Thoughts on social work during covid 19

Reflexiones sobre el trabajo social durante el covid 19

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Abstract

Social workers'role aims to support people in need for various reasons, those who are often confined to the margins of community. Covid 19 has caused many changes in our daily lives and its backlash has also affected support interventions. The social workers went through this period together with the users, trying to find new balances with respect to the practical aspects, but also to the psychological and relational fallout. The processing and adaptation work was carried out both individually and in groups. The paper summarizes a few reflections emerged in some social workers' groups held during this period in Northern Italy, highlighting specific issues and the processing paths used to address them.

Key words
inequalities, adaptation, health, unconscious, emotional dynamics

Resumen

La función de los trabajadores sociales consiste en apoyar a las personas necesitadas por diversos motivos, que amenudo están confinadas en los márgenes de la comunidad. Covid 19 ha provocado muchos cambios en nuestravida cotidiana y su reacción también ha afectado a las intervenciones de apoyo. Los trabajadores socialesatravesaron este periodo junto con los usuarios, tratando de encontrar nuevos equilibrios con respecto a los aspectosprácticos, pero también a las secuelas psicológicas y relacionales. El trabajo de procesamiento y adaptación se llevóa cabo tanto individualmente como en grupo. El artículo resume algunas reflexiones surgidas en algunos grupos detrabajadores sociales celebrados durante este período en el norte de Italia, destacando cuestiones específicas y lasvías de procesamiento utilizadas para abordarlas.

Palabras clave
desigualdades, adaptación, salud, inconsciente, dinámica emocional

INTRODUCTION

The disruption caused by Covid 19 has had a huge impact on almost every level of societies. The effects of diseases are often more severe on people that suffer inequalities in their condition of life. (see Marmot, 2015).

Nowadays, social workers have an important role in dealing with different kinds of difficulties that occur in human experience and in our societies. They try to reduce social inequalities, confronting with the barriers to their clients' comprehensive wellbeing (see Payne, 2014).

In Italy, social intervention is largely delegated to private no-profit organizations that collaborate with local public institutions (see ISTAT, 2020). In general, social and health interventions are carried out by different services.

Prevention standards for Covid 19 were suddenly integrated into working practice. Their introduction did not follow a smooth and gradual path, sometimes it was not immediately clear how to implement these standards in practice. The progressive steps taken in the various phases (from the discovery of the epidemic to the various forms of containment) have had practical, relational and symbolic repercussions on the lives of careworkers, users and their interactions. How is it possible to do proximity work while maintaining distance?

I lead a number of groups for social workers of no-profit organizations in Northern Italy which are involved in different areas of intervention (minors, homeless people, migrants, people with mental health problems).

They are group-analytically oriented, usually composed of 4 to 12 people, aiming to protect individuals' health, increase group cohesion and deal more effectively with the people cared for.

Right after the beginning of the lockdown the different services (when not suspended) responded in two prevailing ways: some continued their in-person work, incorporating prevention procedures into their daily life, others had to develop remote working arrangements.

In a similar way also groups subject of these reflections underwent profound changes, first undergoing periods of suspension, then through the reorganization of the setting and finally moving, in most cases, to online meetings.

This changeover led to organizational difficulties. Besides, some social workers had sometimes problems or refused the use of the new media.

This paper is not the outcome of a traditional research project, but aims to share some of the thoughts that have emerged together with the people who have decided to continue the collective work. The idea of writing about this theme came to me after the groups were held, therefore, in order to respect the confidentiality of the participants, no material from the meetings will directly be used, but the main themes will be outlined. Some phenomena were more common, others were more determined by specific re-organizations of services.

COMMON ISSUES

The intervention of social workers usually has a mediating function between people in difficulty, institutions and society.

This position generates strong expectations on the part of both users and institutions regarding the role of the care workers. Social workers find themselves on both sides pushed to achieve objectives outside their regularly foreseen tasks. Users can identify caseworkers with institutions, and institutions tend to delegate functions in relation to the care of users.

In addition, internal expectations together with an ideal vision of one's own mission can add internal pressures in relation to the deep ethical values possessed by each individual.

During the pandemic these expectations were further put under pressure by the general situation of uncertainty, in which it was difficult to have clear and sustainable indications on the most suitable way to proceed. The special nature of human relations (due to the specific difficulties of different users) required targeted adaptations in order to be able to effectively apply the general guidelines in this area of intervention.

The relationship is one of the fundamental aspects of social work. These changes in the context of interactions made it possible to focus on several constitutive aspects. Physical presence, both in its non-verbal communicative potential and in the symbolic aspects of proximity, is a powerful medium that cannot be immediately translated into an online connection. The discovery of new ways and codes to transmit and receive this part of communication makes it, in some ways, more tiring and artificial. At the same time, it allows one to become aware of a large part of exchanges that often take place in an unconscious manner.

Another common factor was an observed change in interactions between the so called first and second wave of Covid 19. The first phase generally correlated with a sense of greater cohesion in relation to a new and upsetting experience. In that period the role that each person could play in providing a collective response to a common danger was highlighted, perhaps with the illusion that the effort would allow the eradication of the disease.

The return of restrictions, although less rigid than in the first phase, was faced with a sense of greater fatigue and a general drop in mood with depressive projections regarding the unresolvable nature of the situation. The lowering of collective attention, in some cases, made it more difficult for users to cooperate. It was possible to observe a relative drop in compliance with the prevention measures, especially those related to isolation or quarantine procedures. These effects were partly compensated for by a greater familiarity with the new ways of working on the part of both care workers and users.

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These changes in interactions were probably partly influenced by the broader framework of society. In particular it is possible that an effect produced by the narratives that emerged in the different phases of this experience was felt. Differences in attitude were evident both directly in the caseworkers and in the guests.

The feeling of time also led to some interesting considerations. After the first phase between shock and novelty one passed to a sort of suspended flow. Then new forms of habit progressively took place, thus giving space to a recovery bringing the desire to start again for most part of people. This phase led also, for someone, to a certain attraction towards the sense of closure and "feeling safe in the den" experienced in the phases of restriction.

IN-PERSON WORKING

People who kept the service in presence found themselves in an uncertain situation having to go to work despite a general lockdown. The fear of contagion (made heavier by the absence of clear guidelines) and the lack of specific social recognition of their role may have increased the feeling of being poorly considered and protected in carrying out their function.

The need to ensure that rules of prevention were maintained, especially in community and/or group contexts, undermined the achievement of the canonical goals of every educational or care intervention, in order to ensure that rules of prevention were maintained, especially in community and/or group contexts.

The normal working method in their case often consists of group or community interventions. This kind of actions are particularly recommended for the recovery from situations of discomfort, but they could determine a further risk factor in a situation where one of the rules of prevention is social distancing.

The lack of aspects of proximity and the connotation of relational openings in terms of danger, in some cases, might have contrasted a series of previous interventions oriented to the construction of trust in the users. In this way prevention rules might have interfered with clients' potential of relationship with the caseworkers and among peers.

This change in the ways of relating to one another exacerbated feelings of exclusion and stigmatization suffered by clients. In a large number of cases clients are people on the fringes of society who often had direct experience of stigma (see Singer et al., 2019). Besides, a lot of them previously developed a problematic internalized way of relating to one another that manifests itself in aspects of fear and reactive aggression towards this issue.

Moreover, during this pandemic, the increasing emergence and relevance of health concerns in social work produced a series of modifications in the relational field and required staff to review their competences and reshape their role.

The symptomatology ascribable to Covid 19 made it necessary to carry out instrumental investigations for the differential diagnosis from other common pathologies. This peculiarity increased the sense of unease and the modification of the relationship with one's own and others' bodies (i.e. generating new readings and reactions to previously considered harmless and uninteresting phenomena, such as a simple cough).

The set of organisational changes and the state of collective danger caseworkers and users were equally exposed to allowed for some modifications of the relationship and the interactive role.

The combination of these factors often promoted attitudes of greater autonomy, cooperation, respect of rules and restrictions in several people within various intervention areas (especially during the so-called first wave). Potentialities and resources, latent in the usual functional interactions related to the service, emerged during the pandemic period.

REMOTE WORKING

One of the main novelties emerging from this period has been the very wide recourse to distance communication tools with the use of different online platforms that allowed to keep in touch with individuals and, in some contexts, also groups. In this context, caseworkers had to face the limits and the potentialities of these tools. Often social workers neither have a deep knowledge of this kind of instruments nor a specific preparation about their use in the specific context of their intervention.

The use of distance working has put further pressure on the boundary between working environment and private life. This border is often an object of reflection for people who work in the fields of care, education and nurturing, because these activities also belong, in a profound way, to human existence in the broadest sense.

The online connection, especially when operated from the domicile (both of the guest and the care workers)

solicits aspects related to the symbolic value of home. These links often implied an increased difficulty to set limits to the interactions with users. Caseworkers found themselves in a less orderly regime, less divided between work and private life. Even without direct interactions, for some people it was more difficult to disconnect from concerns and thoughts related to work, thus undermining the ability to relax. At times, this kind of difficulty outweighed the time saved by not having to travel for service.

In addition, the lack of interaction and informal moments with colleagues within the work environment deprived many care workers of an important affective point of reference and support, crucial for the management of the emotional load resulting from professional duties.
The absence of school and educational services, combined with remote working, made the caseworkers with children face the difficulty of setting limits also for them. Social workers faced the paradox and the overload of having to give up the care of their loved ones to look after their clients (who sometimes are the same age as their relatives).

For some users the change of modality entailed more difficulties and closures, compared to the previous way of interacting. This change of perspective, however, also brought about some positive aspects. For example, some other people found themselves more at ease in a less close interaction and were unexpectedly responsive to these new situations.

The loss of the usual setting also partly contributed to this effect: the connections from the private homes brought out elements in the relationship which were not always present in the exchanges in the neutral places. The access of new elements offered a potential deepening of the relationship, although presenting a series of difficulties on the level of confidentiality. Some clients developed a protective attitude towards the care workers. Users showed this frame of mind in several ways, for example, by increasing their attention and asking more frequently about them and their families' health status.

GROUP CONTRIBUTIONS

After an initial moment of impact and adaptation, it is possible to consider the problems encountered with a broader perspective, through group processing.

From a wider point of view, specific components related to the disease might be distinguished from elements however present in social work.

The difficulty to implement prevention procedures in the working environment showed how the work with the weaker sections of society often confronts subjects with specific troubles in building compliance. Often, the same difficulties that lead people to turn to services, place them in at-risk categories, but complicate support interventions, which would require adequate resources.
Groups prompted social workers to create new ways of processing these topics, bringing out even their less obvious connotations, and trying to create a broader understanding and collaboration with clients to respect the rules. However, it was also necessary to confront the aspects of transgression of these specific rules. This kind of opposition responded not only to the more common dynamics of acceptance/denial of the illness. They were also related to dynamic and relational elements linked to the role interactions between care workers and users (especially in those residential services in which the physical presence was maintained, although relational habits had to be modified).

In the first place, the rapid and unforeseen appearance and evolution of the pandemic produced numerous elements "not thought of", but received into mental life as, in themselves, potentially persecutory things. The activation of the alpha or gamma elaborative functions allows us to reinsert these phenomena into a network of more thinkable meanings (see Neri, 2008). It will be possible to ground more sensible and less acted-out interventions in this framework.

The emotional contribution to the comprehension of the different events and in the decoding of interactions and relations, can reduce the tendency to forms of isolation of affects. This awareness might reduce tendencies to strict materialistic representations, with more defensive than rational characteristics, therefore often not completely effective.

When groups take charge of death and contagion anxieties, with the related anxious or projective trigger processes, they can reduce the appearance of hypochondriacal tendencies, aggressive outbursts or the search for scapegoats.

Mixing the preventive measures with the search for evoked meanings, both at a conscious and unconscious level, might offer a deeper vision of the actions taken. Searching for adequate paths to integrate these visions into a global framework with actions can reduce the difficulties in promoting clients' adoption of appropriate behaviours. This conscious way of acting may foster a general increase in compliance.

The adoption of new working practices led, in some occasions, to the emergence of new horizons of subjectivity for the assisted people, opening up plans for greater autonomy and empowerment.

The ability to elaborate complex frames of understanding, also by means of an evaluation of the unconscious components, may open a better ability to adapt to this unforeseen situation. This kind of frameworks also enhances clients' potentialities and resources which emerged after the change of ordinary references.

The unexpected and sudden situation found most people unprepared, but in some contexts, when it was possible to offer an adequate container for anxieties (also thanks to the group support), it allowed a more cooperative and less hierarchical construction of communicative modes. Even if online, the group offered a safe space to share individual difficulties, feelings and experiences, making it easier to overcome moments of crisis and address difficult topics.

The presence of colleagues, in a situation of active listening during group meetings, partly made up for the lack of informal relations and contributed to the support function.

During these sessions specific attention was given to the issues related to the body, its vulnerability to diseases and absence in remote working.

Also in the current pandemic situation, the role of collective narratives seems to contribute, in a positive or negative way, to the consolidation of the sense of identity of the caseworkers and it influences the effectiveness of the interventions towards the clients.

The group proved to be a "good enough" place to investigate different collective narratives and progressively develop ways of constructive interaction with them.

CONCLUSIONS

The phenomena related to Covid 19 and their health, cultural, economic, and social implications are extremely complex and are likely to take years to be fully understood. However, the observation of phenomena and processes that occur in social work draws attention to some issues that already deserve our focus.

Paying attention to the affective and emotional dynamics, together with the analysis of technical and organizational data, could facilitate the adaptation transition even to sudden crises.

Systematic research with standardised tools could help to focus on risk and protection factors and to draw attention to good practices. This knowledge might help to improve social caseworkers' work capacity and quality of life in both acute crises and in the constant adaptation to changing contexts, users and social needs.

REFERENCES

Italy. ISTAT (Istituto nazionale di Statistica). (2020). Struttura e profili del settore non profit Anno 2018. https://www.istat.it/it/files/2020/10/REPORT_ISTITUZIONI_NONPROFIT_2018.pdf

Marmot, M. (2015). The Health Gap: The Challenge of an Unequal World. Bloomsbury Publishing PLC

Neri, C. (2008). Group. Jessica Kingsley Pub

Payne, M. (2014). Modern Social Work Theory. (Fourth edition). Palgrave Macmillan

Singer, M., Baer, H., Long, D., Pavlotski, A. (2019). Introducing Medical Anthropology A Discipline in Action. (Third Edition). Rowman & Littlefield Publishers