors on our families, or can we envision a different path of return?

What will "return to normal" look like in our society?

The COVID crisis laid affect some populations, ills that others, with the luxury of privilege, all too often dismiss or minimize as inconvenient truths. While the virus does not discriminate, its impact has been particularly devastating in some communities because of long-standing economic, healthcare and racial inequities. Essential workers in grocery stores, nursing homes and gig economy settings, now hailed as "front-line heroes," are not provided with a living wage or health benefits, much less hazard pay. Workers furloughed during the current economic downturn pay the double price of losing employer-based health insurance at a time when a deadly pandemic threatens their lives. Political jockeying has hampered the distribution of PPE and other life-critical resources

to our front-line health care workers, including those in our own state.

We are eager to return to our lives. Does doing so require us to re-impose the "old normal" stressors on our workers, our communities, our healthcare system and our politics, or can we envision a different path of return?

What will "return to normal" look like on our planet?

Many of us have marveled at the clean air over Los Angeles, the reduction of greenhouse gas emissions, and the quieting of the Earth's anthropogenic hiss. We are eager to restart the engines of our economy. Does doing so require us to re-impose the "old normal" stressors on our fragile planet, or can we envision a different path of return?

What will "return to normal" look like in our psychology practices?

The COVID crisis led many of us to shift our clinical practices to telehealth. This move was made possible by emergency orders at the state and Federal level that temporarily lifted long-standing barriers to our providing care in this manner. MPA played an active role in ensuring that telehealth (by audio-visual and audio-only means) was both permitted and equitably reimbursed in Michigan.

Despite the fatigue factor in video sessions, the availability of remote psychotherapy services has been a godsend for clients and providers alike. This crisis has given us the opportunity to provide these services and to demonstrate our value. Will insurers embrace tele-mental health across the board as a viable longer-term option when the COVID crisis has passed?

When the stay-at-home orders are lifted, what will be required of us to prevent or mitigate subsequent waves of COVID? Will we be advised or required to wear facemasks when we are within six feet of clients? What will be the costs and benefits, with regard to the relationship-based aspect of our work, of meeting clients in person with our faces partially obscured, versus meeting remotely with the relational distance that that involves? The ubiquitous Kleenex boxes in our offices will take on a whole new significance in this scenario. What will be required of us in terms of screening clients, tracing their contacts, and sanitizing our offices between appointments? What liability issues will arise around those practices?

Will some clients prefer to continue doing telehealth for an extended period of time? Will we? What factors will lead us to understand this preference as a reality-based adaptation, and when will we view it as a reflection of underlying psychological issues?

What changes will we see in our clinical practices and self-care alike as the longer-term ramifications of individual and community trauma manifest in our work?

We are eager to return to the fullness of our professional lives, but does doing so require us to amplify COVID-related stressors on our practices? Or can we envision a different path of return?

Building resilience and returning with hope

I hope that when the time comes to turn toward more normal routines, we can maintain mindful awareness of the potential for post-traumatic resilience and growth for our families, our society, our planet and our practices. I hope that we view the silver linings of this moment not as temporary aberrations, but rather as opportunities that we can honor and protect for ourselves and for our clients. I am confident that, as individuals and in community, we will be grounded in the best traditions of the science and ethics of psychology. This foundation will serve us well in helping our clients and each other make values-based decisions about how to behave when the world is the world again.

This article offers many more questions than answers. I invite us all to engage in a continuing conversation about them in the weeks and months ahead; meanwhile, I wish you and your loved ones health and strength.

[Acknowledgment: I would like to thank Barbara Rigney, PhD, for asking some of the questions that informed the writing of this article.]

(For more information or to contact Joy Wolfe Ensor, Ph.D., email her at jwensor@comcast.net)

Death and the Coronavirus

By Joseph Epstein

'Depend upon it, sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully," wrote Samuel Johnson, whose mind, without fear of hanging, was concentrated on death throughout his life. Johnson concentrated on death with, in a word, "terror." He thought, mistakenly, that he was not a good enough Christian, and that nothing pleasing awaited after his demise.

None of us is to be hanged in a fortnight, either, but, these days, with the plague of the coronavirus upon the land, all our minds are concentrated on death. Turn on the television or radio, national or local, and one discovers that the dread virus is topics 1 through 896. News of the increased number of people who have the virus, the numbers of those who, locally, nationally, and internationally, have died from it, is inescapable.

Two of Pascal's best-known passages come into play in connection with the

coronavirus. The first has it that "all of humanity's problems stem from man's inability to sit quietly in a room alone." The second speaks to the human condition: "Imagine a number of men in chains, all under sentence of death, some of whom each day are butchered in the sight of others; those remaining see their own condition in that of their fellows, and looking at each other with grief and despair await their turn. This is an image of the human condition." The coronavirus has forced almost all of us, either in enforced or self-imposed quarantine, to sit quietly in our room, and the news of the continuing deaths it is causing - of the obscure and the celebrated - concentrates our minds on Pascal's dark human condition.

Montaigne, whom one does not think of as a dark writer, felt one couldn't think too often or too much about death, especially one's own. He wrote about death in three separate essays - "On Fear," "Why We Should Not Be Deemed Happy Until after Our Death," and "To Philosophize Is to Learn How to Die" - and his general point was that we should accustom ourselves to the idea of death, of our own death specifically, in order "to educate and train [our souls] for their encounter with that adversary, death." Doing so, we would thereby fight free of the fear of death, so that when it does arrive "it will bear no new warning for [us]. As far as we possibly can we must have our boots on, ready to go." Montaigne wished to die tending his cabbages, but, alas, he was instead the victim, at 59, in 1592, of quinsy, a disease of the throat that can be painful and that, in his case, rendered him speechless at the close of his life.

"So it has come at last, the distinguished thing," uttered Henry James of death on his own deathbed. Far from clear is what is distinguished about it, death, that most democratic of events, "an old joke," as Turgenev once referred to it, "that comes to each of us afresh." Yet if not death generally, then some deaths do seem more distinguished than others. Surely there are good and bad deaths, and sad because unnecessary deaths. A good death for men, most would agree, is one on the battlefield in a war fought for an important cause. The classic good death is thought to be that of Socrates, his principles intact, calmly drinking hemlock in the company of friends. For a woman, a good death might be one in which she dies for her children or to stave off the death of others, a death marked by selflessness. A good death is often thought an easeful death, one unaccompanied by pain or mess. A death in one's sleep at home at an advanced age is for most of us the very model of a good death.

Perhaps the most famous easeful death was that of the philosopher David Hume - famous because James Boswell recorded it in his Life of Johnson. Hume "was quite different from the plump figure which he used to present," Boswell wrote. "He seemed to be placid and even cheerful. He said he was just approaching to his end." When Boswell asked him "if the thought of annihilation never gave him any uneasiness," Hume answered: Not in the least, "no more than the thought that he had never been, as Lucretius observes." Boswell reported Hume's calm in the face of death to Samuel Johnson, who retorted: "He lied. He had a vanity in being thought easy. It is more probable that he lied

than that so very improbable a thing should be as a man not afraid of death; of going into an unknown state and not being uneasy at leaving all that he knew."

Sad deaths sometimes seem to constitute the preponderance of deaths. Sad is a death that comes about through malfeasance, foolish misbehavior, accident. Sad it seems to die too soon because of heavy smoking, obesity, drugs, careless driving. (I write "too soon," but then Balzac, in Cousin Pons, notes that "death always comes too soon.") A too-early death, in which one is deprived by a large measure of the full share of one's days, is inherently sad. Too early is any death that falls well below the life expectancy of the day. One thinks of Anton Chekhov, George Orwell, F. Scott Fitzgerald, all of whom died in their forties.

In literature, Tolstoy did death best, whether it was the suicide of Anna Karenina, the prolonged dying of Prince Andrei Bolkonsky after the Battle of Austerlitz in War and Peace, or the insignificant (to all but him) death of Ivan Ilych Golovin in The Death of Ivan Ilych. Tolstoy writes: "Besides considerations as to the possible transfers and promotions likely to result from Ivan Ilych's death, the mere fact of the death of a near acquaintance aroused, as usual, in all who heard of it the complacent feeling that 'it is he who is dead and not I.' . . . Each one thought or felt, 'Well, he's dead, but I'm alive.'" Ivan Ilych himself cannot confront his fate directly, and for a long stretch he refers to death as "It": "He would go into his study, lie down, and again be alone with It: face to face with It. And nothing could be done with It, except to look at it and shudder." As for perhaps the most famous death in English literature, in Dickens's The Old Curiosity Shop, Oscar Wilde remarked that "one must have a heart of stone not to read the death of Little Nell without laughing."

Which brings us back to death by coronavirus - surely one that, by the nature of its accidental, its almost haphazard quality, would be sad indeed. There is no avoiding this blasted virus - "Kung Flu," an acquaintance of mine calls it - either on the news, on the streets, or in one's consciousness. Because of it we are advised to avoid social gatherings, eating and drinking in public places, discretionary travel. We are instructed to make up for the time ordinarily spent in these pleasant pursuits by washing our hands throughout the day for no less than 20 seconds each time and the rest of the time trying to remember not to touch our faces. In grocery shops, on the otherwise empty streets, most people one encounters are wearing face masks and blue rubber gloves. If the coronavirus continues for an appreciable time, the man or woman who invents a full-body condom will make a fortune.

The news is utterly dominated by talk of the coronavirus, with only the weather report offering relief. Owing to the virus, sports, that opiate of us male masses, have been eliminated. On every news show, physicians are called in to tell us what to do to elude the virus, what we need to worry and not worry about. Two different friends sent me advice, via YouTube, given by a youngish, overweight M.D. with a ponytail, on how to unpack

my groceries safely, which, as he demonstrated, can easily be done if you have, say, 40 or so minutes to give to the project and perhaps an extra quart of disinfectant on hand to do it properly.

In the British Spectator, Theodore Dalrymple, apropos of the coronavirus, makes the distinction between genuine danger and the frisson of danger, the latter being available to us through horror movies, roller coasters, thrillers, the former being true terror, and concludes that the coronavirus entails genuine fear. "A mixture of definite statistics - the absolute or cumulative number of deaths day by day, for example - and projections of present trends indefinitely into the future, together with unknown quantities such as the true rate of mortality and an absence of any sense of proportion," he writes, "promotes obedience and a trust in authority as the only shield we have." What we are afraid of, of course, is an all but arbitrary death by germ. "Seven thousand old people have died in Italy, 13,800,000 have not," Dalrymple writes, "but the 7,000 are infinitely more real to us than the 13,800,000, and further deaths, even at a slowing rate, can only reinforce our fears." None of us wants to die for no better reason than that we came too close to a stranger carrying the virus or put our hand on an infected counter or package, or an index finger on an elevator button. To do so, not to put too fine a point on it, would be unreasonable.

How would Epicurus (341-270 c.e.), that most reasonable of philosophers, have confronted the coronavirus? Epicurus, contra Montaigne, instructs us to get our minds off death. Not to worry, he advises. After death comes oblivion, in which you will be returned to the state you existed in before you were a child. As for rewards or punishment in the afterlife, perish the thought, for if there is no God or gods, then worrying about His or their judgment is a waste of time. The same goes for pain. Two possibilities here, either it will go away or it will worsen and you will die, upon which benign oblivion will follow. Hey, no problem! Yet why do I see Epicurus, were he alive today, washing his hands yet one more time and checking for his face mask before leaving the house? The man was a philosopher, true, but he was no damn fool.

Joseph Epstein is an essayist and scholar. This article appears as "Death and the Virus" in the April 20, 2020, print edition of National Review. Joseph Epstein granted The Michigan Psychologist permission to reprint it.

(Please contact Dr. Steve Ceresnie about this article by Joseph Epstein, sceresnie@aol.com)

Eight Ways to Smash, Not Just Flatten, the Coronavirus Curve

By Susan M. Malinowski, MD, FACS

As a surgeon, I sometimes deliver bad news. The reactions are predictable: denial, anger, bargaining, depression and, eventually, acceptance. Dr. Elizabeth Kubler-Ross in her classic 1969 book, On Death and Dying, described how we transition across these stages of grief when we receive bad news. I see the coronavirus pandemic forcing our nation along a similar journey, but we can't languish - we must get to the final stage, acceptance, so we can act and minimize harm. We are clearly not there yet.

On January 23, 2020 Wuhan, China was quarantined. I remember hearing the news and realized this was the biggest story of the decade, if not the century. Yet the lockdown of Wuhan was sandwiched between stories of therapy animals on planes and whether Superbowl Sundays should be moved to Saturdays.

On February 3, 2020 I presented to a corporate investment committee giving my perspective, as a doctor, on why COVID-19, then only in China, would cripple the US, if not the world. I predicted that the virus would spread to Europe and the US and suggested selling equities and shifting into cash. I explained the Kubler-Ross stages of grieving, and how our country and most of the world was in denial. Most in the room looked at me like I was Henny Penny saying the sky was falling. I tried to tell my doctor friends - many of them laughed at me and said I was an alarmist. My friends would not listen. I tried to prepare as best as I could on my own.

In mid-February I shared my concerns with the White House. I stressed that our biggest issue was our inability to test and that without testing we wouldn't even be able to isolate the first few hundred Americans with the virus. If we couldn't isolate, this would spread like wildfire. I was amazed that the CDC was controlling the testing, and this was causing significant, fatal delays and mistakes. After a few days, the White House responded, apologized, and offered to talk with me. In my email reply I stated:

"No need to apologize. I am sure you are very busy. I am extremely concerned about testing being so centralized. Looks like this has been resolved given the latest

announcement by FDA/CDC (that day's announcement which allowed a few more sites to test). I am still concerned about whether there will be enough testing kits? I won't take up your valuable time with a phone call, but I would suggest stockpiling kits and trying to curb export of kits, if possible. Since vaccine and treatment are at least a year away, early diagnosis and containment will be the only control of spread. This is not a matter of when, but when and to what extent."

I (mistakenly) believed the many CDC/FDA announcements about getting millions of kits out in a matter of days. That never materialized.

As a doctor I kept seeing patients who needed urgent care. Along the way I was beyond exhausted and had spiked some low-grade fevers. In the Detroit area, I tried to get tested for the virus and learned there were no reagents available even for a frontline doctor. Only critically ill patients being admitted with symptoms would be tested. One internist told me he had sent a middle-aged patient to the hospital with COVID-19 symptoms, who had also been hugging (and later proven) COVID-19 positive bowling buddy, but the hospital wouldn't test him as he wasn't considered sick enough. He was sent home and died 10 days later.

I noticed I had lost my sense of smell (something many COVID-19 patients experience) for a couple of weeks afterwards, but otherwise have felt fine since then. The good news for me was that if I did have it, I likely had antibodies. Just recently, through a study, I found out that I do have antibodies, so I was infected with COVID-19, and I am truly blessed to have recovered unscathed.

I am frustrated to see how New York has been stricken, and although now stabilizing, remains far from recovery. While we are appropriately pouring resources into hotspots, many other cities, including Detroit, where I live, will continue to fight this disease. We are figuratively playing wack-a-mole with limited resources in city after city. This is no way to cure the epidemic. I believe that just as we get this under control, Fall will come and it will start all over again.

If we want to control this crisis and maybe see our kids in summer camp and school in the Fall, we must start accepting the facts. Stop the denial, anger, bargaining, depression and embracet what we must do. Here it is:

1. Stop Looking to China for Facts and Support.

China claims to be going back to work and says it is back with no more new cases of COVID-19. This is simply not true. Western journalists have been kicked out or their visas not renewed. Their kids are still not going to school. There are no known business events. The pollution charts are nowhere near pre-COVID-19 levels. As in the book "House of God" by Samuel Shem, if you don't check a patient's temperature, you don't know if there is a postoperative fever and infection, China reports no new cases because they appear to have stopped all COVID-19 testing.

Meanwhile, a funeral parlor is reported to have ordered thousands of additional funeral urns, Shanghai closed all its movie theaters and social media reports about any virus situation are immediately shut down. Let's not forget what happened to the doctors who first reported the epidemic - they are dead. They supply us with far too many overpriced and faulty masks, gown, gloves and antibody tests.

2. Go to War Time Footing

President Trump ordered GM to produce ventilators, while other companies are changing their manufacturing to help in this war. Ford is also making ventilators. The hockey company Bauer is making face masks. Mr. Trump has to go further and start ordering companies to make antibody/antigen test kits, N95 masks, scrubs, hospital needs, reagents and necessary drugs. We can't rely on China, India or even our allies. The majority of basic, life-saving ICU drugs are made in China and the hard-hit area of Lombardy, Italy https://podcasts.apple.com/us/podcast/the-peter-attia-drive/id1400828889?i=1000470102859. We must rely on ourselves.

3. Convert Grounded Airplanes to Mobile Hospital Beds for non-COVID Patients.

Commercial airliners are mostly empty or grounded. It is easy to take the seats out of planes. Commercial airliners have appropriate air filtration systems. Place cots and make simple stations for multiple patients with less threatening disease. Take the more stable, less ill patients and put them into commercial airlines.

Free up space in the hospitals for the sickest. As infection rates drop in a given city, move these mobile beds, doctors, and supplies to areas of highest and increasing infectivity. We are putting a lot of effort into converting stadiums and arenas, but as the infection wanes, these makeshift, temporary hospital wards will be dismantled. A plane could move from place to place without dismantling which would save time and money. Also, this will give so many more people who want to work a sense of purpose and productivity! And the empty airports can all be converted to space for even more patients who do not need the filtered air.

4. Immediately Stop Exporting These Limited Supply Life Saving Products

We have been shipping COVID-19 test kits around the world (including China) since January, and people are dying in the US because they can't be tested. This is insanity. It was nice of us to ship masks and ventilators to China, but now it is time to focus on Americans.

5. Start Producing Massive Amounts of Antibody Tests and Immediately Test all Health Care Workers and First Responders

Antibody testing is easier than testing for active infection: a simple finger stick, a few drops of blood mixed with the reagents, and an answer in under 15 minutes. Simple, accurate, and immediate if the test is reliable. The FDA is allowing faulty test kits into our country. The FDA has authorized some reliable kits such as a Korean company's product to be sold in the US (through distributor Harry Schein). On the other hand, other US companies such as Chembio, based in New York, have just sold half a million antibody test kits to Brazil. Biomedica, based in California, is selling to Europe.

This is not meant as a criticism of these companies, but we need to keep these test kits here. We need a massive effort to get these antibody tests out to as many people in the US as soon as possible. We need to maximize the frontline health care workers and we need to get people back into the economy in many other jobs. As a recent Wall Street Journal editorial, my husband and I helped inspire, emphasized that we need these tests to

get, and to keep, our economy going - we need to gear up and make antibody testing of the entire population a national priority https://www.wsj.com/articles/got-coronavirus-antibodies-11585782003. Immediately.

I had COVID-19. There is a lot of controversy about long-term immunity. I agree, we don't know, but I think short term immunity is quite possible. If COVID-19 is like every other virus, then once you have had it, at least in theory, you are extremely unlikely to get it again in the same season. How often do you get the flu in the same season?

Every healthcare worker should be tested both for the virus and for having had the virus. Those that have had it can more easily work and help take care of patients. Imagine a whole army of "supermen and women" immune to the virus (hopefully, like me). I can volunteer at hospitals and clinics with less fear of getting sick. I probably don't require the same degree of personal protection equipment as an antibody negative individual. Society would begin to function again. Quarantine and lockdown restrictions could be relaxed with more knowledge and direction.

I believe we have reached a point where antibody testing is far more important than testing for active viral infection. Given the rampant ubiquitousness of COVID-19, we should assume that anyone who has symptoms is positive. We already should consider that we are all infected or carriers of this disease. We need to figure out who has had it, who has recovered, and who is immune, at least for the short term.

The lack of accurate testing is the tidal wave that we still face. Our initial failure to act with testing for the virus caused the US to have the largest number of cases globally. And those are just the tested people we know about. The truth is that at least as many Americans have had the virus and cannot be tested. We need to do what the Netherlands and Germany is doing and test large samples for antibodies. They are learning, as the Italians and Koreans have said - many people have no idea how they got this virus, are asymptomatic, and, most importantly, immune.

6. Don't Stop to Smell the Roses - Smell the Garlic

Until we have adequate testing, don't ignore this simple symptom. Yes, there are other causes for loss of smell, but take it from someone who's been there, the loss of smell is profound. Get a jar of chopped garlic and monitor your sense of smell along with temperature every day. If you can't smell the garlic, even in the absence of other symptoms, quarantine for 10-14 days and wait for it to return. Then get a reliable antibody test when it becomes available. Join those that can go out and help others.

7. Wear a Mask and Gloves

The CDC initially recommended people not wear masks., now they are backpedaling. But it is still not a mandate. Make it your mandate. What is the downside to wearing a mask? Nothing. There is so much discussion about aerosols and droplets - how big, how much, how far. Does it really matter?? The bottom line is that when we talk, sneeze, clear our throats, or cough we spread disease. Period. N95 masks protect our healthcare workers and those in close proximity to gravely ill patients. N95 masks decrease the risk of contracting the disease in high risk situations.

For the average person, a simple, even homemade, mask of paper towels sandwiched between cotton can help to prevent the spread infection to others. Have you ever seen the particles floating in a ray of sunshine in your kitchen? Imagine thousands of

viral particles doing the same.

Just last week, Dr. Lydia Bourouiba from the Massachusetts Institute of Technology demonstrated the extent of particle travel in JAMA. This video says it a l l , https://jamanetwork.com/journals/jama/fullarticle/2763852. Wear a mask and decrease the risk of infecting others.

Face masks also keep you from inadvertently touching your face when you are out and about. If you have gloves, wear those as well when you go out. To conserve, you can wash the gloves like your hands when you get home. Wash your hands when you remove the washed gloves. Let them dry for two days before wearing again.

8. Open Your Windows

For years, hospitals had open windows to decrease transmission rates of polio, measles, and TB. Now, we have closed window hospitals with sophisticated air flow systems. Yet, there have been numerous cases of COVID-19 spreading in China in tall apartment buildings and on cruise ships, presumably through the duct systems. In 2007, to study ways to decrease rates of influenza in case of a pandemic,

British researcher Dr. Rod Escombe in "Natural Ventilation for the Prevention of Airborne Contagion" https://core.ac.uk/download/pdf/13098227.pdf found that just by simply opening the windows in rooms with tall ceilings resulted in twice the air flow exchange versus modern day, closed window systems. He estimated that in mechanically ventilated rooms, 39 percent of susceptible people would become infected after 24 hours of exposure to an untreated TB patient. This compared to a 33 percent infection rate in modern rooms with windows open and 11 percent in a pre-1950-style room with high ceilings and open windows. Open the windows at work (if you still have to go to an office or business) and do the same at home.

The Bottom Line

I once had the opportunity to do an arrested landing on an aircraft carrier. Seconds before the landing, they yell "Prepare, prepare, prepare!" Your heart is pounding, but in the blink of an eye, you grab your harness, push your feet firmly into the ground, tuck your head and take a deep breath. Seconds to get it right. I am yelling, "Prepare, prepare, prepare!" I hope you are listening. We have a window for action to save our people and our economy from maximum devastation. We must immediately move past denial and anger, and move to acceptance and action.

Susan M Malinowski, MD, is a vitreoretinal surgeon, inventor and partner in Retina Consultants of Michigan. Born in Warsaw, Poland, she grew up in the Detroit area and completed her undergraduate and medical education at the University of Michigan. Her training has taken her all over the country including the University of Iowa and the Medical College of Wisconsin. Dr. Malinowski undertakes research, writes, and lectures worldwide on new treatments for blinding retinal illnesses. She pioneered a surgical technique reattaching the retina to genetically deficient optic nerves, invented the Vitreous Trap for collecting surgical specimens and most recently created a new, less costly and more patient-friendly treatment technique (slurry Kenalog) for an extremely common form of blinding retinal disease. She is a fellow of the American Board of Ophthalmology, the American Academy of Ophthalmology and a member of the American Society of Retina Surgeons.

(To comment on this article, contact Dr. Malinowski at

smmalinowski@aol.com)

COVID-19 Resources for Families

By Sarah Domoff, Ph.D.

How families can cope with COVID-19:

- The National Child Traumatic Stress Network's Parent/Caregiver Guide to Helping Families Cope With the Coronavirus Disease 2019
- Common Sense Media's Help Your Family De-Stress During Coronavirus Uncertainty
- American Psychological Association's Pandemic General Resources

How families can stay up-to-date with COVID-19 news:

- Centers for Disease Control and Prevention's Coronavirus Disease - 2019 and Children

How families can cope with social distancing:

- American Psychological Association's Keeping Your Distance to Stay Safe

How to talk to children about COVID-19:

- National Association of School Psychologists' Talking to Children about COVID-19 (Coronavirus): A Parent Resource
- Substance Abuse and Mental Health Services Administration's Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks
- NPR's Just for Kids: A Comic Exploring the New Coronavirus

How to keep children occupied at home- Play ideas:

- Melissa and Doug's Free-Play Tips
- Browse your favorite museum's virtual collections by using fun search terms for engaging content. For example, children can search for art with animals at the Art Institute of Chicago. The Detroit Institute of Arts and Henry Ford have digital collections as well.
- LA ist's Kids Stuck At Home? Here's How To Keep Them Busy And Grow Their Brains At The Same Time

How to keep children occupied at home- Co-view age-appropriate media as a family:

- Common Sense Media's Sibling Watch-Together TV
- Common Sense Media's Best Documentaries

PBS' How to Talk to Your Kids About Coronavirus (episode links provided at end of article)

This information comes from the Sarah E. Domoff, Ph.D., (website: www.sarahdomoff.com). Dr. Domoff is an expert on children's media use and problematic media use in adolescents. She is Director of the Family Health Lab, Central Michigan University. You can follow her on Twitter (@sarah_domoff).

(To comment on this article, contact Dr. Domoff at domof1se@cmich.edu)

Pandemic Panic

By Dennis Ortman, Ph.D.

Something invisible has stopped the world in its tracks, humbling us, making us aware of our vulnerability. It is the Coronavirus. Despite our technological prowess, we are not the masters of the universe we imagined. Mother Nature still rules. As the world-wide epidemic sweeps across America, President Trump has declared war on this invisible enemy. He has mobilized the forces of scientists, healthcare workers, and business leaders to combat the virus. As a psychologist, I am among the ranks of the battle-ready.

The front-line workers confront the enemy face-to-face in the patients they treat. They are the hospital service people, aides, technicians, nurses, doctors, and first responders. I admire their courage and salute them. They risk their lives daily, inadequately armed, and many have fallen in the fight. I am a back-line worker as a psychologist, fighting another invisible enemy, fear. Pandemic panic can be as contagious and pernicious as COVID-19.

Living in Michigan, our governor has shut down all but essential services. Clearly, psychologists offer an essential service in these desperate times. How important is our work was brought home to me by my daughter's recent illness. She has been home with her family for the past three weeks, living in a bubble for protection, as the governor requested. Suddenly, she developed a fever and sore throat. Imagining the worst, she went to urgent care. What relief she felt when the doctor told her she had strep throat. We all wondered how she contracted that bug while in isolation. She admitted that she felt stressed out by the epidemic. Knowing the mind and body are connected, emotional stress weakens the immune system, making us vulnerable to diseases. So, I see myself as a first-line defense in helping my patients reduce their anxiety and strengthen their immunity to the virus.

I go to the office every day to meet with my patients and have phone therapy with them. I am fully aware that I am not immune to pandemic panic, to imagining the worst. To be of service to others, I must care for myself. "Physician, heal thyself" is my motto. The nightly news reports of staggering numbers of new cases and deaths, nightmarish hospital scenes, and heart-breaking family stories can overwhelm me. I titrate my daily information intake to the 6:30 national news. I miss going to the gym, playing golf, and watching sports-the guy things. I also miss seeing my family and friends, even though we are in regular phone contact. I intentionally avoid fruitless debates about political blame, conspiracy theories, and signs of Armageddon. Does debating really benefit me in living safely and fully in the present moment? Instead, my buddies and I share humorous quotes and cartoons to relieve the heaviness of our fear. As one patient of mine related, "Social distancing ought to be more accurately called physical distancing." While not congregating, we still need social connection for our wellbeing. Finally, as an introvert, I am accustomed to time alone when I welcome reading, reflecting, and praying. I go for brisk walks and enjoy the outdoors. What I learn in caring for myself, I share with my patients.

In therapy sessions, I have been inquiring how my patients are coping with the confinement, loneliness, and fear. Regarding their quarantine, I ask if they experience it more as a prison or retreat. Almost all have told me that it feels mostly like a retreat. Perhaps my encouragement of them to relax and observe themselves is paying some dividends. However, as the quarantine drags on for weeks, they may change their tunes. Surprisingly, my most emotionally fragile patients struggle little with the virus fear. They do not sweat the big stuff, only the small stuff. For example, they may agonize for years about a rude comment. My patients also complain about so much closeness with restless, arguing kids and bored partners that, they say jokingly, it will eventually lead to the doorsteps of the obstetrician, Alcoholics Anonymous, Overeaters Anonymous, the divorce attorney, or the undertaker ("We might kill each other!"). We work on maintaining boundaries for self-care.

Concerning loneliness, my patients admit missing their usual activities and socializing. Being alone with themselves is probably their greatest struggle. That is not surprising, when you think about it. Mother Teresa founded a religious order to serve "the poorest of the poor." When she opened homes in India, everyone nodded. But when she opened residences in the United States, people scratched their heads. She explained that the United States is the loneliest country in the world. We experience emotional and spiritual poverty. We are so busy chasing after possessions, money, status and success, competing with each other to be number one, that there is little time or energy to relax with ourselves. Consequently, we become estranged from ourselves, and our relationships remain superficial. I tell my patients, "The antidote to loneliness is solitude. You cannot be any more intimate with another than you are with yourself. You can only make friends with yourself by spending time alone with yourself." If we enter deeply into the silence and solitude, we learn we are never alone because we are intimately connected with the universe. I continually invite my patients to stop and listen to the still voice within. And to take it seriously.

During this crisis, we are living in the shadow of death. Each night the evening news confronts us with stark images of death, which make our fears go viral. We live in a death-denying culture. We prefer to anesthetize ourselves by keeping busy and distracted. However, therapy asks us to sit alone with our fears. Chogyam Trungpa, a renowned Buddhist teacher, said, "Bravery is not being afraid of ourselves." It takes courage to be still and acknowledge to another everything that overflows from an agitated mind. For example, a middle-aged patient told me this week that he had an emotional breakdown and could not stop crying. He reported that he was reading a novel and suddenly felt overwhelmed by a nameless terror. I told him that it was a breakthrough of suppressed feelings, and not a breakdown. Together we sorted out the experience that terrified him. He said he was worried about dying from the virus and not doing all the things he planned. He thought about his legacy and did not know what it would be. His life seemed a meaningless waste. During therapy, I accompany my patients on the terrible and wonderful journey of exploring the vastness of their minds. I tell them to lean into their fears and not avoid them. We then explore what they can teach us. Joseph Campbell, an expert on myths, wrote, "The cave you fear to enter holds your treasure." Entering the dark cave of fear, we discover what we are afraid of losing and hold on to too tightly. We learn, then, what we treasure, and further, can ask if it matches the largeness of our hearts. Jesus, another wise teacher, proclaimed in his Sermon on the Mount, "Where your treasure is, there is your heart."

The word "crisis" implies both danger and opportunity. The anxious mind sees only danger, what can go wrong. The wise mind glimpses opportunity and joins the battle with compassion and wisdom. Despite the noise of mass hysteria, we hear a compassionate voice, "We are in this together."

There are countless stories of people coming forth, risking their lives, to help others. There is a dawning awareness of our connectedness. But how far does it reach in

our minds: to our community, our nation, the entire world? Our planet is a mere speck in the boundless, expanding universe. Our tiny planet is so fragile and cries out for care. Soon the epidemic will engulf the whole world. As our flu season ends, the time of disease will likely take hold in the southern hemisphere. We have an opportunity to extend our compassion to our southern neighbors, sharing our knowledge, resources, and personnel. We will also share the wisdom gained through our travails.

Dr. Fauci, the spokesperson for the CDC, is the voice of scientific reason. He says, "The virus will let us know." We listen and then respond from our knowledge base. However, there is a deeper wisdom gained by entering the desert of emptiness during the stay-at-home home order. All the founders of the great religions chose to go to the desert to prepare for their missions: Moses, Jesus and Mohammed; although Buddha went to the forest. There they spent time alone in silence and faced their demons. In our quarantines, our individual desert experiences, we encounter our demons, wrestle with our fears, and confront our virulent thinking. What will we learn about our attachments to health, possessions, power, status, relationships, to what is important, but does not last? What lasts for us and is worth the dedication of our lives? What is our ultimate concern? We know that this illness will pass, will have its season. Facing the temptation of despair with a wise mind, we may learn, as Julian of Norwich proclaimed, "All will be well, and every kind of thing will be well."

May the compassion and wisdom born of this battle spread like a virus around the world.

(To comment on this article, contact Dr. Ortman at dortman@aol.com)

Time, Time, Time, What's Become of Me?

By Jack P. Haynes, Ph.D.

During the pandemic, some people continue to work in direct services---grocery store and pharmacy employees, public safety and transportation workers, restaurant carry out staff, and other essential employees. Psychologists as well as diverse health professionals, work in essential services also, but many work remotely, typically from their homes by Zoom, Skype, telephone, or other means of communication. They may need to organize their time differently.

However, many tens of millions---check out the staggering but not surprising new unemployment numbers---are housebound in all sorts of circumstances, including all students from kindergarten to graduate school-experiencing varying communications options. Most of these people have considerable time available that they did not previously "have."

How do homebound people spend their time during the pandemic? Certainly, many people are likely to be watching, surfing the internet, participating in social media emailing, forwarding internet jokes and stunts, performing internet jokes and stunts, playing internet games, playing home electronic or board games, placing phone calls, infrequently writing letters, reading, pet care and entertainment with pets, walking or running outside, gardening/yardwork, listening to music or playing music or singing, drinking alcohol or ingesting other substances, creating arts and crafts, doing projects, doing home improvement, sitting and talking, and, of course, other physical interactions that by definition do not involve social distancing. (I am fairly certain that I have omitted

numerous activities beyond these stated 25.) Homebound people report doing all sorts of things, much of it escapist, fun, or entertainment-oriented, but some activities can be productive.

Of course, there is no clear guidance on how to spend homebound time during a pandemic. My experience with other people, including some clients, as well as my own experience is that some balance may be helpful; time spent in just entertainment or just diversion all the time, week after week, can become tedious---and also can feel meaningless and empty.

As a suggestion, one could spend some time, even a shard of time, under these homebound circumstances working on or completing previously avoided tasks that are not going away. You can still avoid them, but the available time is right here and right now. And there often is some sense of accomplishment or feeling of being productive that can be gained by completing previously avoided tasks.

One characteristic of this kind of time (Pandemic Standard Time?) is opportunity. I have recently been reading about historical examples of opportunities taken during pandemics. Two individuals, Giovanni Boccaccio (1313-1375) and Isaac Newton (1642-1727), each were remarkably productive during a pandemic. As a result, history was altered.

But, not all pandemics leave a significant cultural trace. For example, the 1918 Flu Pandemic (sometimes erroneously labeled the Spanish Flu) which arrived at the end of World War One did not apparently stimulate production of much significant art or other types of results. However, Boccaccio and Newton provide us with excellent examples of what can be accomplished while being isolated during a pandemic.

Giovanni Boccaccio

Author Giovanni Boccaccio wrote *The Decameron* which is considered one of the greatest works of world literature. This work of art, a significant part of the foundation of western literature, influenced medieval and then Renaissance and, finally other writers, for centuries. It is equivalent in stature to Dante's *Inferno*.

The Decameron was written during the European pandemic of 1345-1350. It is a work primarily of prose fiction and is set outside Florence, which was devastated by the pandemic beginning in 1348. Historians believe about 50 to 60% of the population of Florence died in that pandemic. Both of Boccaccio's parents apparently died during that time.

Boccaccio likely began writing his book in 1349 at age 36 when the pandemic was in full force. In fact, the pandemic was the backdrop for *The Decameron*. The completion date of the book is understood to be 1350-1352 (nearly 100 years before Gutenberg's printing press).

The European pandemic (Bubonic Plague/Black Death) in Boccaccio's time was caused by bacteria, unlike the current pandemic which is viral. After that first wave of bubonic infestation, the plague continued intermittently for hundreds of years, until the late 1700s. The transmission of the Bubonic Plague originated in infected fleas attaching to rats, and sometimes directly to humans.

Bacteria itself was not even scientifically discovered until 1676, more than 300 years after Boccaccio lived through that bacteria-based pandemic. Understanding the link

between bacteria and disease transmission did not occur until considerably after that. Interestingly, however, quarantine (the term derived from the Italian *quarentena*, a 40 day period of isolation by people to ensure that they did not become infected as a public health strategy) began with the Bubonic Plague. The characters in *The Decameron* isolated themselves in an abandoned villa outside Florence.

In the prologue to *The Decameron*, Boccaccio explains his purpose as comfort and entertainment during the difficult time of the plague. The book tells the story of 10 people who meet in a church and then leave town to stay in a villa. They entertain themselves and keep their spirits up while isolated. The work is lengthy- my copy is nearly 700 pages- is considered by scholars to be an accurate depiction of life in Florence during the plague.

Each of the 10 people (three men and seven women) tells a total of 10 stories on a set theme for each of the 10 days. The stories involve such diverse topics as humor and satire, intrigue, love, carnal desire, deceit, friendship, violence, social class, and compassion. Each day ended with a song.

Isaac Newton

One of the subsequent and one of the last of the most destructive manifestations of the Bubonic Plague erupted in England in 1665 and was known as the Great Plague of London. About 20 to 25% of London's population died during an 18-month period. To make matters worse, the Great Fire of London of September, 1666, coincided with the plague. Not many people died in the Great Fire, but unbeknownst to them, it did kill off many of the rats and fleas that harbored and transmitted the pandemic - which then rapidly subsided.

At age 23 in 1665, scientist and mathematician Isaac Newton fled Trinity College in Cambridge for his family farm 60 miles away. He stayed nearly two years, until the spring of 1667. At the farm, Newton continued work on universal equations, and by the end of his stay he had progressed in his work to the development of fluxions, now known as calculus. He also made advances in analytical geometry.

While at the family farm Newton analyzed color and light with prisms, and he made progress in the science of optics. He conducted experiments which invalidated the prevailing understanding that colors were modifications of white light.

At the farm, Newton also advanced the study of inertia and gravity which dealt with motion through time and space. Eventually, this work led to his positing the Laws of Motion. (Some believe that the famous story of an apple falling from the tree onto Isaac Newton's head actually took place then and there; Reportedly that farm still exists, and apple trees do grow on the property.)

The pandemic which caused Isaac Newton to flee Cambridge for the countryside may not have caused his creative scientific thinking. One of Newton's biographers (Richard Westfall in the book *Never at Rest)* states that during the year before the pandemic while studying for exams Newton wrote a list of problems that he was trying to solve: ... "matter, place, time, and motion....the cosmic order, then...light, colors, vision." But Newton, a giant of science, appears to have facilitated his ability to concentrate his prodigious cognitive powers in a healthy and conducive environment during the pandemic. It also appears this brief period of time was consistent with his long-term persistent effort. It has been said that at one point in his life, Newton was asked how he had worked out gravity, and Newton replied "By thinking on it continually." Another

quote attributed to Newton was that during the two plague years he had been "in the prime of my age for invention & minded Mathematicks & Philosophy more than at any time since."

There may or may not be Boccaccios or Newtons among us now. Nevertheless, for all of us the question right now and always is: How are you spending your time?

(To comment on this article, contact Dr. Haynes at jackphaynesphd@comcast.net)

THE SUSTAINING MPA MEMBERS

These individuals have shown their support of MPA by choosing this dues category.

John Braccio, Ph.D.
East Lansing, MI

Joy Wolfe Ensor, Ph.D.
Ann Arbor, MI

Larry Friedberg, Ph.D.
Bingham Farms, MI

Stacey Gedeon, Psy.D.
Houghton Lake, MI

Jack Haynes, Ph.D.
Bloomfield Hills, MI

Thomas Hulbert, Ph.D.
Southfield, MI

Michelle Jesse, Ph.D.
Troy, MI

Pamela Ludolph, Ph.D.
Ann Arbor, MI

William Medick II, Ph.D.
Grosse Ile, MI

Howard Moore, Ph.D.
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Ann Arbor, MI

Cynthia Rodriquez, Ph.D.
Ada, MI

Thomas Rosenbaum, Ph. D.
Ann Arbor, MI

Valerie L. Shebroe, Ph.D.
East Lansing, MI

Kristin Sheridan, Ph.D.
Mt. Pleasant, MI

Jared Skillings, Ph.D.
Washington. DC

Raymond Skurda, Ph.D.
Mt. Clemens, MI

Debra Smith, Psy.D.
Marquette, MI

Lewis Smith, Ph.D.
Troy, MI

Chris Sterling, Psy.D.
Grosse Pointe, MI

Judy Tant, Ph.D.
East Lansing, MI

Mental Health and the Covid-19 Pandemic

By Betty Pfefferbaum, M.D., J.D. and Carol S. North, M.D., M.P.E.

Uncertain prognoses, severe shortages of resources for treatment and protection, imposition of new public health measures, and conflicting messages from authorities, among other things, contribute to widespread distress and increased risk of psychiatric illness associated with Covid-19. Health care providers are importantly involved in addressing these issues of the pandemic.

Public health emergencies may affect the health, safety, and well-being of both individual and communities. A wide range of reactions may result, including unhealthy

behaviors and noncompliance with public health directives. Extensive research in disaster mental health has established that emotional distress is ubiquitous in affected populations.

After disasters, most people are resilient and do not develop psychopathology. Indeed, some people find new strengths. In disasters, technological accidents, and mass destruction situations, a primary concern is post-traumatic stress disorder (PTSD) arising from exposure to trauma. Medical conditions from natural causes such as life-threatening viral infection do not meet the current criteria for traumas required for a diagnosis of PTSD,1 but other psychopathology such as depressive and anxiety disorders do.

Some groups may be more vulnerable than others to the psychosocial effects of pandemics. This would include those who contract the disease, those at heightened risk, including people with preexisting medical, psychiatric, or substance abuse problems. Health care providers are also particularly vulnerable to emotional distress in a pandemic, given the risk of exposure to the virus, concern about infecting their loved ones, shortages of personal protective equipment, and involvement in ethically-fraught resource-allocation decisions. Screening for mental health problems, psychoeducation, and psychosocial support are important.

Beyond stresses inherent in the illness itself, mass home-confinement directives are new to Americans and raise concern how people will react individually and collectively. A recent review revealed numerous emotional outcomes, including stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma associated with quarantine. Specific stressors included greater duration of confinement, having inadequate supplies, difficulty securing medical care and medications, and financial losses.2

A study conducted in communities affected by the SARS virus in the early 2000s revealed that although community members, affected individuals, and health care workers were motivated to comply with quarantine, emotional distress tempted some to consider violating their orders.3

Monitoring psychosocial needs and delivery of support are curtailed by large-scale confinement. Telemedicine aids in the delivery of psychosocial services. With Covid-19 assessment and monitoring should include queries and stressors, secondary adversities, psychosocial effects, and indicators of vulnerability. Some patients will need referral for formal mental health evaluation and care, while others may benefit from supportive interventions designed to promote wellness and enhance coping. Suicidal ideation may emerge and necessitate immediate consultation with a mental health professional or referral for possible emergency psychiatric hospitalization.

Regarding the milder end of the psychosocial spectrum many experiences can be normalized with information provided about usual reactions to this kind of stress and that people can manage. Health care providers can offer suggestions for stress management and coping, and can link patients to social and mental health services and counsel patients regarding self-referral in the future. For some, emotionally disturbing media reports of pandemic-related news should be monitored and limited. Open discussions should be encouraged of parents with children to address their children's reactions and concerns.

For health care providers themselves, the many sources of stress indicates the important of self-care. This can include mental health support, information about the virus and its effects and risks, monitoring one's own stress reactions, and seeking appropriate assistance. Health care systems needs to monitor health professionals' reactions and performance, alter assignments and schedules, modify expectations, and

create mechanisms to offer psychosocial support as needed.

Most Covid-19 cases with be identified and treated in health care settings by workers with little or no mental health training. It is imperative that assessment and intervention for psychosocial concerns be administered in those settings. Ideally, the integration of mental health considerations into Covid-19 care will be addressed at the organizational level through planning; mechanisms for identifying, referring, and treating severe psychosocial consequences; and ensuring he capacity for consulting with specialists.4

Education and training regarding psychosocial issues should be provided to health system leaders, first responders, and health care professionals. The mental health and emergency management communities should work together regarding development and dissemination of evidence-based resources. Risk-communication efforts should anticipate the complexities of emerging issues. Mental health professionals can help craft messages to be delivered by trusted leaders.4

The Covid-19 pandemic has alarming implications for individual and collective health and emotional and social functioning. In addition to providing medical care, already stretched health care providers have an important role in monitoring psychosocial needs and delivering psychosocial support. These activities should be integrated into general pandemic health care.

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About the Authors:

Betty Pfefferbaum, M.D., J.D.: The Department of Psychiatry and Behavioral Sciences, College of Medicine, University of Oklahoma Health Sciences Center, Oklahoma City.

Carol S. North, M.D., M.P.E.: The Altshuler Center for Education and Research, Metrocare Services, and the Division of Trauma and Disaster, Department of Psychiatry, University of Texas Southwestern Medical Center - both in Dallas.

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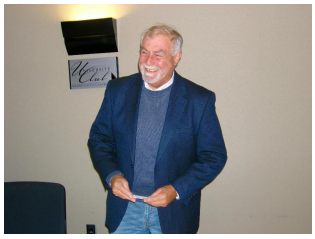
Executive Director's Report



Covid-19 and MPA's Plan

LaVone Swanson
Executive Director

As the Editor said, this is a Special Issue: The Pandemic o f *The Michigan Psychologist*.

MPA has been posting to the MPA website articles regarding all things COVID-19; following are two such postings:

MPA Responses to COVID-19 Issues

- Joint letter from MPA-APA to Insurers
- Joint letter from MPA -APA to Governor Gretchen Whitmer and Anita G. Fox Director, Michigan

Telepsychology

May 1, 2020 ALERT: Phone only telehealth services for Medicare during COVID-19. Find information for billing HERE.

Telehealth guidance by state during COVID-19: Check out MI State Actions, here.

To see the complete list of postings, click here.

Status of Upcoming CE Programs

The MPA Insurance Committee will be holding a CE Program on June 19, 2020. This program will be presented via Zoom. A full day of programming is planed starting with our keynote speaker, Scott Miller, PhD, for the morning session. For the afternoon, we have several speakers presenting: Dr. Simmer, VP, BCBS; Dr. Stephen Gillaspy, PhD, APA's new senior director for the Office of Health Care Financing; and Dr. Ken Salzman, PhD.

The ECP Committee has planned a full-day Conference for October 1, 2020. As of right now this is planned to be an-in-person program, but plans are also being considered to hold it as a Zoom program as well. Watch for details this summer.

The *3rd Annual MPA Michigan Health Psychologist Symposium* will be held on October 30, 2020, at Crystal Gardens in Howell, but plans are also being looked at to hold it as a Zoom program. Details will be forthcoming this summer.

As always, I welcome your input, questions and concerns about MPA. Feel free to contact me at any time via email.

(I welcome your input, questions and concerns about MPA; you can contact me at lavone.swanson@gmail.com)

Jest for the Health of It!

Also For Psychologists

Review of The Plague by Albert Camus; Vintage Books International Edition, 1991 (Translation by Stuart Gilbert)

By Jack P. Haynes, Ph.D.

The Plague, published in 1947, is Albert Camus' most successful novel. The book was the winner of the 1957 Nobel Prize for Literature, and Camus became the second youngest recipient of that award which has been given annually since 1901. The Plague has also been described as the greatest European novel since World War II. It has been translated into many languages and never has been out of print. It was immediately viewed as a classic - even before the death of Camus in a car accident in 1960.

Camus was a French intellectual, philosopher, author, and journalist. He was active in the French Underground resistance to the Nazis. He used a pseudonym for his resistance articles to avoid being captured. After the war, he was critical of the spread of

nuclear weapons and was very focused on civil rights and human rights. He strongly condemned terrorism. Camus was an activist against oppression, injustice and any movement he perceived as disrespectful to the human condition. Camus was a writer of plays, novels and other books, two of which were published posthumously. His ideas continue to influence us today.

I experienced The Plague, set in an Algerian coastal town, to be very engaging and vivid. I read the 300 plus page book over a period of two days. The language is clean and spare, with impact. In addition to what I experienced as I read this absorbing and dynamic story, the book can be viewed on several levels. First, it is a philosophical novel, but it is also a novel of plague, which topic Camus thoroughly researched prior to writing the book. Elements of the story, including heroism, resonate---sometimes almost startlingly---with specific circumstances that have emerged in our pandemic. Camus understood pandemics, and he also understands human nature.

The dynamics and effects of quarantine are central to the story and so is the conflict over different ways of viewing the circumstances. For example, the scientific view (Dr. Rieux) is contrasted with the religious view (Father Paneloux) regarding the cause of the pandemic, especially the suffering aspect. Styles of coping with the pandemic are presented, and Camus tells us that the plague can elicit various motives from different people. Characters do not come and go in this novel, but rather stay, are developed, and are presented with varying situations. Issues of individual moral freedom and responsibility are raised. Inference and analogy regarding resisting totalitarianism are embedded in the novel.

The issue of the persistence and dormancy of the microbe that caused the pandemic is introduced. Dr. Rieux realizes and eloquently states that the end of the plague does not, in fact, represent a clear and decisive victory. In reality, no one in the world is immune.

(To comment on this article, contact Dr. Haynes at

jackphaynesphd@comcast.net)

Post-Pandemic Stress Disorder

By Dennis Ortman, Ph.D.

I have a fantasy. President Trump will eventually announce victory over the Coronavirus. He will declare, "We have won the war. We have shown our greatness as a nation in working together to defeat this invisible enemy." He will then express gratitude to all the healthcare workers, who risked their lives, those who supported all the essential services and the entire nation. He will also report remarkable progress on a vaccine and treatment. American ingenuity again triumphs. Hopefully, this day will come sooner than later.

However, while the war may be won on one front, another remains - the inner battle against fear. We cannot rest on our laurels. Many have aptly compared this epidemic to the bombing of Pearl Harbor and the terrorist attack on 9/11. Our nation was traumatized by these events, and the effects have persisted to today. Franklin D. Roosevelt, ever the realist and wise politician, said, "There is nothing to fear but fear itself." However, the lingering effect of the Coronavirus epidemic will be similar to the aftermath of Pearl Harbor and 9/11. We have been traumatized again. We are in shock, trying to cope. I call

our survival reaction to this extraordinary event "post-epidemic stress disorder."

Drowning

I had first-hand experience of the aftermath of World War II as a child. My father served in the army for three years, surviving seven campaigns. He returned emotionally disabled. Back then they called it "battle fatigue." Today, we diagnose it as "post-traumatic stress disorder." In his day, little treatment was offered to the returning soldiers. My father found his own treatment in a bottle. He drank to quiet the demons. He would never talk about the war, except when he was drunk. The few stories he told impressed upon me the overwhelming horror he endured. Ninety percent of his group of enlistees was casualties. He suffered survivor's guilt. He also experienced flashbacks. One time he was playing golf with his brother. A plane flying overhead backfired. My father immediately dived to the ground for cover. My uncle laughed, and my father responded, "Weren't you in the war?" My uncle served in America.

I read about the war in order to get to know my father better and I learned that in North Africa, where he fought, German Stukas regularly strafed them while they were exposed in the desert. The soldiers had a motto: "Dig or die."

Some of my patients tell me they are eating and drinking more to cope with the disruption of their lives due to the epidemic. I am observing signs that we have all been traumatized to some degree by this invisible, deadly, relentless enemy and are trying to manage the best we can. I can see the terror in their eyes. Our initial panic, I fear, is transforming into paranoia, seeing dangers everywhere. Even though the external war is over, the inner battle rages. Being traumatized is like drowning in a sea of frightful thoughts and emotions and struggling to stay afloat.

These are some of the symptoms I observe that suggest many of us are suffering from post-epidemic stress disorder:

Life threatening event: A massive earthquake sent a tidal wave around the world, and no one knows how many or how intense the aftershocks and flooding will be. The attack by the Coronavirus took the whole world by surprise. It came suddenly with a deadly vengeance, first in China, as far as we know. It has proven to be extraordinarily contagious and rapidly spread to Europe and now America. Soon it will invade the southern hemisphere as the flu season begins in that half of the world. Each night President Trump announces how many countries have been affected. The last count was 182. The numbers of those who are infected and dying are staggering, in the thousands.

This invisible, silent, deadly enemy has not only invaded our bodies. It has attacked our minds - and resides there like a killing cancer. The experts admit knowing little about this strange new bug. They watch its progression carefully, trying to unravel its mysteries. Their uncertainty and admission of powerlessness to treat it feeds further our fears of its deadly presence. We are told it can live on surfaces for hours and days. People can be infected without symptoms and be carriers. The germs are airborne, and we are advised to wear masks. As a result, we see dangers everywhere and must keep our distance to avoid spreading the disease. Even our loved ones can unwittingly bear the virus that can kill us. The TV news relentlessly presents horrific images of the death and mayhem in the disease's wake.

Fear and Helplessness: Our natural reaction in the face of this overwhelming threat is fear and a sense of helplessness. These reactions serve our need for survival. They make us withdraw to protect ourselves. Our fear is magnified as the scientists tell us how uncertain

they are about the nature, course, and treatment of this disease. They are baffled by how contagious and deadly it is. Their admission of a lack of vaccine and treatment makes us feel even more defenseless and vulnerable. We are told to keep a social distance and stay home. But we are not sure where and when we will be safe. The experts say, "The virus will tell us." We can only watch and wait, huddled in fear in our homes. The news and social media flood us with information. In the present culture of misrepresentation, we are not sure what to believe. For example, one blog said that the virus resides in the grass, and that we should not cut it to stir it up.

Intrusions: As hard as we try to avoid it, our minds are flooded with terrifying thoughts, feelings, and images that make us feel like we are drowning. We may try to distract ourselves by limiting how much we watch the news. But everyone is talking and thinking about COVID-19. Horrific images of hospital deaths are emblazoned in our memories. The virus attacks the mind as much as the body. We cannot avoid fearful thoughts, imagining the worst, or the stark images of death we view on TV. These thoughts and images ignite powerful emotional reactions of terror. We think about how terrible it would be if we or our loved ones became infected. What would we do? How would we cope? Would we survive? These anxious thoughts also invade and disturb our sleep, sometimes causing nightmares. Worse yet, if we or a loved one has been infected and hospitalized, the hospital will never be the same for us. If a loved one died or we had a near-death experience, seeing the hospital may trigger a reliving of the horror of the illness.

Avoidance: Whenever we experience something threatening, we naturally recoil to protect ourselves. It is instinctual. If it is too hot in the kitchen, we get out. Being in public is too hot for us now. We are warned to stay home, keep a social distance. It is appropriately called "lockdown." Those who ignore this mandate can be fined for congregating. Initially, groups of 50 were banned, and now groups of five or more. We are told to keep at least six feet from one another and to wear face masks. The message: safety only in isolation. As time goes on and this message becomes engrained in our psyche, we may withdraw more and more from social interacting. As the travel industry was irrevocably changed by 9/11, so social congregating may never be the same after the Coronavirus. The fear of contamination may linger. We will avoid each other, and our lives will shrink.

Emotional Distancing: Just as we were told to keep a social distance to protect ourselves, we emotionally distance ourselves from our natural reactions to the illness for safety. To cope with overwhelmingly painful feelings, we instinctively live in emotional lockdown. However, in shutting down the painful feelings, we also deaden the experience of happiness, peace, and joy. Already there are signs that many of us are eating and drinking more in quarantine to manage our fear and boredom and comfort ourselves. Our children, who cannot get together with their friends, stay in touch through video games or play alone. Their preoccupation with these games is already taking on an addictive quality. As time goes on and the fear is unabated, the lure of these escapes will increase. The ready availability of marijuana will make that drug more attractive to dull the pain. The opioid epidemic that has already raged out of control may yet escalate, as an easy escape.

Hypervigilance: People have described war as weeks of boredom and moments of sheer terror. Since you never know when the attack will come, you must be alert and vigilant every moment. Otherwise, you could be caught unaware and die. The brain adapts to living in this constant stress. The physiological changes can be measured. After the war, soldiers react as if they are still in the war zone. In the same way, we have become hypervigilant in this war against an invisible enemy. Warned of dangers everywhere, we take extraordinary measures to keep safe. While taking my daily walk, I observed a young

woman walking on the shoulder of a busy road to avoid getting near anyone on the sidewalk. Which is more dangerous: the sidewalk or road? Fear-possessed, we cannot think clearly enough to distinguish reasonable from irrational caution.

As we tread water in the high seas of our epidemic fears, we may lose hope. However, there are ways of learning to breathe under water.

Breathing lessons

The Coronovirus attacks the lungs, filling them with fluids. We then drown. It kills by literally taking our breath away, so we expire. Anxiety also attacks the lungs. Panic causes a shortness of breath. We feel like we are suffocating on our negative thoughts and feelings and believe we will die. The words anxiety, anger, and angst have the same root word which means "constriction, narrowing." Breath means life. Without breathing, we die. Furthermore, breath also signifies the spirit, which is life-giving. The spirit is a spirit of love which is expansive and frees us from prison of our fears. This epidemic is affecting the whole of our being, our bodies, minds, and spirits. Consequently, a full recovery must address these three areas.

For our physical safety and health, the scientific community and government have a two part strategy. To keep from spreading the virus, we have been given a stay-at-home order and mandate to keep a social distance from one another. I hate this term. In reality, we are keeping a physical, not social, distance. We need to keep socially connected to survive this ordeal. I have been asking my patients whether they experience this confinement as more a prison or a retreat. One patient responded, "Neither. I see it as a service to myself and others. I am doing my part to keep us all safe. It is a sacrifice, but it is something I am willing to do." Ironically, by physically isolating himself, he feels more connected to others through his self-sacrificing service.

Since we currently lack a vaccine or specific medications to treat this virus, the second strategy is symptom relief to keep the patient alive. If the breathing is compromised, respirators are needed. One of my patients who contracted the virus told me he was given over-the-counter medications for his fever and aches, an inhaler for breathing, and instructions to rest. In short, he was told to let the body heal itself. There is a chiropractic clinic next door to my office with a sign that expresses this therapeutic belief: "The power that made the body heals the body.

Finding a place of refuge

For our mental/emotional health, we also need to be stabilized by finding a place of refuge. The stay-at-home order reflects the wisdom needed for healing the soul. We need to find our home within ourselves and among our loved ones. We need to become connected both to ourselves and others to stay afloat. Spending time alone with ourselves and our loved one provides an opportunity to look deeply within ourselves to discover our inner strength and power to overcome our fears. The sign in the chiropractic office could be altered: "The power that made the mind heals the mind."

Lean into the fear

When we are flooded with fear, the anxious mind with all its negative thoughts takes over. We forget that we have another mind operating, which I call the wise mind. It is our higher consciousness, our inner higher power, the better angels of our nature. There is a voice of reason that may seem a whisper amidst all the mental noise. I ask my patients to act against their urge to flee from their fearful thoughts and to lean into their fears. I tell

them: "Fear is just an object in the mind, a thought about terrible things happening in the future. But the future does not exist, so the thought cannot be a reality. You only believe the danger is real." Certainly, there are real dangers, and fear alerts us to them so we can take reasonable precautions. However, when anxiety takes over, the dangers become exaggerated in our minds. I then invite my patients to examine closely their fearful thoughts with their wise minds, asking themselves: How real is the danger? What reasonable precautions can I take? What can my worry accomplish?

Untangling the mental knot of their fears, they can begin to think about what they really need in the moment. Instead of reacting, giving enormous power to their fears, they can begin to make conscious choices based on their desires. I tell my patients: "Your fear is uncomfortable, but not dangerous. It will not kill you. The real harm is if you let it control you and your life shrinks." Together we explore what they really need in the current situation. I encourage them to act on their values, not their fears, so their lives will expand and not contract. In this process, they discover the healing power of their own awareness. They learn the truth expressed in the *Tao Te Ching* (46): "There is no greater illusion than fear...Whoever can see through fear will always be safe."

(To comment on this article, contact Dr. Ortman at dortman@aol.com)

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