Challenges Facing Psychotherapists In Africa In The Hit Of The Novel Coronavirus 2019 (Covid-19) Global Pandemic

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Abstract
To fully understand the challenges facing psychotherapists in Africa in the hit of the Novel Coronavirus 2019 (COVID-19) global pandemic, the paper visited/reflected the origin and transmission of the virus, the global epidemiology, and the resultant adoption of international and national lockdown limiting heavily movements of people and goods to prevent further spread of the virus. The lockdown, however, has seriously affected the interpersonal relationships and freedom of gathering. It is also expected that it will have adverse mental and psychological effects leading to behavioural, emotional, social/family problems. Increased incidence of stress reactivity and anxiety, reality denial, depression, isolation, loneliness and lack of social support, undesirable marital adjustment and irritability, trauma, self-injurious behaviours like suicidal ideation and drug addiction, unhealthy eating behaviours and resultant increase in weight, and Obsessive Compulsive Disorder, increased neuropsychological symptoms, are some of the expected adverse effects of the lockdown. The ability to adequately address all these anticipated problems pose a big challenge to the few qualified psychotherapists in Africa. There are also very few institutions for the training of psychotherapist in Africa south of Sahara. The speed with which the virus is spreading also calls for short-term acquisition of hands-on psychotherapeutic skills. African governments are therefore called upon to address the above-mentioned shortage as a matter of urgency. The few psychotherapists available in Africa are also called upon to look into the above psychologically unhealthy situation from the point of view of crisis intervention.

Key words: Corona virus (COVID-19), Pandemic, Challenges, Psychotherapists, Africa.

Introduction

Origin and Transmission of COVID-19
In December 2019, a cluster of pneumonia cases, caused by a newly identified β-coronavirus, occurred in Wuhan, China. This coronavirus was initially named as the 2019-novel coronavirus (2019-nCoV) on 12 January 2020 by World Health Organization (WHO) and was officially...
named corona virus disease 2019 (COVID-19) (Yan-Rong and Colleagues, 2020). The Coronavirus Study Group (CSG) of the International Committee had proposed to name the new coronavirus as severe acute respiratory syndrome (SARS-CoV-2). COVID-19 belongs to a β-coronavirus, which is enveloped non-segmented positive-sense RNA virus (subgenus sarbecovirus, Orthocoronavirinae subfamily) (Zhu et al., 2020). Coronaviruses (CoV) are divided into four genera, including α-/β-/γ-/δ-CoV. Yan-Rong and colleagues (2020) argued that α- and β-CoV are able to infect mammals, while γ- and δ-CoV tend to infect birds. Previously, six CoVs have been identified as human-susceptible virus, among which α-CoVs HCoV-229E and HCoV-NL63, and β-CoVs HCoV-HKU1 and HCoV-OC43 with low pathogenicity, causing mild respiratory symptoms similar to a common cold, respectively (Yang-Rong, et al., 2020). Above all, the other two known β-CoVs: SARS-CoV and MERS-CoV lead to severe and potentially fatal respiratory tract infections. It was found that the genome sequence of SARS-CoV-2 is 96.2% identical to a bat CoV RaTG13, whereas it shares 79.5% identity to SARS-CoV (Yan-Rong et al., 2020). Based on virus genome sequencing results and evolutionary analysis, bat has been suspected as natural host of virus origin, and SARS-CoV-2 might be transmitted from bats via unknown intermediate hosts to infect humans (Yan-Rong et al., 2020). It is clear now that SARS-CoV-2 could use angiotensin-converting enzyme 2 (ACE2), the same receptor as SARS-CoV to infect humans. COVID-19 pandemic which started first in Wuhan, China, since 12 December 2019, is possibly related to a seafood market. Several studies suggested that bat may be the potential reservoir of SARS-CoV-2 (Giovanetti et al., 2020; Paraskevis et al., 2020). On virus genome sequencing, the COVID-19 was analyzed throughout the genome to Bat CoV RaTG13 and showed 96.2% overall genome sequence identity (Zhou et al., 2020) suggesting that bat CoV and human SARS-CoV-2 might share the same ancestor, although bats are not available for sale in this seafood market (Wu and Colleagues, 2020). Protein sequences alignment and phylogenetic analysis showed that similar residues of receptors were observed in many species, which provided more possibility of alternative intermediate hosts, such as turtles, pangolin and snacks (Li and Co-workers, 2020). In other words, there is potential transmission from animals to humans that may not be limited to bats alone. There is possibility of intermediate hosts by some domestic animals. At present, the mode of transmission is through human to human transmission via respiratory droplets. Guan and co-workers (2020) stated that sampled 1099 laboratory-confirmed cases in China, reported that common clinical manifestations of COVID-19 included fever (88.7%), cough (67.8%), fatigue (38.1%), sputum production (33.4%), shortness of breath (18.6%), sore throat (13.9%), and headache (13.6%). Their reports are similar to those of the Centre for Disease Control (US) and other clinical symptom reports from other parts of the world. Liang and colleagues (2020) showed different clinical characteristics of corona virus disease cases between children and their families in China. COVID-19 in children is mainly caused by family transmission, and their
symptoms are mild, and prognosis is better than adults. However, their PCR result in stool showed longer time than their families. Because of the mild or asymptomatic clinical process, it is difficult for pediatricians and public health staff to recognize early the presence of COVID in children.

Global Epidemiology of COVID-19
The COVID-19 outbreak has quickly turned into a pandemic, with hundreds of thousands of cases reported globally. Centre for Disease Control estimated the prevalence of COVID-19 in the US as at April 5, 2020 to be at 304,826 cases with total deaths of 7,616. Italy has been viewed as the worst hit in the global pandemic. Italian civil protection authorities as at March, 13 said the number of infections has soared by more than 2,500 in 24 hours while virus-related deaths make the largest single-day jump of 250 taking the total number of infected in Italy to 17,660 and the number of related deaths to 1,266. With Italy at the epicentre of Europe’s outbreak, the virus is now present in all 27 EU countries with more than 22,000 cases of COVID-19 having been confirmed across Europe. Africa is gradually witnessing a surge in COVID-19 with North Africa having the highest cases of 6400 infections (603 deaths/1100 recoveries) as at April 13, 2020 followed by West Africa with 3400 cases (84 deaths/664 recoveries), Southern Africa 2300 cases (35 deaths/452 recoveries), then Central and East Africa with 1200 cases (38 and 28 deaths/ 129 and 187 recoveries) of infection respectively (Africa CDC, April 13, 2020). On country basis, South Africa has the highest number of infection with 2,173 cases followed by Egypt with 2,065 cases and then Algeria and Morocco with 1,914 and 1,661 cases respectively (Africa CDC, April 13, 2020). Nigeria with largest African economy has recorded the infection cases of 627 (21 deaths and 170 recoveries) on 19th April 2020 (Nigerian Centre for Disease Control/NCDC, 2020). As there is currently no known vaccine or treatment for COVID-19, most African countries have adopted precautions as directed by WHO to contain the wide spread of the virus. Among the precautions were observing personal hygiene practices particularly washing hands with soap under running water, maintaining social distancing, wearing of face masks, sneezing in your inner flexed arm/elbow or with disposable tissue paper. Africa Center for Disease Control has also advised that people should get influenza vaccines if such is available in their community.

At the wake of the pandemic, some countries have adopted international and national lockdowns limiting heavily movements of people and goods to prevent further spread of the virus. The lockdown has seriously affected the interpersonal relationships and freedom of gathering. For example, in Nigeria, all churches, mosques, schools at all levels, and markets were closed to forestall further spread of the virus.

Psychological Consequences of COVID-19 Pandemic in Developing African Nations
COVID-19 pandemic undoubtedly comes with lots of social and psychological distress particularly in resource poor settings. People are worried about their health and possibility of being infected with the virus. The poor health care facilities and corrupt nature of many
African countries leave many people anxious and in doubt about their health and over all protection. Psychologists and mental health professionals have been speculating the likely psychological consequences that may follow COVID-19 pandemic and the subsequent measures taken by countries to contain it. The following sections discuss the possible psychological consequences of the pandemic.

**COVID-19 Outbreak and Mental Health in Africa**

**COVID-19 and Defense Mechanisms**

To maintain psychological homeostasis, Freud (1949) proposed the concept of defense mechanism. Defense mechanisms are psychological shock absorbers that make individuals withstand stress and pressures of life. They are mental operations that enable the mind to reach compromise solutions to conflicts that are unable to resolve. These mental operations can relieve the individual of the anxieties following conflicts. But when defense mechanisms are not well controlled by the individual, it may subsequently lead to psychological disturbances. The COVID-19 outbreak in Africa may likely lead to denial of reality as a form of defense mechanism or true reality testing as a positive adjustment.

When reality denial is a form of defense mechanism, individuals are most likely to underplay the pandemic and its consequences. Denial of reality is seen in some forms of mild psychological disturbances where individuals deny the existence of a known diagnosed illness even at the expense of their lives. Low level of education, health awareness and ignorance about health in Africa may help increase the possibility of denial of COVID-19. A general observation by the authors as to the way people respond to lockdown instructions in some areas in Nigeria show that many citizens are even not aware of the consequences of the virus or are in total denial about the virus infection in the country. For example, we hear the common man in Nigeria saying that COVID-19 is ‘not real’; some say ‘it is all about politics’; and others say it is ‘a Whiteman’s/rich man’s disease’. In such situations, necessary precautions that should help prevent the spread of the virus are undermined. At present, there are no known research evidences from Africa on denial of reality to COVID-19. Our presentations are only experiential as we await the outcome of researches on mental health during the COVID-19 outbreak in Africa.

Reality testing in the face of COVID-19 leads the nation to a better understanding of the disease progression and possible ways to reduce spread of the virus. However, there are failures to reality testing and denial. When individuals over exaggerates the realities of situation, there is tendency of anxiety and panic. The present situation in Nigeria shows some signs of over exaggeration of situation in many elite locations. Many posts from social media particularly the WhatsApp show extreme exaggeration of the situation. WhatsApp social media is full of posts on different remedies that cure COVID-19. Anxious and uniformed public are likely to key into these remedies and possibly use them. Such unguarded use may create more harm and complicate the already heated polity. Over exaggeration of reality can further lead to anxiety, depression, panic and somatic symptoms. When people over perceive the
consequences of COVID-19 outbreak, they are more likely to become anxious and apprehensive about their health and those of their loved ones. Implications of such anxieties and poor mindfulness on mental and physical health have been studied by Branstrom, Duncan and Moskowitz (2011).

**COVID-19 and Social Psychology of Mental Health**

Major precautions against the spread of COVID-19 is social distance and appropriate hygiene behaviours. It is well known that humans are social animal and live day to day in social interactions with others. Among the ways humans maintain social interactions include activities in work places, religious and social gatherings and schools. Human social interactions are known to play fundamental roles in mental health. Abbasa and Co-workers (2019) showed the moderating role of social support for marital adjustment and mental health. Their study emphasized positive contributions of social support to marital adjustment and significant negative association between social support and major mental health index including anxiety, depression and stress reactivity.

In the hit of COVID-19 outbreak, people are heavily advised to maintain social isolation and avoid public gatherings which may undermine social support. Some studies in mental health show negative consequences of social isolation on physical and mental health particularly in the elderly. Leigh-Hunt and colleagues (2017) in their meta-analysis of public health consequences of social isolation and loneliness identified a significant association between social isolation and loneliness with increased all-cause mortality and social isolation with cardiovascular disease. Narrative systematic reviews suggest associations with poorer mental health outcomes, with less strong evidence for behavioural and other physical health outcomes. Courtin and Knapp (2017) reviewed studies on social isolation, loneliness and health in old age. Their finding showed that social isolation and loneliness are significant predictors of depression and cardiovascular health in the population reviewed. Tanand Colleagues (2017) examined the relations between loneliness and health related quality of life (HR-QoL) among community dwelling older citizens. Their findings showed that participants who were lonely experienced a lower HR-QoL than participants who were not lonely. Emotional loneliness and social loneliness were both associated with a lower physical and mental HR-QoL. Although social isolation is not the same as loneliness, strong relationship exists between the two factors. Interestingly, COVID-19 has been shown to affect more the elderly population and people with co-existing chronic illnesses. Social isolation is known to affect more the elderly group although the mechanisms of action are not yet understood. The ageing population is at greater risk for social isolation prescription for containing the spread of the virus and may be more at risk with the mental consequences of the COVID-19 pandemic.

Aside from the direct mental health consequences of social isolation, the indirect consequences are also important to sustaining mental health. The present lockdown in many countries of Africa is likely to affect the economic development and living standards of the people. Such lockdown for many citizens came
unprepared and many African governments have no plans prior to the outbreak. This creates many psychological imbalances for the public including uncertainty about future, anxiety over survival, depression over closure of works and businesses and irritability following continuous lockdown.

**COVID-19 and Infected Patients**

Patients with COVID-19 infection are faced with some psychological disturbances. The individual is worried over possible survival and trauma associated with social isolation. The sick person is not only battling with Cov-2 but is also battling with psychological consequences following isolation. The psychological consequences are necessary factors to be managed alongside the symptoms of Cov-2 so as to quicken the recovery of the patients. It is known that social isolation comes with loneliness, anxiety and depression. These psychological symptoms particularly depression have been shown to compromise immunity through their endocrine systems mechanisms like the pro-inflammatory cytokines and corticosteroids stimulations (Coe, 2010; Kiecolt-Glaser, Derry & Fagundes, 2015) and is known to influence health and recovery. Equally, the families of the patients are not also immune to the psychological consequences of the diagnoses. The family members are shocked and traumatized over the situation and may be disposed to depression and stigmatization. The psychological strengths to look after the affected family member and to bear the transient loss of the quarantined family member are important.

**COVID-19: Depression, Trauma, and Illness Anxiety in the Public**

COVID-19 pandemic has also psychological consequences in the uninfected public. Illness anxiety is a concept that describes apprehension following illness people have no control over. Because there is no cure for the disease now, a lot of people are anxious over their health and what they can do to contain the virus. Such apprehension could lead to survival behaviour where people do things to keep safe. Such survival acts could lead to self-injurious behaviours like the cases of chloroquine toxicity and increased cases of drug addiction we hear from the social media. Illness anxiety can as well co-exist with depression even then complicating the situation.

**COVID-19 and Nuclear Family Relations**

Social isolation in the hit of corona virus pandemic has created some changes in nuclear family relations. Because people are most likely to stay indoors, extensive time is shared between couples and among siblings. There are much time for parents to interact with themselves and their children. Because we live in a world preoccupied with work, many families have little time to share with their children. The way the relationship between couples are managed this time determines to a significant extent how the social isolation could impact on their health. Couples with good understanding can enjoy the quarantine period, take time to discuss and rebuild their relationships. However, couple with poor marital relations can have their marital discord escalated and consequently create more problems for themselves. Because many
couple are more likely to stay at home, increased sexual relations may be encountered in sexually active couples. Some people in Nigeria have even reported in the social media of achieving long expected pregnancies, while others have talked about having unexpected and unwanted pregnancies, as a result of the lockdown. The extent to which these bring psychological health or distress is to be studied. Unwanted pregnancies and consequent psychological consequences may further be a problem for couples not observing family planning during this period.

Because people are compelled to stay at home, there are tendencies of poor regulation of eating behaviour, sedentary lifestyles and consequent increase in weight and other metabolic syndromes. Some children are terribly bored, especially those living in township flats/condominiums with little space for playing. Some parents who are not used to staying at home with their children are irritated by the children’s boredom. Many workers are facing joblessness, and others are losing job-identity. Increased drug abuse and addiction among adolescents and adults are expected. Physical, emotional, psychological and sexual abuse of children and women would be on the increase. Some of these are possible outcome that the public may face as a result of social change following COVID-19 pandemic. These issues are worth deliberating by psychotherapists and further provide people with possible adaptive behaviours

**Neuropsychological consequences following COVID-19 Infection**

Neurological symptoms have been reported in some patients with SARS-2 infection. Among the symptoms were headache, dizziness, and loss of consciousness. Mao and co-workers (2020) examined retrospectively symptoms presented by COVID-19 patients for neurological symptoms. Compared to 214 patients studied, 78 (36.4%) had neurologic manifestations. Patients with more severe infection had neurologic manifestations, such as acute cerebrovascular diseases, impaired consciousness and skeletal muscle injury. There is every possibility that Cov-2 crosses blood brain barriers as evidence has shown the detection of SARS corona virus RNA in cerebrospinal fluids of patients (Hung *et. al.*, 2003; Lau and colleagues, 2004). There is need to study the neuropsychological consequences following COVID-19 infection since there are mounting evidence of neurological symptoms. Neuropsychological assessment post SARS recovery will be helpful to ascertain future brain-behaviour issues arising from the SARS infection.

**Challenges for Psychotherapists in Africa**

*The need for increase opportunities for psychotherapy training in Africa*

Due to the scarcity of properly trained psychotherapists in Africa in general on the one hand, and the increasing incidence of emotional problems resulting from poverty and underdevelopment, child abuse and neglect, trauma resulting from different forms of crime and abuse of human dignity, insecurity problems like terrorism, insurgency, kidnapping and hijacking, increasing stress-provoking lifestyles, tribal and national wars and conflicts, westernization and globalisation, and the HIV/AIDS pandemic, different
forms of cancer, and all sorts of abuse of human dignity, on the other hand, Madu (2016) called for urgent need for establishment of institutions for formal psychotherapy training in Africa. Now, with the COVID-19 global pandemic, with its expected effects on mental health, behavioural, emotional, social/family problems, and neurological consequences (as described above), the need for training opportunities for psychotherapists in Africa has become more urgent than ever. There is an urgent need for increased number of psychotherapists to address the problems as mentioned above. The School of Psychotherapy and Health Sciences in Okija, Nigeria, (www.sphs.com.ng) (which is the first of its kind in Africa South of Sahara) can only do as much as it can cope with. More of such efforts are therefore urgently needed.

**Short-term psychotherapy skills-acquisition**

Normally, full-term psychotherapy training lasts for years. For example, based on the personal training experience of the authors, in most parts of Europe and America, full formal training in psychoanalysis last for a minimum of seven years, five years for any form of Behaviour therapy/Behaviour modification, four years for Client-Centred Psychotherapy, and the same for Gestalt therapy, etc. The speed with which COVID-19 is spreading in Africa, with its resultant mental, emotional and social adverse effects, one cannot wait for such a long-term training, before addressing them psychotherapeutically. No African nation was prepared for the pandemic. Therefore, short-term training programmes on hands-on psychotherapeutic skills are needed for crisis and trauma intervention among survivors of the corona virus, as well as for the families and relatives of victims and survivors of the virus. The issue of stigmatisation of survivors as well as relatives of survivors and victims’ families, need to be addressed by psychotherapists now and after the pandemic.

**Conclusion and Recommendation**

Many mental health, emotional, behavioural and neuropsychological problems are being envisaged to come now as a result of the COVID-19 spread and pandemic in Africa and thereafter. These demand for urgent psychotherapeutic training opportunities which are rare to find in Africa, since there are only a handful of fully trained psychotherapists in Africa south of Sahara. Therefore, short-term psychotherapy skills-acquisition is a *sine qua non* if Africa is to outlive the Corona virus pandemic and maintain psychological balance thereafter.

It is therefore recommended that governments in Africa should have political goodwill and offer financial support to institutions of higher learning that have the capacity to train psychotherapists. This should be considered as equally important as the palliatives being given to cushion the adverse effects of the lockdown as a result of the COVID-19 pandemic. While the governments are playing their own role, the few psychotherapists available in Africa should look into the above psychologically unhealthy situation from the point of view of crisis intervention.
References


