ATTACHMENT AND CLINICAL PSYCHOLOGY DURING COVID-19 PANDEMIC CLINIC PRACTICE DURING A PANDEMIC

EL APEGO EN LA PRÁCTICA CLÍNICA DURANTE LA PANDEMIA COVID-19

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Abstract

The virus that causes COVID-19 disease has been designed as a global pandemic in March 2020 by the World Health Organization (WHO). It has led to the activation of the Alarm State in many countries, including Spain. This state has managed people to confinement at home and cut off physical contact with the others. This implies important socioeconomic and interpersonal changes. Attachment Theory can provide clues to analyze these changes on interpersonal relationships. The aim is to review the Attachment Theory to analyze from this theoretical framework the interpersonal changes during the pandemic, especially on the psychotherapeutic relationship. It intends to think about the characteristics of attachment during the COVID-19 crisis, the effect on the activation of exploratory behaviors and the construction of personal identity. Changes in the therapeutic space during the virus and its consequences in the practice of Clinical Psychology are analyzed. Finally, crisis intervention and possible adaptations of the psychotherapeutic space to work for the benefit of the patient are reflected on.

Keywords: *Attachment, Coronavirus, Clinical Psychology, Psychoterapy, Crisis Intervention.*

Resumen

El virus que causa enfermedad por COVID-19 ha sido catalogado como una pandemia mundial en marzo de 2020 por la Organización Mundial de la Salud (OMS). Ha supuesto la activación del Estado de Alarma en muchos países, entre ellos España. Este Estado ha llevando a las personas a un confinamiento en el domicilio y reducción del contacto físico con los otros. Esto implica importantes cambios socioeconómicos e interpersonales. La Teoría del Apego puede dar claves para analizar estos cambios en las relaciones interpersonales. El objetivo es revisar la Teoría del Apego para estudiar desde este marco teórico los cambios interpersonales durante la pandemia, especialmente en la relación psicoterapéutica. Se reflexiona sobre las características del apego durante la crisis de la COVID-19, el efecto en la activación de conductas exploratorias y en la construcción de la identidad personal. Se examinan los cambios en el entorno psicoterapéutico durante el virus y sus consecuencias en la práctica de la Psicología Clínica. Finalmente, se reflexiona sobre la intervención en crisis y las posibles adaptaciones del espacio psicoterapéutico para trabajar en beneficio del paciente.

Palabras clave: *Apego, Coronavirus, Psicología Clínica, Psicoterapia, Intervención en Crisis.*

Introduction

According to the World Health Organization (WHO, 2020a), coronaviruses are an extensive family of viruses that can cause disease in both animals and humans. The most recently discovered coronavirus (SARS-CoV-2) causes COVID-19 disease. It was officially listed by the WHO as a pandemic on March 11, 2020 (WHO, 2020b). It is a previously unknown respiratory infectious disease that can range from the common cold to more serious manifestations, including death. It was first reported in Wuhan (China) on December 31, 2019. As of today (May 6, 2020), it is present in more than 185 countries around the world, at least 3,525,116 cases have been notified and 243,540 deaths, according to data from the Ministerio de Sanidad, Consumo y Bienestar Social (MSCBS, 2020).

Anyone can contract the SARS-CoV-2 virus and develop the COVID-19 disease, although there are risk factors such as having a previous medical illness (hypertension, diabetes ...). The main manifestations of the virus are fever, cough, and dyspnea, although it sometimes causes gastric discomfort or dermatological disorders. It is a highly variable disease in terms of course and prognosis, which is why it is still being researched to obtain more information about the way the virus is spread and treated, as there is no vaccine yet.

The form of transmission is through the contact of an infected person with another. Even people with very mild COVID-19 symptoms can transmit the virus. This has meant that health authorities have recommended home isolation and avoiding human contact by wearing gloves, masks and a safe distance of at least one meter, even in members of the same family.

In some countries the State of Alarm has been established to slow down the exponential growth of the contagion curve, which has saturated the health system. This happened in Spain on March 14th, through RD 463/2020. It has meant the beginning of a confinement until May 2nd, when a phase of progressive de-escalation has begun. Home isolation has meant that some people have been separated from their family and friends. In some cases, even living in the same home, it has been necessary to maintain isolation in the room.

Although there are precedents prior to this situation in relation to the Ebola or AIDS crisis, in none of these cases did it imply a socioeconomic and interpersonal affectation like the one involved on this occasion. Osorio (2017) cites/quotes Slaikeu (1996) to describe the term "crisis", which highlights the following: temporary state of disorder and disorganization, inability of the individual to approach the situation with the methods he used to solve problems; and potentially radically positive or negative result. The crisis would be understood as a moment in which skills that were previously deactivated (personal, interpersonal, spiritual ...) can be put into action.

Attachment Theory may account for and explain some changes in interpersonal relationships during the pandemic. The objective of the article is to analyze the circumstances of the COVID-19 crisis under the theoretical framework of Attach-

ment Theory, emphasizing its interpersonal repercussions, especially in relation to the psychotherapeutic bond.

Theoretical framework

Attachment

There are many studies that have addressed the concept of attachment, its characteristics, its typology or its manifestations. This concept could be defined as "the deep bond that is established from the beginning of life with the people who care for and protect us" (Holmes and Slade, 2019). The aforementioned authors maintain that "it is activated in the moments in which a person is lost", with two main objectives: to protect oneself from external threats, and to manage the reaction to these threats. This loss described by the authors could constitute a state of crisis.

Attachment Theory was developed during the 1940s, following studies by psychiatrist and psychoanalyst John Bowlby, who hypothesized attachment as a basic need for connection with caregivers (Holmes & Slade, 2019). The initial objectives of the Theory were the diagnosis and treatment of families and patients with emotional disorders, although later it became a theory of the evolution and development of the personality (Bowlby, 1989).

Attachment behaviors are those carried out to facilitate connection with caregivers, seeking protection, comfort and support. Bowlby (1989) argued that the fact that the mother is inaccessible or at least seems so is a factor that facilitates the activation of these behaviors. They develop throughout the first months of life and continue to maintain their importance during adolescence and adulthood, functioning as defense mechanisms in the face of experiences of distress. Previously, attachment behaviors in adolescents and adults were categorized as dependence and overdependence, respectively (Bowlby, 1989).

It seems difficult to operationalize the manifestations of an attachment behavior. Attachment Theory holds that there need to be two parties: a person who manifests an attachment behavior and another who responds to this behavior in different ways. This is something that comes into play in the psychotherapeutic relationship, as will be seen in more detail in the following sections. The satisfaction of the need for protection is related to proximity, an attitude of care and acceptance without judgment, accessibility and transmission of security (Bowlby, 1989).

Faced with the security that the satisfaction of a need for attachment can generate in a person, Fonagy and Allison (2014) argue that the human is born with a "natural incredulity about information that could be contradictory, misleading, or harmful", which they call "epistemic vigilance", and which would function as a protective or defensive mechanism. They argue that in order for a person to be able to trust another and successfully display his attachment behaviors, he needs to receive socio-cognitive signals that generate trust from the other person. They call these "onstensible signals." These would go beyond the protection intended by

innate epistemic surveillance and would allow a mutual exchange of information between two parties, promoting secure attachment and survival of the species. These signals would facilitate confidence in oneself, in others and in the environment.

Ostensible signals can be triggered by looking, listening, and touching, as well as eating. Smell and taste are also sometimes involved (eg, a soft blanket that an attachment-giver agent provides to the person may be using touch, sight, and smell to send ostensible signals).

When the distress suffered by the person seeking protection is of low intensity, sight or hearing may be able to disable the attachment behaviors, but touch is needed when the distress is more intense (Bowlby, 1989).

Attachment System and Exploratory System

There are four systems in charge of protecting and guaranteeing the survival of a species: the attachment system, the reproductive system, the alimentary system and the exploratory system. (Bowlby, 1989).

Mary Ainsworth (1967) related the attachment system to the exploratory system. She developed a new paradigm which she called Strange Situation, to study the manifestations of attachment behavior. She concluded the existence of three types of attachment that would provide information about the maternal-child relationship: secure, with rejecting parents (later called avoidant), and anxious/ambivalent (Ainsworth, Blehar, Waters and Wall, 1978).

Secure attachment would be presented by those children who during the first year of life have received sensitive care that has provided them with a "secure base" from which to explore (Holmes and Slade, 2019). A secure attachment makes it easier for the child to open up to the experience freely, feeling protected enough to dare to contact new situations. In this way, learning is generated and imagination and creativity are enhanced, something related to Winnicott's concept of "transitional space" (1972).

The secure base can be forged on a real or imaginary bond (Bowlby, 1989). In situations of intense trauma, some people distance themselves lose their main attachment figures. One way of working with them is to be able to create in imagination a type of secure connection that allows you to cope with your distress in such a situation. The documentary "Gaza: Psychodrama without Borders" (2013) constitutes an approach to this type of work. In the same line, Victor Frankl (1946) took into account a certain influence of the imagination in trauma situations: "Our greatest human freedom is that, despite our physical situation in life, we are always free to choose our thoughts".

Following Ainsworth et al. (1978), children with avoidant attachment perceive their parents as rejecting, evasive, so they tend to be inhibited near the attachment figure, with emotional distance and without active exploratory behavior. Children with anxious attachment are object to hyperactivated responses to their attachment behaviors, that is, when they request the bond with the attachment figure, it emits

inconsistent responses that influence the child to explore safely (Holmes & Slade, 2019).

Attachment and its relationship with the construction of identity

Stern, in 1985, reported that from the moment of birth the individual shows an embryonic capacity to establish social interaction and feels pleasure in doing so, something that determines the attachment style.

Erickson (1968), lead author in the study of identity, conceives the construction of the personality in relation to the other from birth. In the same line, from the Psychodramatic Theory, Herranz (2012) indicates that we interact with others based on behaviors that can agglutinate in roles, different with each person, that have to do with the attachment style we have. The set of roles of a person contributes to create an identity: "one is with the others, and we build and recognize ourselves with others" (Herranz, 2012).

Main studied about attachment in adults and discovered patterns that reflected what Bowlby expressed as internal operating models (IOM), which refer to the representation of the self with respect to others (cited in Holmes and Slade, 2019). These would be representations that have to do with the child's unconscious fantasies about himself (for example: "Will that person answer me when I ask for help?"). They would be different from the internalized object representations referred to in the Object Relations Theory: how I see the other and relate to him, based on the person's real experience and not on the imaginary (Holmes and Slade , 2019). Internal operating models and internalized object representations have an effect on attachment behavior and influence the construction of the person's identity.

Internal models, the object representations we make of others and the roles we develop are modulated over time. New relationship formulas that challenge previous ones have to be redesigned, reassessed or developed continuously (Sunyer, 2011). This dynamism determines our identity, which is never lost, but is rebuilt and modulated.

Attachment in clinical practice

Everything described in the previous sections is important because the relationship between patient and therapist constitutes a bond upon which an attachment behavior is established. Bowlby (1989) refers that "attachment is unavoidable in the therapeutic relationship, insofar as feeling vulnerable, needing protection and requiring help from a more capable congenere, define the patient who comes to the consultation". The predominant attachment style in each person will shape the way in which they relate to their therapist.

Many authors have studied attachment in the therapeutic relationship. Among the most recent, Galán (2020) refers that "Attachment Theory has promoted a specific way of relating to the patient, where proximity, availability and committed emotional care are fundamental elements".

As occurs with the rest of the bonds, the therapeutic relationship is modulating itself, transforming and changing. Crittenden (1990), in his study on Internal Operating Models, differentiates between "open" models (exposed to new interpretations and predictions), and "closed" (all behaviors are interpreted in terms of the existing model). He argues that internal models can be "operatives" (they allow cognitive modification of responses), and "non-operatives" (they do not allow cognitive modulation). In psychotherapy, work will be done to facilitate open and operative models, which allow the adaptation to the different bonds at different moments of each relationship, thus constituting attachment behaviors that meet the needs for protection and emotional regulation to a greater extent. This transformation requires a sufficiently safe atmosphere for the person, which will allow a space for creation: a "transitional space" (Winnicott, 1972).

Holmes and Slade (2019) argue that the transformation of the relationship between patient and therapist will depend on the ability of the therapist to maintain a posture with the following qualities: regulating, reassuring, sensitive, synchronous, mentalizing and radical acceptance. Likewise, they indicate the importance of society in the attachment style, since it can establish mechanisms of power and control, or it can promote a functioning based on collaboration. This last way of functioning is related to greater security that allows individuals to develop, evolve and transform.

COVID-19 pandemic and its relationship with Attachment

COVID-19 involves an unknown, external attack that places people in a new and dangerous situation. It implies a threat to life and to being able to carry out health work in favorable conditions, due to the high care burden that the rapid growth of the contagion curve has meant.

If this situation is understood as an attack by an external agent, one could speak of a moment in which the attachment behavior of people could potentially be activated. This virus awakens the vulnerability of all humans, regardless of age, race, gender ... We can all be carriers, infect and be infected, and the course and prognosis is still uncertain. To all this uncertainty another condition is added: the "predator" is invisible.

Activating the attachment defense mechanism at this time, developing behaviors in search of care, consolation, protection and security on the part of the other could help regulate the anguish, although there are a series of circumstances that make difficult the development of a situation of secure attachment.

It is difficult to differentiate which part of a relationship can act as a secure attachment giver due to the generalized vulnerability of the entire population. In other catastrophes, there are usually people who have been more exposed to the external agent that acts as a threat, who are generally the ones who start their attachment behaviors. However, in the case of the COVID-19 crisis, the danger is unpredictable, not locatable in a specific place, invisible.

In the case of the child-adult relationship, the latter is expected to act as an attachment figure, due to their experience and greater development of the psychic apparatus. However, some adults have experienced intense anguish at this lockdown, isolation, fear of infecting and getting infected, nostalgia and sadness at not being able to be with their loved ones, in many cases accompanied by significant losses and grief.

The need to maintain physical distancing, inside and outside the home, means that the attachment figure is not always accessible and much less close, something necessary for distress to be managed according to the Attachment Theory. Furthermore, as previously explained, the fact that the attachment figure appears or is inaccessible activates attachment behavior to a greater extent (Bowlby, 1989).

Given the quality of a new and uncertain situation for all people, in most cases the emotional regulation strategies involved at other times no longer work. The sensory systems that allow us to interconnect with others (looking, touching, listening, smelling, tasting ...) are not in the same conditions during the COVID-19 pandemic as before.

- The case of touch stands out, given the recommendation not to touch oneself or others during this pandemic. The WHO recommends reducing hand contact with the face, eyes, nose and mouth, which would increase the risk of infection. It is necessary to use gloves and protective masks when we interact with others (WHO, 2020a).
- The look is not always able to be present. It is one of the most used indicators in bonds and relationships. People who live apart are not always able to see each other, and if they do it is through digital instruments, which represent a third element in the relationship, determining the bond that is established. When you look through a digital tool, you see a part of reality (the focus to which the camera is directed) without the possibility of redirecting it, since the device that focuses on the other belongs to the other. This can affect the trust of the relationship.
- As for listening, it is the sensory system that can provide the most information at the time of the COVID-19 pandemic. Most of the relationships are being maintained through her: phone calls, conversations through the doors or terraces, video calls ...

If the ability to establish a relationship with a secure base is complicated, the Exploratory System will be activated to a lesser extent. Lockdown under the State of Alarm has reduced the ability to explore outside the home. The experiences through digital devices have increased. Given the relationship between the Attachment System and the Exploratory, an inhibition function has been established between them, with influence of one on the other: the subject is reduced the safe space from which to explore, learn, transform with the experience, thus undermining their identity construction process.

Ainsworth (1967) explained that the exploration of the environment includes

play and various activities with peers. The reduction of the safe space from which to explore has been especially relevant in the case of minors. These are in stages where the Exploratory System acquires maximum relevance. Going to school, or any other training entity, aims to educate the person in relation to theoretical knowledge, skills, but also to train in values and offer, as Echevarría (2003) describes, "a space for interaction, construction and development of potentialities necessary for understanding the world, its relationships and its possible transformations ".

Most of the confined minors have had relationships with peers who are part of the same family (siblings), and the rest of the links with their peers have been digital.

As noted above, personality is built by establishing different relationships in different contexts that, grouped into small types of relationship, constitute the roles or functions of the person, and therefore their identity. The minors have put aside their role as a student with the tasks of going to class, socializing ..., which has been replaced by individual classes at home through digital platforms. In the same way, their role in the different extracurricular activities has been paralyzed. Adults have paused their work routine, relationships with friends, hobbies to do in their free time in outdoor spaces ... This implies that daily routines have suddenly changed, which can call into question the identity of the person: who am I If I can't do everything I did before confinement? Other roles have developed, thus transforming, in some cases, identity.

Authors such as Minuchin, 1986; Andolfi, 1993; Musitu, Buelga and Lila, 1994; and Rodrigo and Palacios, 1998 (cited in Espinal, Gimeno and González, 2004) describe the family as "an organized and interdependent group of people in constant interaction, which is regulated by rules and by dynamic functions that exist among themselves and with the Exterior". The COVID-19 pandemic has led to a redistribution of family systems, with different consequences in each house in terms of relationships between members.

As with the rest of the bonds, the one established between the patient and the therapist has also been affected by the COVID-19 pandemic. Patients have stopped being able to attend their face-to-face psychotherapies, psychotherapy groups have been canceled in health centers, and the evaluation processes requested by new patients have been paralyzed. This has had repercussions on many levels. Some people have had to stop their psychotherapy process and others have continued through digital tools. On the other hand, new demands have appeared in the Mental Health services in relation to COVID 19: patients who have been infected with the virus, distressed by the symptoms that it causes, by infecting another person, deaths, grief in families, saturated health personnel and emotionally overwhelmed with guilt, fear, anger, sadness ...

All the aforementioned relationships have been characterized by the lack of the habitual physical contact until the onset of the pandemic. People who were in psychotherapeutic follow-ups and have continued with their psychotherapies through telephone or digital tools have seen another element introduced into their

psychotherapeutic space that determines the relationship.

Many consultations only rely on listening through a telephone as the main tool through which to exchange information, and sometimes sight, in the case of video calls. When the person's distress is very intense, as previously reviewed, it is necessary to use touch to help regulate emotion, something that has not been possible during the pandemic. This is a time when the level of general distress is high, especially in patients who already had a vulnerable mental state before the pandemic.

The accessibility of the psychotherapist has not been easy to maintain either, given the administrative changes and sick leave, minimum services or the saturation of the health system.

In the case of psychotherapeutic groups, some maintained through a digital support, they have been affected by the interference of these tools (for example, the "leaving and entering" the group depending on the quality of the internet connection they had). The virtual format means that most of the information generated in a group is lost: part of the non-verbal communication, the work of interrelation with others, the spontaneity of the group, sharing a space with other people ... In this In this sense, Watzlawick, Helmick, and Jackson (1985) differentiate between digital communication (refers to content) and analog communication (related to the relationship: vocalizations, movements, signs of mood…). The latter would be the most affected in virtual communication.

Patients awaiting for their first appointment to carry out the assessment of the beginning of psychotherapeutic treatment, have had to "postpone" their demand. Generating this a change in expectations prior to psychotherapy, now associated with the uncertainty of the situation.

In healthcare and, specifically in the case of Mental Health and Clinical Psychology professionals in particular, the personal anguish explained by the vital threat posed by COVID-19 is compounded by the fact of not being able to perform a job sanitary under normal conditions. In some cases, it might be thought that by not being able to see the patient, a management strategy may be to medicalize to a greater extent, as a way of obtaining a greater sense of security (in the professional rather than in the patient, sometimes). In this regard, treatment guidelines in relation to Mental Health care insist that the first-line intervention must be psychological, minimizing the use of psychotropic drugs as much as possible (NICE, 2014, 2018).

It is to be expected that health professionals, like all people, have deployed their usual defense mechanisms, which have served them on other occasions and that perhaps at this time too, or not. For this reason, one must be attentive and aware of these defenses, to take care of the mental health of health workers. Yalom (2011) highlighted narcissism as one of the main defenses against the fear of death, that is, distancing from this distress and the belief that this problem "will not happen to me ...". At times, health workers have been perceived by patients as "heroes or saviors" in the face of the COVID-19 pandemic. This has in some cases been able

to promote disempowerment of patients and an increase in the emotional burden on the professional, something that would be interesting to investigate.

Adaptations in Psychotherapeutic Spaces.

The human being is designed to adapt to different situations and circumstances (Sunyer, 2020). There have been many changes that have occurred throughout history and in the different life projects of each person (wars, accidents ...). Each person's reaction to a new and dangerous situation will depend, apart from the attachment style, from the nature and severity of the event, their experience with previous distressing events, the support of other people in their life, their physical health, their personal and family history of mental health problems, their culture and traditions, and their age (WHO, 2012).

In times of COVID-19, the changes that have been carried out in order to adapt and maintain a psychotherapeutic work and, therefore, try to maintain a secure attachment relationship with patients are significant. Two of the attentions that will be highlighted in this article are telephone or videocalls, and the first psychological help

On the one hand, patient care by phone or video call allows us to comply with the premise of non-contact by contacting. On the one hand, it can be difficult to access the person, since the telephone is not always answered or is close when they call. On the other hand, the telephone allows you to approach others with more protection than if it were done in person. It gives the opportunity to contact and make yourself understood without showing yourself. At times, confinement has facilitated the start up of telephone calls between people who had not contacted in a long time, functioning as a tool for rapprochement.

In relation to Attachment Theory, the patient who initiates an attachment behavior with his psychotherapist through digital means will have to expose himself to the "epistemic vigilance" mentioned by Fonagy and Allison (2014), but with physical distancing with the other. This distance can be favorable in patients who have the experience of less confidence when they are in the presence of someone, so that they tend to deploy avoidance defensive mechanisms. In a digital format, they could perceive ostensible signals in the psychotherapist that would allow them to overcome this innate vigilance and develop a secure attachment to the professional. As reviewed, this secure attachment could help them explore and build a narrative of what is happening and how it is affecting them. This would be favorable to allow the integration of the experience during the COVID-19 pandemic in the life project of the person and in the construction of their identity.

It is inevitable that there will be a change in the ostensible signals that the patient perceives from the psychotherapist in the digital format compared to the face-to-face. A change of framework could be contemplated from one who interprets danger for the psychotherapeutic bond in a telephone relationship to one who sees a different opportunity to relate, being able to adapt the functioning of the psyche

of each party in order to establish a secure bond.

Irvine et al. (2020), show in a research that included several studies, little difference between psychotherapeutic care by phone and in person in relation to the therapeutic alliance, empathy, attention and participation. They comment that the phone sessions in their analysis were significantly shorter than those conducted in person. However, the authors themselves point out some limitations of their research: they identified only a small number of heterogeneous studies that in some cases did not use validated measures to evaluate the constructs, and that used non-homogeneous (clinical and non-clinical population) and non-randomized samples, as well as different psychotherapeutic modalities.

On the other hand, psychological first help (PAP) is "a supportive human response to another human being who is suffering and who may need help" (El proyecto Esfera, 2011; IASC, 2007, cited in WHO, 2012) . It has been assigned in some health areas to patients with COVID-19, their families and health during this crisis. It encompasses two main aspects: protecting survivors from further damage (sometimes a very distressed person can make decisions that pose greater risk); and emotional restraint, providing the opportunity for the person to speak about the facts, but without exerting pressure. It is possible to inform distressed people of their right to refuse to discuss the facts with a healthcare professional, journalists, etc. (IASC, 2007).

PAP is not professional advice, in fact it can be done by people non-Mental Health professionals, although it is necessary to be trained in how to do it (WHO, 2012). It is an alternative to psychological debriefing, which has proven ineffective in crisis situations (WHO, 2012; Inchausti, García-Poveda, Prado-Abril and Sánchez-Reales, in press). This promotes emotional ventilation by asking the person to systematically describe the experience during the traumatic event, while PAP implies being available to listen to people's stories, without pressing (WHO, 2012).

PAP includes factors that seem to be of great help to people's long-term recovery and that are related to the development of a secure attachment: an atmosphere of security, connection with others, calm and hope; accessibility to social, physical and emotional support; and feelings of ability to help themselves as individuals and communities (WHO, 2012).

Many patients in prior follow-up in Mental Health or not, will bring their anguish to the psychotherapy session in the face of the COVID-19 crisis. Duque (2020) and WHO (2012) make some recommendations for intervention in crisis that are in line with what was analyzed in relation to Attachment Theory and which are discussed below:

- Active listening: sharpen listening, sustain silences and read their meanings, maintain an attitude of availability and not intervention. It is advisable to ask about the needs of the person at that time, and use the paraphrasing technique (Duque, 2020). This attitude allows the patient to unfold his mental state of the moment, and return it to him in the form of a mirror through

paraphrasing, something that can help him to reposition the emotional impact of the crisis and readjust it with his internal operating models and object representations. The objective would be to find a psychic balance again, which allows you to feel some internal control to face the lack of outside control.

- Help to calm down (WHO, 2012): it is likely that patients are intensely distressed, and it is at these times that signals must be displayed that allow the person to feel an atmosphere of greater security and protection, hope, show support physical and emotional.
- Being authentic: having a human-to-human conversation. Regardless of the knowledge that professionals have, the closeness, accessibility and proximity that has been shown to favor the establishment of a secure bond is supported by an authentic relationship. It is possible, on occasions, to make personal self-disclosures if it is considered that it can be useful for the patient (Duque, 2020).
- Help solve the basic needs of the moment (WHO, 2012): connect him with his loved ones, inform him of what has happened, contribute to minimize the discomfort caused by the environment at that time (light, noise ...).
- Help to change the frame or mental state. Duque (2020) argues that although it is necessary to sustain the anguish, listen to it and give it space, it is also relevant to help the person to contact other aspects of the vital moment that generate other emotional reactions. He gives the example of the change that usually occurs in a distressed about the crisis grandfather when he is told about his grandchildren. This movement helps to gain perspective and regulate the emotional impact. Sometimes using humor helps to change the frame (Frankl, 1946).
- Offer a space to display creativity (Duque, 2020) and spontaneity, where reflect on what is happening and help create a secure internal base. Psychotherapeutic work with some patients at this time involves using drawings, musical resources, or tools available at home; that allow to deploy a creative work that helps the person to reposition their mental system.
- Put emphasis on aspects that allow to regain the feeling of control and power over life: to empower (Duque, 2020). All people have the resources to adapt to crisis situations, we must help to become aware of them. Communicate about the roles that are maintained in this stage of crisis, that build their identity, their authenticity, and uphold the integrity of the person. Activating natural support networks has been shown to be involved in the recovery of the person (Duque, 2020; WHO, 2012).
- Help to reconfigure the list of priorities of the person and resume their life project (Duque, 2020).
- Minimize the use of psychotropic drugs as much as possible (NICE, 2014, 2018).

Conclusions.

The COVID-19 disease has brought about a change in interpersonal relationships worldwide. The lack of physical contact has implied rethinking the way in which people establish attachment behaviors in search of protection and security. The distress in the face of death caused by the pandemic has been able to increase the start up of these attachment behaviors. The pandemic has raised the challenge of reconfiguring the perception of the ostensible signals that we find in others to establish secure attachment relationships that allow establishing interpersonal communication exchanges. From that position, the world and oneself can be explored, thus helping to build internal representations of the self and of others, which collaborate in maintaining a psychic balance on a secure basis. This has implications for the construction of a personal and identity project, promoting psychic integration. The relationship through digital media has become very important, influencing the type of relationships currently.

Among all the interpersonal relationships affected is the psychotherapeutic relationship. Given the changes that have been generated in these relationships, this article contemplates a change of framework from one that interprets danger for the psychotherapeutic bond in a digital relationship to one that sees an opportunity to relate differently, being able to adapt to the attachment style of each person to try to establish a secure bond.

As Inchausti et al. (in press), this social-health crisis offers multiple opportunities to learn and improve. The authors highlight the importance of strengthening public health systems and training in psychological care in emergencies, the opening of new fields of research and the importance of social unity in the face of future similar crises.

Among the challenges presented below in the field of Clinical Psychology, we can mention the reorganization of public health resources in the field of mental health, among others, to prevent and attend to the needs that people present; overcome labor intrusion to promote specialized and quality care in Mental Health; address in a community way the narratives formed by the population about the crisis, fostering group work on grief and role changes, reinforcing natural support networks, empowering and emphasizing their own coping resources to promote people's vital projects .

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