

Helping Patients and Health Care Providers Through the COVID-19 Pandemic: Empirically Based Tips and Strategies to Manage Mental and Physical Health

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The COVID-19 pandemic is enacting a heavy toll on both physical and mental health around the world. There have been numerous reports of mental health decline during the COVID-19 pandemic, both during and after lockdowns (Pierce et al., 2020; Van Rheenen et al., 2020; Zajacova et al., 2020).

A recent study by Czeisler and colleagues (2020) found that adults in the United States are experiencing elevated levels of adverse mental health conditions associated with the pandemic. Approximately 41% of the study's respondents reported at least one adverse mental or behavioral health condition, including 31% reporting anxiety and depressive disorder symptoms, 26% reporting trauma and stressor-related disorder symptoms, 13% reporting the start or increase of substance use, and 11% considering suicide. The incidence of all of these conditions was elevated when compared to the similar time period in 2019. Rates of respondents who had seriously considered suicide or were affected by adverse mental or behavioral health symptoms was disproportionately higher in young adults aged 18 to 24 years, minority racial/ethnic groups, those who had less education than a high school diploma, self-reported unpaid care-givers for adults and essential workers, women, families with children under 18 years, or those with pre-existing mental health conditions (Czeisler et al., 2020; Fitzpatrick et al., 2020).

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The COVID-19 pandemic is enacting a heavy mental health toll on people around the world. This article provides evidence-based information and techniques to promote and foster mental and physical health for our patients and health care providers. The article 1) reviews common emotional reactions faced by patients during the COVID-19 pandemic, 2) reviews how health care providers can help patients make sense of their experiences, and 3) teaches evidence-based skills that health care providers can use to support patients during the COVID-19 pandemic and care for themselves. The article provides tips and strategies that can be helpful in interacting with patients and supporting the well-being of health care providers. These strategies are based on empirically supported knowledge and skills drawn from literature on stress, coping, emotional management, chronic disease management, and behavior changes, and provides ways to discuss these tips with patients in applicable, understandable ways.

Key Words:

COVID-19, coping, psychological health, chronic illness, health care provider skills, pandemic.

Studies show that almost everyone appears to be at greater risk for developing depression and anxiety during the pandemic no matter where a person lives in the world (Holingue et al., 2020; Pierce et al., 2020; Van Rheenen et al., 2020; Zajacova et al., 2020). Mental health outcomes make it clear that people are having difficulties coping with the COVID-19 pandemic.

The purposes of this article are to 1) review common emotional reactions and challenges faced by patients during the COVID 19 pandemic, 2) review how health care

Table 1
Tips for Interacting with Patients and for the Well-being of Health Care Providers

- Tip #1: It's Okay to Feel How You Feel
- Tip #2: Charge Your Frontal Lobe (Both Patients and Health Care Providers)
- Tip #3: Rest Your Caveman Brain: Recovery Activities
- Tip #4: Make It A Routine
- Tip #5: Find Your Compass
- Tip #6: Build a Village - The Only Way to Do This Is Together

providers can help patients make sense of their experiences, and 3) learn evidence-based and usable skills health care providers can utilize to support patients and themselves during the COVID 19 pandemic.

Tips and Strategies for Interacting with Patients and for the Well-Being of Health Care Providers

This article presents tips and strategies based on empirically supported knowledge and skills drawn from literature on stress and coping, as well as emotional management, chronic disease management, and behavior change, which can be helpful in interacting with patients and for the well-being of health care providers (see Table 1). This article also provides ways to discuss these tips and strategies with patients in applicable, understandable ways.

Tip #1: It's Okay to Feel How You Feel

To understand how to address emotions and manage stress during the pandemic, it can be helpful to understand how brains react to stress. The Paleomammalian/midbrain (or as we like to call it, our 'caveman brain' or 'survival brain') is responsible for several important functions, including emotional reactions, automatic thoughts, memory, learning, and appetite regulation (Tirch et al., 2014). The system is built for survival and gives excellent advice for humans living in Paleolithic (cave person) times when human life expectancy was 30 years. The 'caveman brain' seamlessly performs these duties automatically and unconsciously. For example, a hand will be withdrawn from an accidental touch with a hot stove prior to pain being consciously registered or felt. Functions of the caveman brain cannot be enabled or disabled because they are essential for survival.

During the COVID-19 pandemic, our caveman brains are highly stimulated (or colloquially and bluntly, they are 'on fire'). The ongoing threat from the virus enduringly and automatically activates our unconscious survival brain. Even if we are not consciously aware of the threat, our caveman brains will activate to provide assistance for managing threats. The system works very well when the threat

is acute, like a bear attack; however, it does not work well for the chronic threat faced during a pandemic. Our survival brain also does not work on probabilities. It does not take into account local factors, such as the number of cases that are geographically close and is not appeased by governmental and personal precautions taken. Even watching media about other regions where the outbreak is more significant can activate survival brains to deal with the threat as if it was in their own back yard.

Our emotional reactions come from our caveman brain; therefore, there is no way to 'turn this off' or to choose a different emotional reaction (Han et al., 2018). There is also a great duality of emotions felt during the pandemic (Carrera & Oceja, 2007). It is both possible to feel grateful about our current situation as well as distressed about the potential future or about the experience of others. We may feel grief about losses as well as recognize things for which we can be grateful. We may feel scared and anxious as well as find moments of joy. It is thus a relevant message to convey to patient that "it's okay to feel how you feel." We as humans do not have control over our feelings; these emotions are coming from our survival brain.

During lockdown, some patients may have felt more anxious, and some patients may have felt less anxious. For example, one of the authors' patients with an existing anxiety disorder stated he was feeling better because "everyone feels anxious now, so I feel normal." Another patient with a severe chronic disease which dramatically limited her physical ability commented that she felt better because "everyone was slowing down, so I don't feel like I'm missing out as much." Other patients who were used to being busy and active have found lockdown stressful and anxiety-provoking. Re-opening or loosening of restrictions may also result in a variety of emotional experiences, including relief as well as anxiety about an increased risk, sadness about losing the things we may have come to appreciate during lockdown (e.g., family time), and/or anger about whether other people are following public health rules. As health care providers, we can acknowledge, validate, and normalize these feelings and the mixture of feelings: "It's okay to feel how you feel."

In our training programs (Vallis et al., 2018), we note that validation ends in "a period" not "a but." That is, we often try to validate others' experiences only to proceed to problem solving too soon: for example, "I can understand why you're upset, but I'm sure things will get better." Validation should end in a period. We suggest saying the period out loud to signal both to yourself and to others that there is no "but" coming: "I can understand why you're upset. Period." Once someone has had sufficient validation (often not even in the same conversation), then we can move to problem solving, and they will be more receptive to alternative ways to looking at or dealing with the issue. If we proceed to problem solving too soon, we will end up in a "yes, but" tennis match and any efforts to problem solve will be rejected by the patient.

One of the more significant and troubling emotions felt while living a pandemic is grief. Grief includes a collection of emotions (e.g., sadness, anger, numbness) in response to loss. There are 'big' losses, such as losing a job or business or losing a family member or close friend. Furthermore, because of the pandemic, it is even more difficult to deal with the grief associated with these losses because we cannot engage in the same rituals for managing grief (e.g., being with a loved one when they pass or being able to honor the life of a loved one at a funeral) due to public health guidelines. But there are also many 'small' losses, such as the soccer season or the prom that got cancelled. When dealing with grief, there is no rule for how big a loss needs to be to 'count' in order to be relevant. It is important to acknowledge all of these losses.

In terms of how to cope with these feelings, try not to fight with them. It may be helpful to try to treat these feelings like a wave (Harris, 2007). We can either be the shore where the waves crest, fall, and dissipate, or we can be a big rock face where the waves hit violently and create dangerous whirlpools underneath. When we try to not feel our feelings, avoid feelings, or not want to think about difficult things, we are being a rock. Just like trying to swim upstream, much more energy is spent when attempting to suppress feelings than actually feeling the feelings themselves (Gross, 1998; Srivastava et al., 2009). We thus need to allow ourselves to feel our feelings, which might mean 'having a good cry.' Often people will describe feeling a sense of relief after they cry. It does not make the feeling less difficult; it just removes the struggle, which can make the experience of feelings easier to manage.

As health care providers, it is important to validate, acknowledge, reassure about the commonalities and universality in these emotions, and also provide permission to experience these emotions.

Tip #2: Charge Your Frontal Lobe

There are numerous behaviors that patients need to engage in to manage their chronic disease as well as comply with public health guidelines during the pandemic. Much of the responsibility for making these choices lies in the prefrontal cortex of the human brain. This part of the brain regulates executive functioning (Kesner & Churchwell, 2011; Porcelli & Delgado, 2009), including initiating behavior, promoting and inhibiting behavior planning, and delaying gratification. Colloquially, this is where 'self-control' or 'willpower' is primarily regulated. Notably, the prefrontal cortex primarily controls behavior not emotional reactions. Unlike the survival brain, which functions continuously, our prefrontal cortex is more like a battery (Lowe et al., 2019; McGonigal, 2015). Essentially, we 'drain our frontal lobe battery' as we control our behavior throughout the day. This explains why binge eating is more likely to happen in the evenings compared to the morning. A person's frontal lobe battery has been spent controlling their behavior all day, but their survival brain is still ready to offer us a way to feel better, at least in the short term, by

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means of highly palatable and readily available food in the environment (Lowe et al., 2019).

To say it bluntly, during the COVID-19 pandemic, the frontal lobe batteries of most people (including health care providers) are incredibly spent. There is an enormous number of new behaviors required for us to exist during a pandemic. All of these require frontal lobe battery power. A simple example is going to the grocery store, which now has a plethora of new requirements, such as wearing a mask, waiting in line outside, following directional arrows in the store, continuously monitoring proximity to other people, restraint from face-touching, and frequent hand-washing at numerous stops during the process. This uses up our frontal lobe battery significantly. Although we will be able to continue to do habitual behavior or things that are well rehearsed for us, there is not much battery left to control any kind of new, effortful, or deliberate behavior.

Consistent evidence shows that stress impairs many aspects of cognitive functioning, including concentration, memory, attention, problem solving, and decision-making (Sandi, 2013). Although there may be pressure placed on both practitioners and patients alike to proceed with as much normalcy as possible, this is simply not possible. Stated frankly, our brains are simply not working the way they normally do. Psychologically, living in a pandemic is like living in an active war zone. For example, if our patients were in an active war zone with daily threats of violence, we would understand why they may not be able to do all the things they used to do; their time would be spent hiding and surviving. And yet, we seem to be asking why we are not doing well (e.g., "What's the matter with me?") rather than attributing these cognitive issues to the pandemic (e.g., "Oh, this is just pandemic brain").

Because COVID-19 pandemic stress depletes the frontal lobe battery, people have less cognitive ability to control their behavior. As a result, patients simply cannot engage in the same coping strategies or make healthy choices as they did before; therefore, relapses are imminent. We should anticipate the re-emergence of previous mental health vulnerabilities that have been stable (e.g., depression, anxiety, eating disorders), or the development of new mental health conditions. Furthermore, we would anticipate that patients will fall into 'old habits' and likely unhealthy habits that may undermine their health condi-

tions. Simply put, 'there is not enough frontal lobe' to maintain good habits or healthy coping strategies.

However, rather than trying to 'get rid of bad habits,' we should instead focus on 'charging our frontal lobe battery.' Recharging activities are actions where one feels more energetic after completing the activity. Common recharging activities will include behaviors such as getting good sleep, eating healthy foods, staying hydrated, engaging in physical activity, being in nature, and social connection. There are individual differences in what is considered recharging. For example, for an extrovert, socializing will be a battery recharge, whereas an introvert may find this activity draining. Unfortunately, many of our previous recharging activities are no longer available or allowed during the pandemic. We therefore have to be more creative in terms of identifying recharging activities available to us and our patients. What we are looking for are activities that make us smile, feel less burden from the pandemic (e.g., feel 'lighter'), or feel more energized. We can try to be mindful and notice activities in our day that make us feel lighter or happier, or even possibly, help momentarily draw our attention away from the pandemic to the present moment. A recharging activity should not feel like another item on your 'to do list.' Even though going for a walk may be a healthy activity for many people, if you are not actually recharged by the end of your walk, it is not a recharging activity and must be excluded from the initial list – despite it being important in maintaining long-term health. Health care providers should also focus on ensuring they are engaging in recharging activities to manage their depleted frontal lobe batteries.

Tip #3: Rest Your Caveman Brain: Recovery Activities

Stress occurs when the demands of the situation outweigh the resources a person has to cope with that situation (Esler, 2011). During the COVID-19 pandemic, we have observed a constant barrage of stressors that threaten most every aspect of our lives. During periods of threat, the sympathetic nervous system (i.e., the 'fight, flight, or freeze' system) is activated and produces a cascade of biological and neurological consequences to deal with the threat (Selye, 1936). For example, it is well documented that stress results in increases in cortisol in the body (for a review, see Kudielka & Kirschbaum, 2005). This system works very well for an acute threat, such as bear attack. This system is less well suited for a chronic stress, like the pandemic.

While these processes are automatic and unconscious, we can consciously choose to engage in activities that activate the parasympathetic nervous system (i.e., the 'rest and digest' system) that can return the nervous system to baseline (or homeostasis). Because the COVID-19 threat is ongoing, our systems will continue to re-activate the sympathetic nervous system, and therefore, we must be deliberate in repeatedly activating the parasympathetic nervous system to provide the body and mind a 'break' from the ongoing stress in order to cope with it.

There are well-documented and effective ways to relax and activate our parasympathetic nervous system, many of which have been popular for some time. Formal relaxation strategies often taught in most psychological therapies include deep or diaphragmatic breathing (Grossman et al., 2001), progressive muscle relaxation (McCallie, 2006), guided imagery (Astin et al., 2003), autogenic training (Stetter & Kupper, 2002), general meditation (Coppola & Spector, 2009), mindfulness meditation (Goyal et al., 2014), biofeedback (Dillon et al., 2016), and yoga (Pascoe & Bauer, 2015). Other strategies drawn from the psychological interventions literature also suggest making use of activities that engage our five senses in calming ways (Linehan, 2014). Such activities focus on finding things that may be calming or soothing, involving touch (e.g., soft fabrics, silk scarves, heated blankets, bubble baths), smell (e.g., favorite scents from candles or essential oils), sight (e.g., beautiful images, visualizing favorite location), taste (e.g., mints, non-caffeinated tea), and hearing (e.g., music, sounds machines of waves, forests, birds, or other types of nature). Not all methods of relaxation must be so formal. Informal methods of relaxation, such as an act as simple as spending time in nature (Ingulli & Lindbloom, 2013), taking relaxing baths or aromatherapy (Hur et al., 2014), or any type of exercise (Jackson, 2013), can eventually promote parasympathetic responses.

All of these methods are helpful to some degree at addressing depression, anxiety, and chronic stress, especially in combination with other components of psychological interventions (Esler, 2011). Most of these methods are also readily available on the Internet via YouTube, as audio files on university counselling websites or state/provincial mental health websites, and through both free and paid smartphone applications. Activities to activate the parasympathetic nervous system are so ubiquitous and accessible in our culture that a patient can even ask their Smartspeaker at home to help them relax, and several different options will emerge. Even activities that promote a sense of mastery, control, or mindfulness, such as puzzles, adult coloring, or crossword puzzles, may be helpful (Sonnentag & Fritz, 2007).

One of the most powerful means we have to manage stress is through social connection. Every branch of psychological research from developmental through to clinical, social, and personality research has produced reams of research suggesting the fundamental need for close and positive relationships with others (Seppala et al., 2013). Combatting isolation is essential to longevity, health, and therefore, the stress of the pandemic (Grant et al., 2009; Holt-Lunstad et al., 2015). Although beyond this review, attachment cascade theories suggest that oxytocin, cortisol, and catecholamines are implicated in stress reactions related to attachment, especially in childhood (Li et al., 2018). Social connection can be used to soothe nervous systems through human social safety systems rooted in attachment. However, connecting with others can be hard during the pandemic given that physical distancing is recommended.

What has become apparent to most is that although video conferencing programs are extremely helpful for social connectedness, it does not replace having live human beings present. This is due to the well-established effect of touch for humans. Soothing touch, gentle vocalizations, and physical warmth are all actions animals do for other animals, which induce oxytocin release, therefore helping with stress management. This can occur through animal to human interactions, parent to children interactions, and romantic partner interactions (for a review, see Uvnas-Moberg et al., 2014). This type of recovery activity has to be limited given the COVID-19 pandemic physical distancing restrictions, but among those in a person's 'bubble,' physical touch can have an important soothing impact. However, if someone lives alone or is in isolation alone and cannot access physical touch, research suggests that imagining physical touch or imagining a loved one's voice can help foster resilience in stressful situations (Jakubiak & Feeney, 2016). We can thus make use of this when connecting virtually. Self-soothing strategies, including comforting physical gestures for ourselves (e.g., giving ourselves a hug, holding our face in our hands), can also provide some activation of this parasympathetic system (Germer & Neff, 2013). These strategies are all linked to self-compassion, as discussed below. Methods of practicing imagining loved ones can be found online (Germer, 2020). This may also explain the popularity of 'pandemic pets' (Kavin, 2020). It is well documented that pets can activate the parasympathetic nervous system, including reducing blood pressure and heart rate (Allen et al., 2001; Arhant-Sudhir, 2011; Friedman et al., 2003). Furthermore, there is consistent evidence that individuals with pets cope better and have improved mental health (for a review, see McNicholas, 2005). Thus, pets may also offer an important means to activate the parasympathetic system during the pandemic when physical distancing rules make social contact less available.

Given the ubiquitous knowledge of relaxation activities, most people are aware of some relaxation techniques that may work for them. The most critical part of this message is that we need to actively and deliberately engage in these activities, which may have occurred more spontaneously and naturally in non-pandemic times. During the COVID-19 pandemic, because of the public health restrictions needed to manage the virus, we need to be far more active and deliberate in ensuring we are engaging in such activities. We suggest that health care providers encourage patients to manage stress in the way that is most helpful for the patients or that interests them the most. This could be exploring some of the activities that are novel, which are mentioned above, or relying on techniques that were helpful in the past. Afterwards, harness physical touch by hugging and being kind to your family. If you cannot, imagine they are there. We should continue to promote connecting virtually when there is no option physically because this connection is more effective than no connection. It is, of course, also necessary to acknowledge that engaging in any of these

recharging or relaxation activities actually requires using some frontal lobe battery. As such, overcoming this hurdle is discussed next.

Tip #4: Make It a Routine

Following a consistent routine provides numerous mental health benefits, such as better mood, anxiety, sleep, and better ability to work towards meaningful goals (Drake et al., 2014; Sadeh et al., 2004; Veale et al., 2008). A routine may also help in efficiently charging frontal lobes. Actively making healthy choices 'uses up' frontal lobe energy. Less energy is expended when recharging and recovery activities are set to a routine. By following a routine, a positive 'vicious cycle' can be created. Small amounts of frontal lobe battery are expended engaging in recharging and recovery activities set to the routine, which in turn will create more energy to make more healthy choices and engage increasing amounts of healthy behaviors. Therefore, the more scheduling that can be done in advance, the less an individual will have to use their frontal lobe battery to choose healthy activities or even try to fit healthy activities into their daily lives.

A daily routine can include activities such as awakening and emerging from bed at the same time, eating the same food for breakfast, and making the same dinners on Monday nights. Social support activities can also be scheduled at the same time each week (e.g., virtual coffee break on Thursdays at 10:00 am). When a routine is adhered to, the decision to engage in the activity only has to be made once at the time the activity is initially scheduled. Patients should not only be scheduling health behaviors into their routines, but also enjoyable, fulfilling, and pleasurable events. Additionally, checking media can be scheduled into a routine. Media exposure can increase the activation in our caveman brain observing threatening information that tends to be the focus in the media (Marin et al., 2012). However, it may still be important to have some media exposure to keep updated on public health guidelines. We can schedule checking on the media at certain times during the day to be up to date but not be inundated by media reports all day. For example, a patient could mindfully listen to the morning newscast while preparing to leave for work or could scroll through their favorite news app or government communications page for a strict 10 minutes after lunch before they return to work. By checking at the same time every day, the patient would be less likely to miss important information and would not be as overwhelmed with the constant barrage of this information.

Creating a viable long-term routine requires trial, error, and problem-solving effort and should be considered an experiment. For example, a patient of one of the authors was set on waking up at the same time every day. However, upon her subsequent (virtual) visit, she shared that her husband did not want to get up at that time. Therefore, it takes time to find a routine that is going to work in one's lifestyle. The routine also has to be continuously revised. For example, a patient may include going for a walk in the evenings after dinner, but

as the seasons change and it gets darker sooner in the evenings, the routine may also need to change.

It is unlikely that patients will adhere to a routine throughout an entire day; therefore, it is necessary to set appropriate expectations for how strict or detailed a daily routine can be. In general, we recommend focusing on a routine in the morning, when we have more frontal lobe charge to get important tasks done, and a routine in the evening to help promote sleep.

Having a regular routine is one of the main ways to promote healthy sleep (Davidson, 2012). Sleep will be disturbed during periods of stress (Drake et al., 2014). Waking up at the same time of day can promote a regular sleep cycle and provide a semblance of ‘control’ (Stepanski & Wyatt, 2003). Creating a bedtime routine can be conducive to better sleep. This might mean getting ready for bed at the same time, having a wind down routine, and turning the lights out at the same time each day. Remember, it requires some frontal lobe battery to turn off our phones and attempt to go to sleep. We can reduce the cognitive demand expended on this activity by trying to stick to a routine (e.g., turn off phone at 10:30 pm).

Tip #5: Find Your Compass

There is a great deal of uncertainty surrounding which actions one should take during the pandemic to keep ourselves and others safe while also balancing other life priorities. Although there are many public health recommendations, it is up to each individual to choose which to enact. Not all recommendations are clearly laid out as ‘laws’ that will be enforced by public institutions, and it can be frustrating to prioritize and observe guidelines while others are not. Moreover, it is important to recognize that the experience of the pandemic is much different for different people. This is well captured by a quote from Dr. Bonnie Henry, Health Minister of British Columbia, who stated, “We are all in the same storm, but we are not all in the same boat” (Plana, 2020, para 7). The experience of the pandemic is dramatically different if a person is a frontline worker, is working from home with small children, is single and isolated at home, or has lost a job. Thus, there is an individual risk assessment that determines how much people can participate in non-essential activities outside of the home. Some people may either have a chronic condition or live with individuals who have a chronic condition, putting them at higher risk of catching COVID-19. Other people may have lost their jobs or need to continue to work to maintain an income. For young adults, social isolation may seem much more detrimental than the potential risks from catching COVID-19. The ‘boat’ of each person will impact the risk level for activities that they are willing to engage in.

During times of uncertainty, it can help to orient ourselves to a set of values or a moral compass to figure out how to navigate. That is, one way for us to make decisions about how to behave during the pandemic is to connect them with our values. Values are qualities about how we

Table 2
Values Exploration Questions During COVID-19

- What do I want to stand for during this crisis?
- What kind of person do I want to be?
- Who is important to me?
- How do I want to look after my physical and emotional health at this time?
- How would I want to be remembered after this crisis is over?
- How would the best version of myself show up?
- What would I be doing if I was being exactly who I want to be?

want to show up in any life situation (Harris, 2019). They represent what is most important to us, how we most want to behave as human beings, what kind of person we want to be, or what or who really matters to us. Importantly, they define what qualities *we* want to embody rather than goals or what we want for others.

Table 2 shows some value exploration questions we can ask ourselves or our patients. If we understand our values, we can use this as a compass to guide our behavior. For example, the authors of this article are frontline providers working at a tertiary-level teaching hospital with patients in medical inpatient units who have compromised immune systems (e.g., patients with cancer, patients who have received a transplant). We have a strong value about protecting people who are vulnerable. Therefore, this value impacts the extent to which we engage in social activities because we wish to minimize our risk and the risk to patients with whom we interact. By connecting this risk assessment to our values, we can also use this to communicate with others about our ‘boat.’ For example, we have each had times when we had to turn down social invitations because of our own boat and the fact that we work with patients with compromised immune systems. However, connecting this decision to our values allows us to let other people know about our individual risk and values, without communicating judgment about what their risk might be or what their behavior should be and so they do not ‘take it personally’ that we are declining their social invitation.

The way we express our values is through behavior (Hayes, 2005). In this context, behavior represents something that someone else can see a person do (Lee-Baggeley, 2019). Because of the way human brains are structured, we have much more control over our behavior (because behavior can be controlled by our prefrontal cortex) than we do our feelings or thoughts (which are governed by our limbic system/caveman brain). As a result, if we focus on behaviors, over which we have the most control, we are more likely to feel empowered and ‘in control’ rather than helpless. An important corollary of this is that we do not have control over other people. While we may be able to

influence other people, we do not have direct *control* over them. When patients talk about distress that family members or friends are not following public health guidelines, encourage them to focus on their own behavior. Often, people who are not following public health guidelines may hold different values or have different boats that we are not aware of, or their frontal lobes are also exhausted and not capable of following strict rules. By reminding ourselves that everyone has their own boat and to focus on our own behavior, feelings of helplessness may decrease.

Values can also help motivate us to adhere to difficult public health rules (Lee-Baggley, 2019). By connecting a value of wanting to protect our fellow citizens or to keep the economy running, we can better understand our reasons for putting up with something that is difficult, such as physical distancing and wearing a mask. We can remind ourselves that we are expressing an important value through our behaviors (e.g., physical distancing). Studies show that acting consistent with values can actually cause greater discomfort in the short-term compared to acting inconsistent with values (because acting inconsistent with values is often avoidant behavior). However, acting consistent with values is likely to be associated with positive outcomes in the long-term (Kroska et al., 2020). Therefore, connecting difficult behaviors with values is likely to be protective in the long run.

Reconnecting with values can also help us find meaning and purpose in these difficult times. Values change at various points in our lives for different reasons (e.g., becoming a parent). It is always important to review and reconsider values that have the highest priority to us at any given time. In these difficult times, it is important for us all to consider who we want to be and what we want to have stood for given how much life has changed. When we fail to reconsider our values and continue to ‘act like normal,’ it causes a disconnect with our experiences. This can create feelings of meaninglessness or hopelessness. Reconsidering who we want to be in our new reality is important to create meaning. In the authors’ experiences working with patients facing life-threatening illnesses and often with terminal diagnoses, we have observed patients reconsider their values in the face of their diagnoses. Inevitably, relationships (friends and family) rise to the top of the priorities. Investing in our relationships is likely to be important to all of us in this pandemic.

Once we have clarified our current values, then it is important to think about how we need to show up behaviorally to express those values in our everyday lives. This can also help us to reclaim what is important to us given the restrictions of the pandemic. Once we can accept the expression of our values may look different during the pandemic, we can reclaim important things in our lives. For example, many public health experts have recommended changing the way we conduct our holidays by travelling less and being in smaller groups. So consider what is most important to you about the holidays. Is it the food? The presents? Connecting with family? Taking a break from

‘regular life?’ When we clarify the value, then we can look for ways to express it in new ways (e.g., ordering takeout from a special restaurant, having a virtual gathering with family members or individual calls to each family member to catch up, ordering and shipping gifts online, staying in a hotel in our own town) given the restrictions of the pandemic and reclaim important parts of our lives we feel the pandemic has stolen from us.

For the authors, our values have always included reducing human suffering. This has become even more important as the general level of suffering has increased during the pandemic. But the form sometimes has taken new shapes. It often happens virtually. Much more frequently, it involves discussing death, suicidality, and acknowledging the heavy toll the pandemic takes on all of us. It often requires us to acknowledge our own struggles with patients so they understand that it ‘isn’t just them,’ and that all of us are struggling in the pandemic and highlighting our shared humanity. Further, it requires us to be much more deliberate to recharge and recover so we can continue to offer support to patients and to reset our expectations for what ‘progress’ with patients looks like in a pandemic; often staying stable is a win.

Tip #6: Build a Village – The Only Way to Do This Is Together

Although living in the pandemic is like being in an active war zone, we can take some comfort (in a situation that has very little comfort) over the fact that it is not a war. Previous generations also had to engage in extreme behavior like we are now because they were fighting other humans. We can appreciate that we are actually all fighting the same common enemy. Thus, even though many countries are forced to close their borders, we will only succeed through collaboration.

Human beings are the most social creatures on the planet (Berscheid, 2003). Throughout history we have typically lived in tribes or villages. Such traditional villages were not just constructed of biological family. They probably consisted of other families with children, young people, elderly people, and everyone in between. Yet life in modern Western North America has actually been structured to prevent building a community or village. Living in separate dwellings in nuclear families separated by fences actually interferes with building a village (Mikulincer & Shaver, 2007). Many problems of modern life (e.g., postpartum depression, mental illness, caregiver burden, social isolation in older adults, parent stress, family violence) would be improved by living in villages.

Given these societal level constraints on living in villages, in modern life, we must artificially and deliberately create our villages. A modern village may look different.

Virtual villages. In COVID-19 pandemic times and in non-COVID pandemic times, these villages may be primarily virtual because we often do not live in close proximity with those who we would want to be in our village.

Building our villages. We likely will build our village through hobbies, activities, and clubs (e.g., knitting clubs, soccer teams, painting class), and some parts of our village will never meet other parts of our village (e.g., work friends and church groups). Many patients will respond reactively that they do not have family, or their family is not reliable (both which may be accurate); therefore, it can be helpful to remind them that villages were never meant to be biological family only.

Health care providers. Modern villages may also include health care providers or health care services like homecare or Meals on Wheels. We should encourage patients, friends, and colleagues to access professional mental health support because these are not normal times, and most of us do not have the coping skills needed to navigate such unprecedented stressors. Modeling this behavior by accessing professional mental health support ourselves is the most powerful way to support and encourage others in accessing help. Many mental health resources are available online and free as a result of the pandemic. As health care providers, we should also consider ourselves as part of our patients' villages, providing support and advice that may have happened as part of normal life in villages in the past.

Resources. We may need to pay to have people in our village, such as housekeepers, cleaning people, or babysitters (assuming we can afford it). In villages, it is common for people to bring food when someone is ill or is having a difficult time (e.g., loss). In modern day villages, this might be a meal delivered from our favorite restaurant. Once again, we need to recognize things may not look the same, but we can recapture important values or aspects of living if we accept the form will change.

During the COVID-19 pandemic, it is especially important to invest in our villages, both for our well-being and for others. Calling, texting, or video chatting with others, often not to ask, "How are you?" but to say, "I am thinking of you and hoping you're well," may be particularly useful in rallying our village. We should think about creating informal ways of connecting rather than just the formal virtual meetings. Some suggestions of ways to have informal virtual connections are shown in Table 3. We should encourage patients to be deliberately and artificially working on creating or maintaining a village while recognizing it will look different in modern times and might need to rely heavily on technology during the COVID-19 pandemic. No one is meant to go through a stressor like a pandemic alone.

There is good evidence showing the importance of feeling connected to other humans and how villages can help us be well (Lee-Baggley, 2019). For example, studies show that both men and women without supportive social networks have worse health outcomes (Hosseini et al., 2020; Santini et al., 2016). Social connection also impacts our perceptions of challenges and obstacles. For example, some studies ask participants to stand at the bottom of a hill and estimate the height of the hill or estimate the weight of a backpack. If a person is standing at the bottom of a hill with

Table 3
Informal Ways of Connecting Using Technology

- Group chats/texts
- TGIF/happy hour Zoom calls with colleagues (grab a drink and chat over Zoom at the end of the work day/work week)
- Virtual coffee breaks or lunch breaks with team members or friends (same time once a week or at frequency that people can reasonably attend)
- Have a family dinner by putting a laptop on the table with a relative who lives far away or with whom we can't see in person
- Play online videogames and chat while playing
- Do a puzzle with a relative on the iPad beside us who is also doing their own puzzle on their end

a loved one, they will estimate the hill height as less than if they were by themselves (Lee-Baggley, 2019). In another study, when people are asked to estimate the weight of a backpack they are given and told to wear, they will estimate the weight of the backpack to be lighter when they are with family members as compared to when they were alone, even when family members are explicitly told not to help (Schnall et al., 2008). In another series of studies, shocks were administered to the toes of individuals connected to functional MRI machines (Coan et al., 2006; Johnson et al., 2013). This allowed for observation of pain receptors in the brain activating or 'lighting up' as a result of shocks. When participants were holding the hand of a loved one, the pain receptors in their brains did not light up as when they were by themselves, indicating they were experiencing less pain. Notably, this effect was only observed when the loved one was a trusted, secure relationship. Participants did not benefit from holding the hand of a partner with whom they were in a distressed relationship (Coan et al., 2006). These studies show it is not just the presence of anyone that creates beneficial effects observed. It is only stable, secure, and trusting relationships that provide a benefit in navigating stressful situations. When we have these relationships, obstacles do not seem insurmountable, burdens do not seem as heavy, and pain is more manageable. This is not because stressors have been removed, but rather, it is because comfort has been added. This comfort makes going through difficult times more bearable. Studies show that activating the social safety system or a secure attachment system enables a cascade of biological, physiological, and neurological changes that help us activate the parasympathetic nervous system, and thereby, feel greater calm, more connecting, and better comforted and soothed (Tirch et al., 2019). Given the enormous amounts of uncertainty and lack of control we have over the stressors in the pandemic, going through it with somebody else (or with our village) is our best-case scenario.

Tip #7: Be Kind – Living in a Pandemic Is Exceptionally Hard

Although it seems abnormal to us to live through such hardship, it is noteworthy that almost every generation in modern history has had to contend with global struggles, such as war and pandemics. To deal with the hardship of COVID-19, we need to adjust our expectations. When so much of our effort has to go to managing the pandemic, we do not have as much frontal lobe battery to engage in work or to be productive. Historically during times of crisis, everyone's efforts would be dedicated to 'the war effort' (Proctor, 2010). Many normal activities would be put aside or abandoned if they were not contributing to the war effort. This would help people manage their overall stress levels because numerous expectations would be eliminated. By contrast, we have not adjusted workloads or expectations appropriately in our current situation. We have simply added pandemic stress onto regular life stress. Many people were struggling to manage our modern and hectic world even before the pandemic (Ray, 2019). It is no wonder that stress levels have increased exponentially during the pandemic (American Psychological Association, 2020). With so much of our frontal lobe battery being dedicated to pandemic behaviors, we simply do not have enough frontal lobe battery power to continue at the same level of activity with the same expectations for performance. Simplified, no one can be at their best, most productive, or at their healthiest during the pandemic. Compassion may help us respond more appropriately to changes in performance we are all likely to experience.

Compassion is the act of recognizing pain or suffering in ourselves or others and a desire to eliminate the suffering (Gilbert, 2014). It involves kindness, common humanity (recognizing everyone makes mistakes, has setbacks, has flaws), and mindfulness (being in the present moment focused in a nonjudgmental way) (Neff, 2003a, b). Research shows the benefits of compassion both in terms of physical and mental health, but also in persisting in difficult tasks (Hope et al., 2014; Neely et al., 2009). As we navigate this pandemic, we need to extend some acts of compassion or kindness to ourselves and to others. It is actually psychologically important to 'blame the pandemic' rather than ourselves or others for difficulties in either our work lives or our relationships. This is not about 'giving a pass' to other people; it is an act of compassion to others and to ourselves. It is about recognizing the environment in which we find ourselves (Neff, 2003b). None of us chose this environment, and it is not our 'fault.' It is our responsibility to manage, and we can use a compassionate view to remember our difficult circumstances are not our choice and not our fault (Tirch et al., 2019). As such, it is important for us to be kind to ourselves about our situation. In our health care team at the hospital, we often use the sayings "I'm sorry but my frontal lobe is spent," or "Sorry, pandemic brain," to demonstrate or offer self-compassion. Using this cue informs ourselves and our colleagues that we are feeling worn out, and we likely do not have much self-control left.

It is an important cue to encourage us to be kind to and support each other to charge our frontal lobes. We also commonly check in on each other as to how our battery charge is doing in our group chat and team Zoom lunches that we started since the pandemic to stay connected.

Drawing on self-compassion may help with the self-criticism that is likely to emerge with not performing at the same level as usual. Acts of compassion allow us to free up some frontal lobe to make better choices. When we fuel self-criticism, it activates our caveman brain through increased negative emotions, then part of our frontal lobe battery has to be dedicated toward managing the activated caveman brain. Consequently, there is even less frontal lobe available to make good choices. Living in a pandemic is incredibly hard. We need to be kind to ourselves and others to make it through, and it is necessary to encourage our patients to use this same approach.

Conclusion

While health consequences of the pandemic are likely to be obvious right away, the psychological impact of the pandemic will have a lasting toll. As health care providers, we can support our patients to engage in evidence-based techniques to promote and foster mental and physical health. The most important message is that it requires deliberate effort during the pandemic to stay stable or to be well. This is also true for health care providers. The pandemic is taking an enormous toll on frontline providers. Recent studies show that burnout, moral injury, and post-traumatic stress disorder (PTSD) are at some of their highest levels (Dean et al., 2020; Raudenská, 2020). Health care providers also need to be much more deliberate about caring for themselves to be the people (fathers, mothers, sisters, brothers, sons, daughters, friends, colleagues) that we want to be and to be the health care providers we want to be. Taking care of our emotional, physical, and interpersonal health needs to be a priority for all of us.

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