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Shared Wisdom

Promising Evidence of the Role of Emotional CPR: Co-Immunity Through Community CPR

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As this silent, invisible virus ravages our earth many of us – young and old – feel alone, powerless, and numb. We are urged to keep a physical distance, wear a mask and wash our hands while we wait for enough people to be vaccinated to achieve herd immunity.

Alienation, frustration, and despair seep in and crush our spirits in their frightening coils. When mental health professionals see these challenges and screen for anxiety and depression, their usual response is to affix a diagnostic label, and then prescribe medications. Yet, in times of other disasters or public health crisis, medication and traditional psychotherapy may not be enough – more than ever we need each other.

Currently, it is vital to not only improve the social connections of numerous persons with mental health challenges, but for the connections of millions of persons fighting the psychological and physiological

impacts of the COVID-19 virus. Not only do social isolation and loneliness contribute to depression and substance abuse, but they can also decrease our immune response. The chronic stress of isolation can lead to a prolonged fight-flight response, which inhibits our immune response. On the other hand, according to research on social relationships and mortality risk, persons who are socially connected live longer² and are much less likely to develop a cold after exposure to rhinoviruses³ than those experiencing isolation. Older adults in Western cultures often have particularly narrow social networks, which may be an additional reason they are more susceptible to COVID-19. Hopefully, we can improve older persons' immune capacity by increasing their capacity to form social bonds. We call this co-immunity through community.

So how do we do this?

Training lay community members to do outreach and offering mutual support may help all members of the community as they remain isolated – from the Amazon delivery driver, to the grocery store clerk, to police officers – we can all support older adults.

A group of people from the National Empowerment Center provided such support after Hurricane Katrina in 2005 and are doing so now during this COVID-19 crisis. The National Empowerment Center is an advocacy and peer-support organization in the United

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States that promotes an empowerment-based recovery model of mental disorders. It is run by consumers/survivors/ex-patients “in recovery.”

People with lived experience of recovery from mental health issues in conjunction with the National Empowerment Center developed a trauma-informed training called Emotional CPR (eCPR; www.emotional-cpr.org) to help address isolation and powerlessness. We teach all people—service users, clinicians, administrators, police officers, etc. about mutual support, connecting nonverbally, active listening, and that everyone has a healer within, especially, the most frail, most isolated—older adults. We find that people we train gain hope and renewed life and purpose in our darkest hours through connecting heart-to-heart. Through being together and purposely sharing our feelings we find we can build the compassionate communities needed to heal the multiple crises in which we are engaged. Our first study of eCPR found promising evidence of its effectiveness.⁴

I actually first dreamed of eCPR while hospitalized for six months at Bethesda Naval Hospital many years ago. I had spent a lifetime feeling numb and alienated. I was mute during my first month in the hospital. I just sat and watched. I kept saying to myself, “If they only had been where I am, they would know how to be with me.” The least trained staff, the corpsmen, and the other clients were the ones that reached me, nonverbally, through their authenticity and compassion. Also, my psychiatrist reached me one day by trusting his instincts. I could not get out of the shower. I just sat on the floor thinking there was no way I could leave the soothing warmth of the cascades of water. The nurses had no luck in getting me to leave. But my psychiatrist, in full navy uniform, sat beside me, and quietly made me feel safe and not alone. Then he turned and said, very caringly, “Don’t you think it’s silly to stay here?” I saw the humor of my position and walked out with him. It was during that hospitalization that I vowed I would become a psychiatrist and try to reach the seemingly unreachable clients who were trapped as I had been in their own worlds.

After practicing as a psychiatrist for 15 years, I founded the National Empowerment Center in 1992 to develop trainings based on our lived experience. We carried out qualitative research and identified principles of recovery from severe psychiatric disorders, which centered on relationships: (1) people who believe in you help you to recover; (2) trust and hope are cornerstones to recovery; (3) people yearn to

connect emotionally, especially when they are in severe distress; (4) being treated with dignity and respect are vital; and (5) feeling emotionally safe is essential to expression of feelings. I took these findings to the White House Commission on Mental Health (2002-03), and I helped ensure that these principles of *recovery* rather than maintenance would be the federal mission of our mental health system. The world needs to embrace these principles of *recovery* right now. As the famous psychiatrist Dr. George Vaillant stated, “the key to healthy aging is relationships, relationships, relationships.”

Emotional CPR was originally developed to teach the public how to help someone in emotional distress through a crisis. Just as CPR (cardiopulmonary resuscitation) is designed for members of the public to help one another through a crisis of their physical heart, emotional CPR (eCPR) is designed to help members of the public through crises of their emotional hearts. Our goal is to teach eCPR to enough members of communities that we will have community CPR which will help in the rebuilding of cohesive communities, not just the alleviating of individual distress. The C in eCPR stands for Connecting, especially at a heart level. We urge people to enter through feelings first by listening with their, ears, eyes and heart. P is for emPowering. Although we cannot empower another person, we can enter into the relationship with humility and mutual exploration which helps the person in distress to experience their latent power. The R stands for Revitalization which literally means bringing the person back to life. We practitioners of eCPR find that we are more alive and energetic since we have utilized eCPR. We feel we are part of the flow of life which makes us more hopeful and confident. No task seems too great. I feel more at ease with a variety of people as I feel I have a lot to offer.

We find that these intentions are more difficult for clinicians as they have been taught to prepare plans, but not to not share their feelings. As part of eCPR, we encourage people, including clinicians, to share their feelings, and our recent study found clinicians may benefit from being part of eCPR training.⁴ Sharing feelings is essential when assisting someone who is in distress because they feel safer to share their feelings when they are with someone who is authentically expressing theirs. Though originally designed for one person to help another through a crisis, our practitioners find it as useful at home or work in day-to-day conversations. eCPR restores a sense of flow

and continuity within my existence. In my most distressed periods, I felt the world stood still and time seemed divided into blocks of ice that periodically jolted me in their passing. I was frozen in terror and was not sure if I would exist in the next moment. Death seemed all around me. In contrast, eCPR has enabled me to embody the ebb and flow of my existence. Each moment unfolds like a beautiful flower leaving me in a state of curiosity and wonder. A friend said that during eCPR she felt she could experience extra heart beats that she had been missing for a long time. The emotional dimension of communication becomes more interesting than the verbal dimension.

In times such as the current crisis of the COVID-19

pandemic, more than ever we need each other. We are learning that through the heart-to-heart practice of eCPR people can Connect, emPower, and Revitalize each other in ways they never imagined and we can create co-immunity.

AUTHOR CONTRIBUTION

Daniel B. Fisher is the sole contributor.

DISCLOSURE

There are no conflicts of interest to disclose.

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