

THE PSYCHOLOGICAL IMPACT OF LIVING IN A CONTAMINATED SITE: TRAJECTORY OF INTERVENTIONS

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Abstract

Occupational and environmental asbestos exposure can lead to significant diseases, including malignant mesothelioma (MM), a rare and fatal tumor with an estimated median survival time of 9 months.

Recent studies have estimate 255.000 deaths per year from asbestos-related disease. In Italy, 31.572 diagnoses of MM were reported from 1993 to 2018 and considering that MM latency period varies between 20 and 45 years from exposure, the maximum diagnostic peak is expected between 2020 and 2030. Several national and international guidelines acknowledged the importance of evaluating psychological and socio-relational features in MM patients and their caregiver, and to develop psychological interventions specifically designed for Contaminated Sites.

Living in an environment where the risk of exposure to a toxic agent is omnipresent, together with the awareness of the large number of victims and outcome of MM, can cause individuals to enter a state of social and emotional detachment. The community can experience personality dysfunction, anxiety, depression, and posttraumatic symptoms as well as helplessness, hopelessness. Defense mechanisms such as denial, splitting, repression, and reduced emotional expression can be used by individuals to contain their overwhelming anxieties.

Such evidence strongly suggests the need to adopt an integrated approach toward patients and caregivers, improving the development of active strategies considering the particular features of the subject and his/her living environment. However, literature shows that the need for psychological care of patients with MM and their family is not sufficiently addressed.

The Research-Intervention Group of the Department of Psychology of the University of Turin, coordinated by Antonella Granieri developed a psychological intervention, the Brief Psychoanalytic Group (BPG), that consists of 12 one-hour 1 h weekly therapeutic sessions for MM patients and their caregivers in the first months following diagnosis.

A psychoanalytic group intervention for patients and their caregivers may constitute a valid contribution to the integration and elaboration of unconscious somatopsychic processes. Thinking together within the group help participants to give meaning to the transformations in their lives brought about by the experience of the disease and the related feelings, to weaken its pathogenic effects, and to identify more adaptive ways of handling the diagnosis.

Keywords: *Cancer, asbestos, malignant mesothelioma, caregivers, brief therapy.*

1. Introduction

The World Health Organization (WHO) defines Contaminated Sites (CS) those "areas hosting (or having hosted) human activities that have produced or might produce environmental contamination of soil, surface water or groundwater, air, and the food-chain, resulting (or being able to result) in human health impacts." (WHO Regional Office Europe, 2013).

Occupational and environmental asbestos exposure can lead to significant diseases, including malignant mesothelioma (MM), a rare and fatal tumor with an estimated median survival time of 9 months. Recent studies have estimated 255.000 deaths per year from asbestos-related diseases (Furuya, et al., 2018). In Italy, 31.572 diagnoses of MM were reported from 1993 to 2018 and considering that MM latency period varies between 20 and 45 years from exposure, the maximum diagnostic peak is expected between 2020 and 2030 (Italian National Institute for Insurance against Accidents at Work - INAIL, 2021). Several national and international guidelines acknowledged the importance of evaluating psychological and socio-relational features in MM patients and their caregivers, and to develop

psychological interventions specifically designed for Contaminated Sites (CSs), a big concern for public health officials and clinicians (Italian Institute for Environmental Protection and Research – ISPRA, 2021).

The most extensive Contaminated Site in Italy is Casale Monferrato, where the asbestos-cement production activities of the Eternit factory led to continuing environmental contamination. In this Site, the use of asbestos in everyday life has contributed to pervasive pollution for the entire community. The population of Casale Monferrato has been severely traumatized not only by the high number of deaths that has affected many families as a consequence of asbestos exposure, but also by a pathogenic conflict situation related to the fact that for years the economic subsistence of the majority of the citizens was based on the Eternit factory, whose production activities led to contamination, pollution, and death. Living in an environment where the risk of exposure to a toxic agent is omnipresent, together with the awareness of the large number of victims, can cause individuals to enter a state of social and emotional detachment. Individuals can experience anxiety, depression, guilt and posttraumatic symptoms as well as helplessness and hopelessness. Defense mechanisms such as denial, splitting, repression, and reduced emotional expression can be used by individuals to contain their overwhelming anxieties (Granieri, 2008, 2013a; Granieri et al., 2013).

The long latency period between exposure and the emergence of the disease, together with not always adequate information about the actual risk associated with asbestos exposure, represent additional sources of distress for the entire community (Granieri, 2016, 2017). Beliefs that proliferate from such uncertainty can amplify the traumatic magnitude of the encounter with the asbestos-stimulus, creating on a collective level a mental functioning that is particularly struggling to include affects in the intrapsychic and interpersonal discourse (Schmitt et al., 2021). This can lead to a psychic functioning characterized by a combination of depressive aspects and denial, which risks compromising the possibility of generating thoughts based on the internal and the external reality, and thus able to set in motion effective actions in dealing with continuing to live in a Contaminated Site. Daily contact with illness and death brings a contradictory reality to the stage. It is no longer possible, under such circumstances, to rely on the world being a safe and just place, and intense shared aggressive fantasies directed at the source of trauma emerge. The community identity has thus been consolidated around the experience of being people gradually betrayed and violated in their most intimate aspects, as they were robbed of the possibility of having confidence in a world, their own world, that is stable and predictable (Granieri et al., 2018). The diagnosis of malignant mesothelioma bursts into the existence of patients and caregivers, destroying ties with the past and appropriating the future, which ends up connoting itself as an immutable and eternal time in which the moment is awaited when the disease will carry out its sentence. In family members who survive the death of a loved one, the inability to make sense and symbolize suffering and death also compromises the possibility of experiencing mourning, generating a kind of "perpetual mourning" (Volkan, 2001), a psychic state characterized by a frozen internal life and a disinvestment of libido on the external world. In a context dominated by the feeling of guilt, no longer thinking about the lost object or attempting to replace it implies a transgression to a sort of superegoic mandate that compels one not to stop grieving for the absence of the lost object as a tangible testimony to one's value and affection.

2. Objectives

Such evidence strongly suggests the need to adopt an integrated approach toward patients and caregivers, improving the development of active strategies tailored on the peculiar features of the individuals and their living environment.

For those reasons the Research-Intervention Group of the Department of Psychology of the University of Turin, coordinated by Professor Antonella Granieri, developed a psychological intervention addressed to both patients and caregivers with the idea to contribute to ameliorating the quality of their internal and external relationships amid such suffering.

3. Methods

The Brief Psychoanalytic Group (BPG), comprises 12 one-hour weekly sessions in a psychoanalytic group specifically designed for the first months following the diagnosis, which seems to represent a highly traumatizing time during which subjects go through intense experiences of disintegration, splitting, and post-traumatic conditions (Arber & Spencer, 2013; Guglielmucci et al., 2018). The group is co-conducted by two psychoanalytically oriented psychotherapists trained in clinical work with cancer patients and groups. Like other forms of brief psychoanalytically oriented interventions, the BPG consists in different phases, each of them with specific aims and tasks (Lemma, Target & Fonagy, 2011).

In the first phase, clinicians define with the group a somatopsychic focus shared by the participants. A focus that integrates the physical repercussions related to the new medical condition (e.g., symptoms, restrictions, physical transformations) and the related painful feelings, that are often hard to express for patients and their families. During the first three sessions, throughout the narratives shared in the group, the co-conductors explore how people relate to an ill body and to its new limitations and needs, along with the desires, anxieties, and unconscious affects related to the danger of living in a CS.

In the second phase the co-conductors help the group to work through the SPF, helping members to recognize their inner states (e.g., feelings, thoughts, fantasies, desires) and connecting them to daily events, medical treatments, and new emerging symptoms. Co-conductors work on the identification and sharing of affects related to the danger of living in a Contaminated Site and the possible strategies, appropriate or inappropriate, that individuals use to cope with it.

The last four sessions are aimed at helping the group go over its story (e.g., absences/deaths, resources, common strategies), explore conscious and unconscious fantasies about the meaning of the end of the therapy, and identify what each member will bring home of the work done together. The co-conductors invite the participants to retrace the most meaningful moments and images of the psychotherapy journey and the main transformations of intrapsychic, interpersonal, and group dynamics.

4. Discussion

Thus, we strongly believe that a psychoanalytic group intervention for patients and their caregivers may constitute a valid contribution to the integration and elaboration of unconscious somatopsychic processes. Thinking together within the group can help participants give meaning to the transformations in their lives brought about by the diagnosis, the experience of the disease and the related feelings, to weaken its pathogenic effects, and to identify more adaptive ways of handling the diagnosis.

5. Conclusions

Enhanced by the clinical experience in Casale Monferrato, we believe BPG could be a suitable intervention for helping people living in CSs to face traumatic affects and experiences and to restore a sense of vitality in a threatening landscape surrounded by death.

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