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Dr L. BELAROUCI, Colonel D.SCHOENHER



COVID-19 PANDEMIC AND LOCKDOWN: WHAT ARE THE PSYCHOLOGICAL CONSEQUENCES? THE CASE OF THE "PROTECTORS"¹

Since March 2020 in France, the population has been confronted with an unthinkable reality, because of an invisible hazard. It is, therefore, impossible to imagine it, picture it, except in its potentially fatal consequences. The resulting anxiety is accentuated by the absence of preventive and curative treatment, while the asymptomatic forms of the disease are many and complicate the control of virus spread. This traumatic reality is further reinforced by lockdown measures that violently disrupt daily life, the stability of everyone's bearings and routines. Finally, the media, with their incessant coverage of the pandemic, propagate a climate of anxiety by continually emphasising the lack of resources to manage this crisis. This pathogen is literally breaking into our lives and can be the cause of profound destabilisation and even psychological distress.

“Protectors” are not immune to these traumatic factors, which may even be aggravated by their conception of their profession and its characteristics. This a situation requires special monitoring and support from line managers.

After briefly describing the generic mechanisms at work and their psychological effects during a lockdown, we will focus on the specific situation of the “protectors” and the remedial actions available to the hierarchy.

I) State of health emergency and lockdown fuel anxiety

The phrase 'state of emergency' marks the imagination with the stamp of imminent peril requiring the implementation of prohibitions and restrictions in order to guard against it. Faced with the rapid spread of a potentially fatal infectious disease for which there is as yet no proven treatment, humanity resorts to the most basic but also the most effective of preventive health responses: lockdown. This term, borrowed from the prison world, implies the notion of forced detention in a restricted space, where the individual must give up his or her freedom of movement and assembly with fellow human beings. The perception of danger and the sudden and forced change in our life habits are clearly identifiable factors of frustration, stress and anxiety. This traumatic break from a well-regulated and controlled daily routine can lead to inappropriate but psychologically explicable behaviour.

Some people will take refuge in denial, convince themselves that the pandemic is a media exaggeration, refuse to change their lifestyle and even go so far as to attack the police forces responsible for enforcing the new rules. This defence mechanism is natural and may be understandable at first when faced with a danger that is difficult to grasp. However, if it persists, it generates risky behaviour that facilitates the spread of the disease. It also feeds several conspiracy theories and distrust of the authorities to the point of calling into question preventive measures.

¹ This generic term refers to all the professionals involved in protecting the population in the face of this pandemic by exposing their own health and that of their relatives. It includes, in particular, health care personnel, law enforcement and civil security agents.

In our hedonistic society, also averse to frustration, the limitations placed on our freedoms through lockdown, social distancing and boredom are sources of discomfort and disorientation in everyday life. The resulting frustration is all the greater because the constraints are initially felt to be imposed by the State. It can lead to anger and violent reactions² against those who enforce the ban, but also within the family unit among the members who live in lockdown together. This aggressiveness is further increased by the socio-economic distress of the household, creating climate conducive to domestic violence. It can be eased if the objective of the ban is seen as resulting in something positive, i.e. as a way to protect one's relatives and help fight the spread of the disease.

In the absence of clearly identifiable symptoms of the disease, the Other is assimilated to a threat, because he potentially carries and disseminates the virus. It is imperative to avoid contact situations with others, to maintain distance from them, a behaviour that lockdown can easily transform into social withdrawal and de-socialisation. This perception can lead to xenophobic behaviour towards residents of countries affected by the pandemic. People who are particularly exposed because of their profession, such as health care workers, may also be subject to this rejection. Similarly, the fear of being the source of the contamination of those around them can generate a deep sense of guilt in those whose profession exposes them more specifically to contamination.

Addictions, as well as phobic, compulsive and depressive behaviours may develop over time, preventing a return to normal life several months after lockdown.

Studies on the psychological impact of confinement carried out in the context of pandemics over the past 20 years show that about one third of the population who have experienced lockdown show symptoms of post-traumatic stress and depression³⁴. The literature review published on 14 March 2020 by the medical journal *The Lancet*⁵ reports that these disorders appear even during short confinements of about ten days. Their prevalence and intensity increase with the duration of isolation. It also shows that health professionals and all persons in direct contact with infected or potentially infected individuals are particularly affected. While the situation of the medical profession, in the front line, is fairly well documented, the situation of other "protectors", emergency services and law enforcement, has not received the same attention

II) Risk factors specific to "protectors"

First of all, it is important to mention some of the elements that make up the psychological archetype of the "protector", which constitute both a form of strength but also weakness⁶. These professions, which many speak of in terms of vocations, are marked by very strong altruism, a "saviour mentality", the need to help others and to work for the good of society. This commitment, which can go as far as the ultimate sacrifice, is sometimes even codified. The general status of the military⁷, which the gendarmes and the Paris fire brigade fall under, explicitly states it, and the latter have made it their motto "Sauver ou Périr" (Save or Perish). However, no statutory obligation was necessary to mobilise the total dedication of the medical personnel who paid the heaviest price.

This vocation is also driven by the idealisation of the profession in which they engage in order to give meaning to their life, to serve the community. This idealised vision is quickly confronted with the procedural realities of a routine, administrative job and the fact that their role is devalued in the eyes of a part of society. This gap, or even conflict, between personal expectations and disappointing reality can lead to feelings of discouragement and anger regarding the lack of recognition of their dedication.

2 The virulence of the reactions of frustration generated by the constraints of lockdown is a sign of immaturity that is particularly visible in a society that Jean-Pierre LE GOFF describes as adolescent, eager for leisure and parties, the main references of the quality of life.

3 [Psychological Effects of Quarantine: A Qualitative "Rapid Review"](#), reviewing Brooks SK et al. *Lancet*, 26 February 2020

4 [Psychological Effects of Quarantine During the Coronavirus Outbreak: What Healthcare Providers Need to Know](#), Department of Psychiatry Uniformed Services University Bethesda (US), 14 March 2020.

5 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

6 MEYLAN, Stéphanie, BOILLAT, Patrice, MOREL, Aurélie, « Épuisement professionnel en contexte policier : le rôle des valeurs », *Éthique publique*, vol. 11, n° 2, 2009, put online on May 10 2011. <https://journals.openedition.org/ethiquepublique/96>

7 Art 1 du statut général des militaires : « L'état militaire exige en toute circonstance esprit de sacrifice, pouvant aller jusqu'au sacrifice suprême », codifié [Article L 4111-1](#) du Code de la Défense. (Art 1 of the general status of the Military : « The military status requires in all circumstances a spirit of sacrifice, even to the point of supreme sacrifice », coded [Article L 4111-1](#) of the Code de la Défense.)

Altruism and professional idealisation generate two potential types of self-inflicted psychological pressure: the search for perfectionism and the overvaluation of one's abilities. Agents set difficult objectives for themselves without taking into account their own limits. They become completely involved in their work, believing that they can and should deal with all situations, including the most critical, without regard for their own personal needs. According to the same principle, they force themselves to adopt an exemplary attitude in line with their professional ideal at all times, without granting themselves periods of relaxation. They feel guilty when they perceive themselves as falling short of this standard, such as when they have to stop work due to injury or illness and "abandon" their job and colleagues. Work on professional burnout shows that people who go into a career with ideals that lead to extreme dedication and excessive commitment in their work, are particularly vulnerable. The disillusionment and disappointment encountered in the actual practice of one's job produce the same effects as over-investment.

Risk, both to physical integrity and psychological health, is part of their daily lives (confrontation with violence, human misery, and suffering as well as the conflicting expectations from the hierarchy, and the political and social spheres). They have generally accepted it and cope with it more or less successfully.⁸ A review of the main scientific studies on the mental health of law enforcement officers carried out over the last 40 years in 24 countries shows that anxiety disorders are particularly widespread among them. On average, 14.6% are subject to depression, 14.2% to post-traumatic stress disorder, 9.6% to anxiety and 8.5% to suicidal thoughts.⁹

However, during lockdown, 'protectors' had to deal with the increased level of stress in the population as a whole, in addition to their own usual stress, both professional and personal.

Daily, the emergency services and law enforcement forces were confronted with people who were anxious, stressed and had grown particularly vulnerable, who did not always understand their actions. Emergency services were criticised for failing to respond quickly enough, while their capacities were saturated and burdened by time-consuming protection and disinfection protocols. Law enforcement forces were given the priority mission of enforcing a lockdown based on rules that were open to interpretation: as a result, law-enforcement's actions were highly unpopular, as people felt that fines were issued arbitrarily.

The "protectors" are used to facing these misunderstandings: "the cavalry always arrives late" or "money pump", to which are regularly added the scrutiny and polemics of the media regarding their actions. However, these criticisms were more harshly felt as they were forced to personally expose themselves to the risk of contamination in the course of their work, without always having the necessary personal protective equipment.

They found the risk of contamination much more stressful than the usual occupational hazards, because they were no longer alone in facing it. They were sharing that risk with their relatives, colleagues and people they were helping. They may have felt some injustice and also anger towards the people who did not comply with lockdown regulations, or even threatened them with voluntary contamination by spitting at them.

For those who had to stop working for health reasons (people at risk of substantial co-morbidities) or for family responsibilities (childcare), it was often the feeling of guilt at not being 'on the front lines' with their comrades that prevailed. Reinforced by social isolation, boredom and the frustration of not feeling useful, this feeling may have been just as harmful and traumatic as the fear of being infected.

The health crisis has been a source of multiple stress factors for "protectors" already weakened by their recurrent exposure to physical and psychological risks, but also on the verge of workload-induced burnout. In these conditions, the hierarchy has an essential role to play in easing these anxieties and tempering the emotional reactions of the agents.

8 The number of suicides, burn-outs, depressions and family breakdowns reflects the difficulties of dealing with the pressure of this unspeakable reality outside the professional sphere.

9 "Global prevalence and risk factors for mental health problems in police personnel: a systematic review and meta-analysis", *The British Medical Journal*, 21 May 2020. <https://oem.bmj.com/content/early/2020/05/07/oemed-2020-106498>

III) Expectations regarding the hierarchy

The hierarchy, at least the contact hierarchy, is supposed to have a clear vision of the workloads, the capacity to absorb pressure and the personal situations of the staff in their area of responsibility. This knowledge is essential to manage the department well, to detect angst and avoid the risks of burnout. However, this brutal, sweeping and sudden health crisis has shaken up people's bearings. The "protectors'" dedication had to be total to meet the needs of the population. During the crisis, the consideration of their own needs was relegated to the background, which requires even greater vigilance from the hierarchy.

The "protectors'" professions require empathy to be fully carried out. This is a type of life skill on which the training places particular emphasis (respect for the person, quality of contact with the population, service to the public, benevolence and listening, etc.). On the other hand, with regard to how harsh these jobs can be (as mentioned earlier), this same training emphasises the values of hardening, stress absorption and moral strength. Agents must remain professional and operational in all circumstances and not show any weakness. This approach is fully geared towards efficiency in action but leaves little room for the expression of feelings and the reporting of physical or psychological suffering. This particularly stands out when the hierarchy debriefs operations. Technical issues (procedures that worked, those that could be improved, lack of equipment, etc.) are easily and widely addressed, but it is hardly ever the case for emotional issues. In the most traumatic situations, psychological support is provided with the help of specialists, but generally without the presence of the hierarchy. Although the chief has a moral obligation to take care of his or her staff, culturally he or she is not the person to whom they spontaneously turn to discuss their difficulties.

This situation therefore demands particular vigilance from the hierarchy, who must combine attention, support and benevolence, even though they themselves were heavily solicited to organise the response to the pandemic. It was thus necessary to give meaning to their action in a highly destabilised environment. It was necessary to redefine priorities and to explain the challenging obligation of discernment, but also to explain the restructuring of departments or the health protection measures to the agents.

The supervisory staff must be openly available and actively listen to the concerns or needs expressed, whether by staff or by their relatives. This can be organised through hotlines in charge of answering the most varied requests and questions. This link must be maintained with staff who are absent so that they are not isolated from and left out of the unit. Naturally, it is necessary to look after staff members who were infected by the virus to show them solidarity, but above all, on their return, to ensure that they are not ostracised by their colleagues who fear contamination.

Finally, vigilance must be maintained over the long term, as phobic behaviour (fear of crowds, of sick people, of close contact) or obsessive disorders (constant wearing of masks, excessive hand washing) may set in. The return to normalcy will not be dictated by the end of the lockdown or the state of health emergency. Psychological stabilisation will take time for some, and support will sometimes be vital.

Latéfa BELAROUCI is a clinical psychologist in the Operational Psychological Support Department (SSPO) in Val-d'Oise. She has a doctorate in psychopathology.

Translated by SLT Max VRTOVSNIK and the French Gendarmerie Officers Academy Language Department

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