

Opinion

GI Psychology Perspectives in the Pandemic

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As the medical COVID-19 pandemic progresses, a psychological pandemic is expected to follow suit with a sustained mental health crisis. Mental health clinicians will be critical to support, not only for the population affected, but for treating providers' own needs, especially as the therapeutic alliance - a key driver of psychotherapeutic change - draws on both the trained skill and experience of the provider. As well-stated by a colleague, "As psychotherapists, we are uniquely qualified to explore with our patients the psychological sequelae of social isolation, job loss, fears of contagion, and grief [1-4]."

It is well-established that stress can exact a severe toll on both the body and mind, although psychology has branches engaging cultivation of awareness, thought change, and behavior as active means of taking control to change our circumstances, or our reactions to them. Filtering experience through perception is arguably the key to our humanity, and increasingly psychological literature has included focus on our negative perception/expectation of stress effects as instrumental to their actual impact [5,6].

A stress like COVID-19 can have grossly wide-ranging effect, on the news: broad strokes on economic and medical impact, but at home: all-too-fine strokes with at times painful detail, especially when contrasted with our needs, experience or expectation. The debate, for example, about in-person vs. virtual learning for schools leaves in the balance multiple other related issues including parent work schedules, the demand for at least one adult to be helping instruct learning at home, plus make dinner, all while managing relationships, bills, and our own emotions - understandably raw with the stress intensity pressing in on most families. These cut broadly across Maslow's hierarchy of needs, ranging from personal fulfillment to basic needs of human security, shaken with economic threat for so many Americans. All these factors can have great impact on our bodies and our minds, with a recent insightful study from MIT comparing social withdrawal during the pandemic to actual hunger. We may indeed feel a fear of starving (on many levels)... Understandably, these impacts do not occur in isolation but in the larger context of individuals' needs, both for patients and providers. Through the lens of GI psychology,

we regularly focus on the reciprocally - interconnected nature of the stress response, both physiologically and psychologically, with gut function and our mental, emotional, and behavioral responses to these. We are also aware of the significant overlap of GI symptoms and psychological distress, e.g., severe psychological distress with depression occurring some 5x more often for patients with GI symptoms seeking primary care, and severe anxiety some 4x more frequently for these same patients [7,8].

Treating providers are under grave stress as well. Early in the pandemic, some 72% of healthcare workers surveyed endorsed significant psychological distress, and this presents on top of existing burnout rates in a high-risk profession for almost half the surveyed physicians practicing in the US prior to the COVID-19 crisis. Thus, we can not only recognize the significant risk for both underlying distress interactions, but with these novel Coronavirus-associated stressors, the potential further cascades for practical and emotional stress to exacerbate if not precipitate physical reactivity and create a cyclical pattern of distress [9].

However, arguably the key human feature to perceive and reframe stimulus can offer us an ironic sense of control at the very intersection of events where understandably one could perceive its lack. The rich treasure of psychological approaches to enhance well-being is timely to apply in order to counteract this tremendous potential for pandemic stress. For example, relaxation training and mindfulness can help calm physiological GI reactivity and anxious cognition, but with disciplined rehearsal, the brain-gut axis flow can be re-directed or retrained to de-escalate reactivity across both physical and emotional domains [10].

Thus, where there is connection, there exists a pathway to change, and with the pandemic, we can harness psychological know-how to instruct, model, and help facilitate growth in both insight and skill, which may in turn decelerate understandable anxiety and reverse this powerful cascade, e.g., all the way from the HPA axis to the digestive tract itself. This, in turn, can engender hope and control in a place where control may feel most welcome, and psychological care can be applied with compassion to empower change for patients and providers alike.

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