ABC framework of fear of COVID-19 for psychotherapeutic intervention in Nepal: a review

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ABSTRACT

The COVID-19 pandemic is having an impact on physical and mental health. Most studies report the impact on mental health and mental distress during the pandemic. As a result of various stressors (such as lockdown, quarantines, and misinformation) there is heightened fear of a pandemic. The sufferer may experience a variety of symptoms of anxiety, depression, and even psychosis. In predisposed vulnerable individuals, fear of COVID-19 is perpetuating pain and dysfunction. This study discussed the ABC framework of fear and influencer to better understand the different levels of symptoms and interventions. There is an urgent need to integrate mental health into primary health-care centers. The attending physician should be aware of the stress disorders associated with the pandemic. This article introduces a handy and practical portrayal of the ABC framework that can be taught to individuals in distress during clinical visits to primary care centers providing awareness of the relationship between thinking, emotional and behavioral responses.

Keywords: Phobia, Anxiety, Depression, ABC, Psychotherapy

1. Introduction

On March 11, 2020, the World Health Organization (WHO) declared novel coronavirus (COVID-19) as a pandemic[1]. As of August 18, 2020, all 7 provinces and 77 districts of Nepal have tested positive reporting 28,255 confirmed cases and 114 deaths due to COVID-19 infection[2]. Common clinical manifestations in symptomatic cases of COVID-19 infection include fever, fatigue, dyspnea, myalgia, and dry cough[3]. Severe cases may present with organ dysfunction including shock, acute cardiac morbidity, acute renal injury, acute respiratory distress syndrome, and even death[3]. However asymptomatic cases make detection very challenging[4]. The possibility of involuntary exposure to the highly infectious invisible virus which can be fatal instigates an unregulated fear of pandemic to an actual threat “virus”[5-7]. With this excessive fear of COVID-19, there are detrimental mental health crisis at the individual level (fear, phobia, anxiety, and paranoia) as well as the societal level (hoarding of supplies, predated vulnerable, discrimination, and stigmatization)[6, 7]. Those with overt apprehension and overreaction towards COVID-19 termed “coronaphobia” are likely to have unpleasant and hyperarousal symptoms triggered by information or cognitions about COVID-19 infection[8]. This specific phobia triggers continued stress and anxiety causing physical and functional disorders such as chest

discomfort, palpitation, and insomnia which can further progress to disorders including insomnia, substance use disorder, anxiety, depression, suicidality, hypertension, and endocrine disorders[1, 8, 9].

The current approach of various countries to the COVID-19 outbreak is controlling infection sources, reducing transmission rate, early diagnosis, contact tracing, quarantine, isolation, and supportive treatments for cases[3]. However, there is also growing concern about the assessment and management of psychological consequences of COVID-19[1, 5, 10]. To have a COVID-19 free society in addition to the treatment of infection there is a dearth of rigorous work on the management of individual fears and addressing the psychological needs of those suffering from the crisis[5, 11]. This unique situation requires the assessment of fear and deliver evidence-based psychotherapeutic tools to enhance the psychosocial health of the individuals suffering from dysfunctional worry about COVID-19[5, 12] as well as due to lack of pharmaceutical intervention healthy behavior changes are necessary for control of the pandemic[13]. The current review aims at discussing the ABC framework and psychotherapeutic tools at different levels for disorders arising out of fear of COVID-19 in the context of the current COVID-19 pandemic in Nepal.

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2. ABC model of coronaphobia

Fear is an adaptive psychophysiological response of the body to actual threat “virus” whereas anxiety to an anticipatory unknown threat or internal conflict, however during a pandemic the threat is exacerbated, continuous and uncertain where fear becomes chronic and indistinguishable from anxiety[7, 14]. With this high panic level of fear and anxiety, individuals lose their ability to respond rationally and can show maladaptive coping strategies[5, 7]. This pathological fear and anxiety termed coronaphobia can be associated with and progress to myriads of physical and psychological disorders[1, 8]. Though Albert Ellis formulated the ABC model for Rational Emotive Behavior Therapy yet ABC model and its basic premise can be used in various other forms of psychotherapeutic interventions[15-17]. In the ABC model, (A) is activating events (or adversity) which individuals face, (B) stands for beliefs individuals have about the events, and (C) stands for emotional, behavioral, and cognitive consequences generated by belief about the adversity[17-19]. The (C) (e.g. fear) can further act as an activating agent (A) that generates meta-beliefs or secondary beliefs (B) which in turn underpin meta-consequences or secondary consequences (C)[17, 18].

2.1 Activating Events (As)

An activating event is a real external event (aspects of the pandemic), and/or internal event in an individual’s mind such as memory, image, even dream, or anticipating future event (post-pandemic uncertainty). (A) is inferential and individuals can have multiple inferences (multiple As) of a given situation where individuals had varied emotional responses when focused on them[19].

2.1.1 External Events (As)

Along with many countries, Nepal also implemented lockdown and quarantine measures to prevent the spread of COVID-19[20] which affected tourism, agriculture, and remittances[21]. Many migrant workers were stranded in Indian borders, remittances received by Nepalese households were in decline, people working in tourism sectors lost their livelihoods as a result of suspending the “Visit Nepal 2020” initiative, mountaineering activities, and on-arrival visas, and farmers were forced to dump their products[21]. Nepal reflects the real case of low and middle income (LMIC) where during the pandemic introduction of digital education burdened families, inadequate supply of necessities, protective equipment, and medical supplies burdened limited resources health care systems[20, 21]. The newly develop federal system lacks coordination with provincial and local bodies on guidelines for the management of COVID-19[22], and additional remuneration declared by the government for frontline workers is controversial and divisive[4]. Nepal is not exempt from infodemics i.e. misinformation for sensationalism and assaulting doctors and evicting healthcare

workers from rented houses[21, 23]. Due to restriction in movements, people are devoid of maintenance treatment for severe mental illness and chronic diseases[24].

2.1.2 Internal Events (As)

In The multitude of problems produces a variety of inferences. The prevalent inferential themes during a pandemic are boredom, frustration, fear of infection, and stigma[25]. Individuals may fear their health or fears of infecting others and there is a tendency of fear towards individuals around who might be the source of infection[6]. The fear may worsen if there are physical symptoms related to infection and their psychological stress may persist for several months[25]. The loss of daily routine activities, social and physical contacts and confinement may lead to boredom and a sense of isolation which further exacerbates the frustration[25]. The financial loss and social loss may be perceived as irrevocable loss which may lead to a downward spiral of resignation[12]. There is a stigma towards suspected and confirmed cases and people avoid them even after recovery, the fear and suspicion have led to familial conflicts as far as not accepted by their own families. Furthermore, due to the nature of stigma, people keep secret of the illness and avoid seeking help. Suspected and confirmed cases may have a threat of uncertainty for illness[25]. They may have thought of the worst outcome. The thought of reintegrating with society after staying at home may be a stress for many[12]. The obstruction of goal and uncertainty of the future of education and employment might be other anticipatory future events which are COVID-related stressors. Nepalese ways of seeing a self and emotion comprising physical body, the heart–mind, the soul, the brain–mind, the spirit, social status, family, spiritual world, and ancestral deities[26] plays a vital role in inferential theme of the activating event.

2.2 Beliefs (Bs)

Beliefs include thought patterns, the rules one lives by, the demand one makes on self, others, and the world and the meaning individuals attach to the internal and external events. There may be varied but common cultural mental illness belief in Nepal is linked with spirits that can control a person by bewitchment or dislodge a soul or possess a body causing illness[27]. Furthermore, one should consider the Nepalese concept of the heart-mind which contains traumatic, intrusive memories as well as worries, fear, and anxiety and is responsible for desire and wishes. The heart-mind is controlled by the brain-mind which is responsible for attention, cognition, and societal harmony. The discoordination between heart-mind and brain-mind produces mental illness[26]. The idea of emotional turmoil is mainly explained by the interaction between irrational beliefs and experienced inference of the situation. Consequent to this theme individuals should hold a substitute set of rational beliefs to respond healthily in the same situation[19].

2.2.1 Irrational Beliefs (Bs)

The cognitive process of irrational beliefs that underpin psychological distress are four in number where demandingness is a primary belief and the other three (awfulizing, low frustration tolerance, and self/other/life depreciation) are secondary supposedly derived from the demands[17, 19, 28, 29]. The irrational demanding beliefs are explicit or implicit rigid demands requiring absolution expressed as “must”, “should”, “have to”, “ought to”, and “got to” [17, 19, 30](“I must not have COVID-19”). The three life domain or cognitive content of demanding beliefs are demand for comfort (“I need to know now that I don’t have COVID-19), demand for achievement or competence(“I must be strong”), and demand of control(“I need to overprepare the supplies or else I will be a victim”) [17, 29]. Awfulizing refers to an individual's assessment of the situation as catastrophic, and as the worst-case scenario possible[17] (“I must not contract COVID and it will be very bad if I have”). Global evaluation/self or other-downing is generalization where an individual tends to evaluate negatively of self, others, and the world[17] (“If I have COVID-19 my family will reject me”). Low frustration tolerance is an irrational belief where an individual is unable to face the situation[17] (“I must not have COVID-19 I can’t bear it”).

2.2.2 Rational Beliefs (Bs)

Similarly, rational beliefs that underpin individuals’ psychological health are four in number where preferences are primary and the other three (non-awfulizing, high frustration tolerance, and self/other/life acceptance) are secondary supposedly derived from the non-dogmatic preferences[19]. Preferences are primary rational beliefs with flexible explicit or implicit desires[17] (“I wish I have no COVID”). Non-awfulizing refers to an individual's flexible negative assessment of non-conformity with their preferences[17]. Recognizing the bad aspects can ultimately help find positive aspects. “Getting COVID-19 is bad but there are worst things than this”. Unconditional acceptance is the antidote of overgeneralization where the individual accepts the self, others, and the world unconditionally[17] (“Life does not always unfold as one expects”). High frustration tolerance refers to the ability of an individual to tolerate and cope with the situation when preferences are not met[17](“I don’t want COVID-19 but it is not unbearable”).

2.2.3 Consequences (Cs)

The consequences are the result of belief held for the inferential theme of activating events includes emotional, behavioral, and cognition as a result of experiences in life[19]. The negative thoughts in the belief systems are the links between the situation and the feeling of distress. Nepalese tend to describe emotions and behaviors in the form of somatic symptoms rather than abstract feelings[26, 27] such that problems with the heart-mind present with bodily pain, headaches, stomach upset, numbness and tingling sensations reflecting anxiety and depression and problems with the brain-mind presents with behavioral disturbances like psychosis, impulse control disorders and suicides[26].

2.3.1 Emotional (Cs)

The emotions stem can be healthy negative emotions or unhealthy negative emotions from the rational or irrational belief held about adversity respectively[17]. The belief alone did not determine emotions such as anxiety or concern as well as depression or sadness. The nature of the inferential theme at (A) plays a vital role in the flavor of emotion that individuals experience at (C)[19].

2.3.1.1 Unhealthy Negative Emotions

Unhealthy negative emotions are considered unhealthy or irrational emotional responses to inferred or actual adverse events[19]. Unhealthy negative emotions include anxiety, depression, anger, guilt, shame, hurt, unhealthy jealousy, and unhealthy envy which interferes with individuals' perceptions of things that can be changed realistically and prevent them from constructively accepting things that cannot be changed and result in inaction or destructive behavior[19]. Quarantine and isolation may lead to denial, anxiety, loneliness, depression confusion, anger, and despair[24, 25]. Isolation of suspected cases may trigger anxiety due to the uncertainty of disease and may suffer from compulsive symptoms of temperature check, repeated use of sanitizer, and hand washing[24]. Confirmed Isolated case may fear the grave nature of the disease[24]. The previous study has found that the duration of quarantine can be positively associated with posttraumatic stress disorder[31]. The financial loss can be responsible for psychological disorders including anxiety and anger even after several months[25]. Frontline health workers with excessive workload have been reported with physical exhaustion emotional dysregulation, fear, and sleep disturbances[24].

2.3.1.2 Healthy Negative Emotions

Healthy negative emotions stem from rational beliefs[19]. Healthy negative emotions can be seen as healthy or rational emotional responses to inferred or actual adverse events[19]. It helps individuals work to change things that can be changed realistically, and/or to accept things that cannot be changed constructively. Therefore, it enables individuals to move towards their happiness, producing goals, desires, and purposes[28]. Healthy negative emotions include concern, sadness, healthy anger or annoyance, remorse, regret, disappointment, healthy jealousy, and healthy envy which produce self-helping and community helping actions[19]. Healthy negative emotions are natural responses during the pandemic that occur in life. Trying to think positively at these times can be a distraction from acknowledging adversity. This is unrealistic given the negative experience. Accepting our adversity, pain, and suffering is the first step in healing ourselves in the long term.

2.3.2 Behavioral (Cs)

Behavioral consequences of beliefs (B) about inferences of (A) can be maladaptive or adaptive conditional on the irrationality or rationality of held beliefs[17].

2.3.2.1 Maladaptive behaviors

During COVID-19 pandemic maladaptive behavior like hoarding and stockpiling of resources at an individual level and mistrust of authorities, discrimination, stigmatization, and scapegoating at societal levels have been reported[6, 32]. Reassurance seeking behavior has been reported from west[32] but in Nepal people are likely to avoid testing due to fear of stigma and involuntary admission to isolation centers. The pandemic crisis can act as a catalyst for heavy alcohol use and intentional injuries[33] and alcohol availability is not a concern since most Nepalese households homebrewed alcohol from rice, barley, or millet[34]. During nationwide lockdown from March 23 to June 6, Nepal reported a staggering number of suicides totaling 1,227 with an increase of 20% in the first month of lockdown[21].

2.3.2.2 Adaptive behaviors

Preventive behaviors an individual adapts to cope with the physical threat that is virus are adaptive behaviors[35]. The adaptive behaviors during a pandemic are to enact preventive measures like decontaminating often touched places, washing hands more often, limiting leaving home without explicit necessity, using masks properly, practicing social distancing, and not touching one's eyes, nose, or mouth[13].

2.3.3 Cognitive (Cs)

The irrational beliefs can generate cognitive consequences i.e. meta-cognitions. The distorted thinking is largely inferential and can be a result of irrational thinking instead of the tendency to think distortedly[19]. The dramatization of news increases with the threat sharing over preventive news, leading to the increase of risk perception[36]. People may have black and white thinking either not getting COVID-19 or ending up in ventilator[12]. The financial loss and social loss may be perceived as irrevocable loss which may lead to a downward spiral of resignation leading to hopelessness and helplessness [12]. The cognitive consequences also have effects on memory and attention[19] and such people may have selective attention to worst-case scenarios[12]. Besides people may have cognition associated with helplessness, hopelessness, loneliness, and loss of meaning due to the COVID-19 crisis[12].

3. Discussion

Maoist insurgency and a major earthquake in the past have left the Nepalese population vulnerable and predispose to mental distress[37]. Pandemic related stress is precipitating and perpetuating the distress and psychological disturbances. Transcendent bliss from meditation, daily worship, and community involvement are protective spiritual traditions and cultural factors for promoting resilience in Nepal[37]. Buddhism commonly practice in daily life by Nepalese and Rational Emotive Behavior Therapy sought to reduce sufferings in empirical and rational ways and they share inextricably similar ideology[38]. ABC framework facilitates individuals and clinicians to understand the connection between adversity, belief, and consequences leading to increased distress or conflict where individuals easily recognize and interpret their symptoms which helps to guide treatment[28]. However, it is essential to understand cognition. The description and inference of the situation by individuals are cold cognitions which act as adversity(A)[18]. Whereas the hot cognitions are the evaluation of the situation and represent either irrational or rational beliefs(B)[18]. Also, there are cognitive consequences(C) due to irrational beliefs[19]. Furthermore, individuals can realize the control they have and can act at different levels of the ABC framework to reduce suffering and distress.

3.1 Intervention at (As)

An indefinite blockade of the entire city currently practiced in Nepal, without a clear time frame can be more harmful than the strict application of quarantine procedures limited to the incubation period[25]. Limiting the quarantine to a known incubation period may help reduce the psychological stress since a longer period of quarantine is associated with an increase in psychological distress[25]. A quarantined individual should be informed properly about the length and nature of the disease by public health officials[25].

Isolated and quarantined individuals should be encouraged to engage in communication with family and friends using online mediums or phones[25]. The government should provide an adequate supply of necessities to people in need[25]. Local levels have setup quarantine centers for migrant workers returning from abroad but lack minimal living standards. Stimulus control over media consumption which can trigger immediate fear[39]. Activity scheduling for lack of sunlight and sedentary lifestyle[12].

3.2 Intervention at (Bs)

Once this ABC framework is recognized the fundamental goal of intervention at (B) is to dispute (D) or restructure the irrational belief and create more efficient (E) rational alternative beliefs to reduce negative emotions such as fear, anxiety, anger, and depression which will further generate and facilitate (F) functional consequences[18, 40]. The arguments commonly used to dispute the beliefs are logical (illogical or logical), empirical (false or true), and pragmatic (unhelpful or helpful). During disputation irrational beliefs are rendered illogical, false, and unhelpful, and rational belief as logical, true, and helpful[18, 40]. ABC form and daily thought record can help to record thoughts and dispute irrational beliefs and creating new effective beliefs.

3.3 Intervention at (Cs)

Psychotherapeutic basic skills to cope include setting goals and action plans, self-monitoring of symptoms, evaluating the environment, and managing emotion, behavior, and cognitive consequences to reduce psychological distress.

3.3.1 Emotions

Clinicians should be aware of fact that Nepalese individuals tend to express their emotions in the form of physical symptoms attached to the feelings[26, 27] and lack of knowledge in ethnopsychology may lead to the treatment of mental disorders as physical illness[41]. The hyperarousal in anxiety and anger can be managed with somatic quieting skills like deep breathing exercises, progressive muscle relaxation, and mindfulness. Mindfulness practitioners are conscious of sensory inducements which decrease the sensitivity to threat exposure during emotional arousal[16]. Progressive muscle relaxation reduces somatic anxiety and deep breathing reduces cognitive anxiety[42]. Patients should be referred for mental care providers when drug therapy seems appropriate.

3.3.2 Behaviors

There is an urgent need for change in our behaviors to protect ourselves and others. Maintaining hygiene with handwashing and disinfecting objects. Use of face masks covering mouth and nose properly, keeping physical distance, use of tissues during sneeze and coughing, and not touching one's eyes mouth, or nose[13]. Exposure to feared stimuli to reduce avoidant behavior in the form of imaginal exposure or virtual reality exposure therapy can be utilized during the unique case of a pandemic. With behavioral activation can be used in the case of depression[43]. Maladaptive behavior like drinking alcohol and substance use when stressed should be assessed and treated appropriately[44]. Suicidal behaviors should be reported and help should be sought.

3.3.3 Cognitions

Cognitively it there is a need to confront and challenge the thoughts about threats during a pandemic or coping abilities and coping resources. In the technology-driven world, media plays a crucial role in skewing cognition[36]. The information is necessary and watching or reading news for approximately 30–60 min per day should be sufficient[24]. Nepal Government Ministry of Health and Population conducts daily media briefing on COVID-19 on national television as well as provide mobile application “Hamro Swasthya” and web portal (<https://covid19.mohp.gov.np/>) for the dissemination of accurate non-sensational Information which is highly recommended for Nepalese citizens[45]. There is also a need for individuals to learn a mix of psychotherapeutic exercises to cope with pandemic including facts checking, testing reality, building confidence, practicing relaxation techniques. Cognitive distortion and automatic negative thoughts should be disputed to generate effective rational beliefs.

4. Conclusion

During the psychological crisis brought by pandemic, it is necessary to understand the mental health impact at different societal levels, identify vulnerable populations for aggression and suicidality, and provide necessary psychotherapeutic intervention for individuals in need[24]. Every new case in the community brings a new wave of fear. Our health care system should be able to recognize this fear and provide the necessary mental health needs. Nepal has limited resources of psychiatrists, psychologists, and psychosocial workers where much of the effort in Mental health services are provided by non-governmental organizations (NGOs) than government organization[37]. To reduce the treatment gap present in the mental health World Health Organization (WHO) launched the mental health Gap Action Program (mhGAP) aiming to integrate mental health services in primary health care centers which is an ongoing program in Nepal[46, 47].

However, Most Nepalese still prefer to visit traditional healers for the treatment of mental health problems[37]. Nepal should incorporate, train, and collaborate with available resources for mental health services like traditional healers as well as paraprofessionals[27, 48]. Ongoing research in Nepal shows promising results with cognitive behavior therapy, interpersonal therapy, and dialectical behavior therapy[26, 49] as well as teleconsultation for mental health services[50]. However, making complex psychotherapy simple for inexperienced audiences with a focus on micro-skills and tools such as psychoeducation, problem-solving skills, relaxation, and role-play with the integration of culture and local idiom of distress provides the better outcome[27]. As COVID-19 spread exponentially around the world, it was accompanied by great uncertainty, fear, anger, anxiety, and stress, as well as the profound challenge of managing pre-existing mental disorders. Nepal needs to take positive action to mitigate its potential mental health impact as soon as possible.

5. Conflicts of interest

None.

6. Ethics statement

Not Required

7. References

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