The Psychology of the COVID-19 Pandemic:
A Group-Level Perspective

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Objective: The coronavirus disease (COVID-19) threatened not only people's physical health but also every aspect of their psychological well-being: from their struggle to avoid contracting the disease, to their coping with the disruption of the normal course of their lives, to the trauma they endured when the virus took the lives of those they loved. The objective of this article is to consider the group-level processes that sustain people's physical and psychological well-being during COVID-19. *Method:* Applying group dynamic and group therapy theory and research, we explore why COVID-19 spread so rapidly. We also explore how people cope with prolonged social isolation, distress, and social inequities, as well as how people deal with the psychological trauma of the disease, which includes heightened levels of depression, anxiety, substance abuse, and complicated bereavement. *Results:* Researchers and theorists suggest that human beings are fundamentally social, and the need to gather with others is extremely important, especially during times of distress. The need to belong as well as the importance of reducing loneliness during uncertain times often encourages people to connect, despite recommendations to remain socially distant. *Conclusions:* Group treatment options developed by group psychotherapists are effective at reducing depression, anxiety, complicated grief, and stress. We conclude by examining the growing impact of online groups and the many ways that these groups help people improve their psychological well-being during the COVID-19 crisis.

Highlights and Implications
- Group dynamic theorists and researchers provide important contributions to the understanding of the prevention of COVID-19. Group dynamics explain why some people perceive less of a threat and why some people refuse to wear face masks or social distance.
- Group psychotherapy researchers and practitioners describe the importance of group leadership, group cohesion, and the effects of loneliness and social isolation on people coping with COVID-19.

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- Given the mental and physical health challenges we face with COVID-19, online group and group therapy interventions are becoming more prevalent. The importance of future studies examining the effectiveness of online groups (both support and therapy) are necessary. We also need studies that examine what individual difference variables influence the effectiveness of online group interventions, such as age, race, class, ethnicity, culture, attachment style, and level of isolation.
- One of the main implications of this article is that it is critical to examine the group-level factors that influence how we navigate a pandemic. Groups influence how we prevent the transmission of COVID-19, how we sustain ourselves during periods of social isolation, and how we address the effects of complicated bereavement, trauma, illness, social inequities, unemployment, anxiety, and depression.

On March 11, 2020, the World Health Organization (WHO) declared the severe respiratory syndrome coronavirus COVID-19 a pandemic. A devastating disease, the virus caused respiratory collapse, inflammation, and organ failure, resulting in the death of over half a million people in the first 6 months of the pandemic. With no known cure or vaccine available, the threat seemed dire but also unavoidable. People's lives were substantially disrupted as everyday interactions were replaced by prolonged periods of isolation and loneliness. Most social activities, such as school and work, were suspended, as were many sources of general life satisfaction and happiness, such as leisure and recreational activities. As the disease intensified, researchers documented elevated levels of depression and anxiety, increases in intrusive thoughts and sleep disturbances, substantial and negative changes in feelings and emotional responsiveness, and substance abuse (e.g., Wang et al., 2020). It is difficult to identify any aspect of people's psychological experiences that was not significantly influenced by the disease.

Understanding and responding effectively to the psychological impact of the pandemic requires recognizing and intervening to undo the chaos it wrought on individuals' adjustment, but here we focus on the group-level processes pertaining to the prevention, maintenance, and restoration (after loss) of psychological well-being before, during, and after the pandemic. The pandemic attacked not just individuals but also their relationships and the groups that sustain those relationships, including their families,

work groups, and friendship circles. To cope, social isolation was mandated, but that mandate separated people from the groups that sustain them. As sheltering in place wore on, the isolation strained the resources of people's remaining alliances, including their families and closest friendships. The illness was also, in many cases, a fatal one and so permanently changed the nature and structure of many people's groups and relationships. Specifically, we draw on the psychology of groups and their dynamics to (a) explain how people reacted to the threat of the virus (e.g., coping with health threats, increasing compliance with health mandates); (b) suggest ways to counter the negative psychological side effects people may experience during the pandemic (e.g., dealing with social isolation, reducing stress in quarantined groups); and (c) help individuals deal with the psychological consequences of the pandemic experience, including the loss of friends and loved ones to the disease (e.g., coping with grief).

This focus on group-level processes does not assume individual-level processes need not be considered but instead only seeks to redress the tendency to stress individual approaches rather than interpersonal ones. All too often, analyses focus on individual prevention strategies such as wearing a mask, individual factors that influence health risks such as age, and individual interventions to cope with distress such as one-on-one counseling. The current analysis, in contrast, serves as a reminder that people are substantially influenced by group interactions and of how extremely important groups can be when

preventing and treating people who are suffering during COVID-19. In 2018, the American Psychological Association's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology recognized group therapy as a specialty. This recognition emphasized the importance of group dynamics and the benefits of group interventions that are critical to mental health and relevant to coping with COVID-19. Although there may not be research that has studied the group factors directly related to prevention or intervention and COVID-19, we can apply the knowledge we have from years of group theory and research to this pandemic. Group theory, research, and practice has important implications for how we try to control the spread of COVID-19, facilitate coping with the virus, and intervene when the public struggles with job loss, mental illness, health disparities, and complicated grief.

Prevention: Minimizing the Risk of Contracting COVID-19

COVID-19, a highly communicable disease, has spread worldwide. Authorities, recognizing the magnitude of the threat, warned citizens of the infection and proposed a series of nonpharmaceutical interventions (NPIs) to limit contagion (e.g., stock sufficient food and water, secure medical supplies, and avoid travel to destinations where the virus was emerging).

These NPIs were crucially important for controlling the spread of the disease, and the number of cases was lower in places where people prepared diligently (e.g., Brauner et al., 2020). However, many people failed to accurately assess the magnitude of the threat and heed repeated reminders to minimize that threat. Although studies of how people prepare for impending crises have identified a number of psychological processes that can work to interfere with proactive responses, including unrealistic optimism, diminished self-efficacy, and avoidance of information pertaining to the threat (Shepperd, Klein, Waters, & Weinstein, 2013; Stewart, 2015; Sweeny, Melnyk, Miller, & Shepperd, 2010), these psychological processes were amplified by group-level processes that caused individuals to misjudge the magnitude of the threat and join together with others when they should have practiced social distancing.

Reassurance or Accuracy

People encountering a threat usually respond to minimize that threat, particularly if they believe the threat to be highly probable and the outcome to be severely negative and if the steps to take to reduce the threat are considered efficacious (e.g., Floyd, Prentice-Dunn, & Rogers, 2000). Their estimates of likelihood, severity, and response efficacy are determined by the objective, factual claims of authorities—such as warnings from the Centers for Disease Control and Prevention (CDC)—but also by the actions and reactions of those around them. For example, even though the CDC may warn that COVID-19 poses a great risk to health, individuals may reject that information if it is inconsistent with the estimates of those they associate with on a regular basis (e.g., family members, coworkers, social network connections). Studies of social comparison processes suggest individuals strive for accuracy but that they also show a preference for reassuring, comforting information. In the case of COVID-19, associating with people who suggested that the virus was only as threatening as the flu or even a hoax resulted in an incautious response to the virus (e.g., Erceg, Ružojčić, & Galic, 2020).

Individuals' miscalibrated estimates of threat potential could have been adjusted as they discussed their estimates with other people, but error checking is often overlooked as groups share information. Groups can manifest rationality as they pool information to reach the best decision possible (e.g., Larson, 2010), but too often people overshare ideas that are common within the group. If many individuals in the group are aware of some fact, datum, or case, the group will spend an inordinate amount of time discussing those inputs and fail to consider ideas and information held by only a few individuals in the group. In consequence, groups too often fail to make the best choice—one that is fully informed by all the available information. In the case of COVID-19, even if some members of the group are aware of data that accurately signal the magnitude of the threat, their voices will not be heard as the group discusses the crisis (Stasser & Abele, 2020).

Unfortunately, people do not recognize the extent to which their opinions, beliefs, and behaviors are influenced by those around them (Cialdini, 2005). They often assume that they

have objectively reviewed the facts and have based their response on this rational analysis, when in actuality, their responses are determined by social comparison biases, overreliance on shared information, and conformity to group norms. For example, the data that they themselves gather locally—from those they interact with—tend to influence people even more than they realize. As Zell and Alicke (2010) discovered in their studies of the local dominance effect, people's judgments are more influenced by their close social contacts rather than the more diffuse data based on the responses of thousands of people. Yet when asked to describe their metacognitive processing of the information, people were certain that they were relying on the data from the highly representative sample rather than the anecdotal case data provided to them by their associates.

Socializing or Quarantining

Because there was no known cure for the disease, nor a vaccine that would prevent infection, public health authorities relied on NPIs to limit the spread of the disease within the population. In particular, the CDC advised individuals to maintain social distance (www.cdc.gov/coronavirus/), and state officials included this requirement in the health mandates.

NPIs were medically necessary, but limiting individuals' contact with other people blocked them from the primary means of coping with the stress of traumatic events: their groups. Those who study mental health—clinical, counseling, community, and health psychologists, social workers, and psychiatrists—have long recognized the relationship between groups and members' psychological well-being. Theory and research suggest that people need to be connected to other people and that, if these connections are severed, they experience significant psychological distress. As Baumeister and Leary (1995) suggested, humans have a powerful need to belong: "a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and impactful interpersonal relationships" (p. 497). They likened the need to belong to other basic needs, such as hunger or thirst. Individuals therefore, under most circumstances, resist isolation and seclusion; they choose to affiliate with others rather than be alone.

This need to belong is strongest when people face a stressful, uncertain future. In times of trouble, such as illness, catastrophe, natural disaster, or financial upheaval, they seek out comfort and support by joining with other people (Rofé, 1984). Decades of research on coping confirms the stress-affiliation effect: People seek out others as a coping mechanism to acquire reassuring information germane to the threat, secure emotional support, and acquire tangible aid (Aspinwall & Taylor, 1997; Cohen & Wills, 1985; Hill, 1987). This reaction is, in most cases, an adaptive one, for affiliating with others reduces morbidity and mortality, modulates key neural and biological responses to stress, and reduces the negative effects of major stressful life events (see Taylor, 2011 for a review). However, in the case of a threat of a contagious disease, the need to belong compels individuals to seek out association with others even though that association is unhealthy.

In consequence, despite warnings to avoid groups, many people continued to join them, even though that risky socializing provided the disease the opportunity to spread from the infected to the uninfected. When surveyed after the CDC released its guidelines of social distancing (March 17–20, 2020), many people reported actions that were inconsistent with the mandate: They were continuing to join with others in face-to-face social groups, sit side by side in public settings, and take part in large social gatherings without face coverings (R. Forsyth, 2020). These individuals, in general, were not the people in the sample who felt they were unlikely to contract the illness or those who believed they would survive the illness. In fact, recognition that the virus was a significant health threat and that they would likely contract it were associated with more, rather than less, risky socializing. Disregarding the mandate to socially distance was also associated with dispositional differences in respondents' preference to join with others when stressed (Hill, 1987). Those who engaged in risky socializing were also people who were more likely to agree with statements such as "If I feel unhappy or kind of depressed (stressed), I usually try to be around other people to make me feel better" and "One of my greatest sources of comfort when things get rough is being with other people" (Hill, 1987, p. 1011).

Compliance or Resistance

As the number of COVID-19 cases increased, the CDC urged individuals to continue taking precautions to minimize the spread of the virus, including maintaining social distance, avoiding groups, and wearing face coverings. However, many people resisted this mandate. Churches continued to hold services, people congregated in parks, beaches, and clubs, and travel resumed. The CDC's requirement to wear face-covering became, over time, a contentious, politically charged issue, and the media reported multiple incidents of confrontations between the masked and unmasked (McKelvey, 2020). In some cases, large groups of people gathered publicly to protest the mandates, displaying a marked consistency in their actions and attitudes.

No one factor distinguishes those who adopted the mandated NPIs and those who resisted. Some who refused to comply did not think the disease was a significant threat to them, personally (e.g., Harper, Satchell, Fido, & Latzman, 2020). Individuals with certain traits—such as elevated levels of narcissism and psychopathy—complied less than people whose personalities did not include these dark triad characteristics (Nowa et al., 2020). However, group-level processes likely also generated this marked variance in response to the CDC's NPIs. The pandemic restricted people's contact with other people, and so reduced the density and heterogeneity of their social networks. This isolation, combined with the tendency to maximize cohesion during periods of stress, likely resulted in both polarization and an increased identification with the group and its norms. Those norms, in some cases, stressed compliance: that taking steps to minimize the spread of the virus was the socially approved course of action, and that not complying would be considered unusual and inappropriate. But in some social groups, noncompliance became the norm. These groups maintained that government authorities had no right to curtail people's freedom to assemble, travel, and work, and so wearing a mask in public or quarantining was considered socially indefensible by the members of these groups. In consequence, noncompliance came to be associated with group identity. As social identity theory suggests, when people categorize themselves as members of a particular group they subsequently strive to act, think, and feel in ways that they believe are prototypical for a member of that group (Hogg, Hains, & Mason, 1998). Sustained, psychologically, but this collectively shared social identity, those who resisted compliance acted in ways that spread rather than controlled a deadly disease (D. Forsyth, 2020).

Protection: Coping During the COVID-19 Crisis

How do we endure when forced to cope with the long-term effects of a pandemic like COVID-19? We have addressed the challenges to prevent the spread of the disease, but there are other struggles caused by COVID-19. There is the stress of isolation on groups of people, such as families who are sequestered from the outside world. There is also ongoing risk of getting sick, job loss and financial insecurity, and the death of loved ones. Not to mention the stress of racial and economic inequities and an overwhelmed health care system. Psychologists have studied the impact of each of these on well-being, and they provide important guidance as we navigate the ways social groups and group therapy can help people cope.

Experiences in Isolated Groups: The Value of Cohesion

During COVID-19, many families were isolated from the outside world. How did people cope when their social networks shrink from many to very few? Did they seize this time of enforced togetherness to strengthen their attachments to one another—to share, support, and appreciate each other? Or did boredom, tension, and conflict grow with each passing day?

Studies of groups that have spent long periods of time in isolation, such as teams stationed in Antarctica and explorers living for months on end in a confined space, suggest that some groups will prosper, but others will falter under the strain. During the International Geophysical Year (1957–1958), for example, several countries sent small groups of military and civilian personnel to outposts in Antarctica. These groups were responsible for collecting data about that largely unknown continent, but the violent weather forced the staff to remain indoors most of the time. As months went by with

little change in their situation, morale declined and group members' initial friendliness, good humor, and sensitivity were replaced with lethargy, low morale, grouchiness, and boredom.

Other groups, however, manage to prosper when cut off from the outside world. Some of the isolated groups studied by researchers at the Naval Medical Research Institute in Bethesda, Maryland, for example, responded quite positively when sequestered. These researchers confined pairs of volunteers to a 12-by-12-foot room with no means of interacting with anyone outside of that space—no computer, no Internet, no media. Some of these groups imploded—they insisted they be released from the study after only a few days. Others, however, thrived. Over the course of the isolation, their reliance on one another strengthened, as did their satisfaction with their circumstances. They shared concerns and worries about how they were dealing with the isolation and made adjustments whenever conflicts and tensions arose. They set up schedules of activities, even agreeing on a plan of action for meals, exercise, and recreation. Cooperation, then, was critical. As one person who spent considerable time in an isolated group in an underwater habitat, SEALAB, explained, "If we hadn't had a real compatible group there might have been a lot of hard feelings. Everybody was cooperative. They all worked and helped each other as much as possible. I think it was a real good group" (Radloff & Helmreich, 1968, p. 82). The successful groups also avoided one of the symptoms of maladaptive responding displayed by the less successful groups: withdrawal. The members of groups that did not cope well with isolation, over time, tended to stop interacting with each other—they cocooned instead of communicating, collaborating, cooperating, and caring for one another (Radloff & Helmreich, 1968).

What we can learn from this study of groups in isolation is that group cohesion is one of the factors that helps groups survive during times of distress. It is the glue that keeps people together when things are challenging in the group, such as conflict within the group. During this pandemic, many people have been in groups such as health care workers helping patients with COVID-19, employees engaging in online zoom meetings, or families socially isolating together. It is important for us to understand how to facilitate cohesion within these groups and to tolerate conflict when it surfaces. Group researchers and therapists have long recognized the importance of group cohesion and studied how it facilitates safety and the ability to tolerate tensions in the group (Yalom & Leszcz, 2005).

The bonds between the members of cohesive groups are strong and not easily broken, and these bonds sustain members' sense of well-being. Several studies have indicated that cohesion positively correlates with an elevation in members' self-esteem, reduced symptoms, and higher rates of goal attainment (Braaten, 1989; Budman et al., 1989; Tschuschke & Dies, 1994). In families, cohesion is negatively related to loneliness, and family cohesion also can decrease loneliness for family members (Fujimori, Hayashi, Fujiwara, & Matsusaka, 2017). A meta-analysis examining the relationship between cohesion and group therapy treatment outcome in 40 studies indicated that cohesion significantly related to outcome in both inpatient and outpatient settings (Burlingame, McClendon, & Yang, 2018).

How do we foster cohesion in groups? This is an important question, and group dynamic researchers and group therapists have focused on the impact of empathy in the group. Johnson, Burlingame, Olsen, Davies, and Gleave (2005) found that empathy by leaders and/or members related to perceived positive relationships within the group. Researchers also have shown that leaders who promote interpersonal interaction and prioritize the cultivation of cohesion also facilitate a greater bond between members (Burlingame et al., 2018).

One of the most inhibiting leadership factors is the leader's inability to tolerate emotional reactions (Mikulincer & Shaver, 2016). Failure to be able to express or accept caring, to address conflict, or to explore members' avoidant behaviors (e.g., missed sessions/tardy behavior) negatively influences the development of cohesion within a group (Yalom & Leszcz, 2005). Social psychologists found that the more a leader engaged in avoidant behaviors, such as dismissing vulnerability/avoiding members' needs, the less group members rated group cohesion (Davidovitz, Mikulincer, Shaver, Izsak, & Popper, 2007). Similarly, Smokowski, Rose, Todar, and Reardon (1999) found that dropout from the group increased when group members

experienced group leaders as not adequately supporting or protecting them.

During COVID-19, people are often interacting in groups. Many are cloistered with family for long periods of time in isolation, medical teams are working together in high-stress situations, and government groups are negotiating supplies to protect health care workers. It is helpful to recognize how the research on cohesion can influence these groups. To increase cohesion within these groups, one needs to have leaders who invite open conversations among members that encourage differences and disagreements (Burlingame, Fuhriman, & Johnson, 2002; Yalom & Leszcz, 2005). In medical teams, cohesion is critical. Brindley, Mosier, and Hicks (2020) studied how clear tasks and preparation enhanced cohesion, which is necessary when establishing an airway for patients sick with COVID-19. In all groups, there needs to be an awareness of the impact of race, ethnicity, and culture (DeLlucia-Waack, 2011). Leaders who are not able to help the group examine and resolve conflicts around diversity will have members experience discrimination and prejudice in the group that is likely to erode group cohesion.

Loneliness and the Benefit of Groups

When the public is required to social distance to protect others and oneself from exposure to a virus, there is a likelihood that some people will experience more isolation and loneliness, while others can social distance and remain socially connected. We know that being socially connected positively influences psychological and emotional well-being, physical health (Uchino, 2006), and life expectancy (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Shor, Roelfs, & Yogev, 2013). Unfortunately, many people may not be as fortunate and will experience disconnection and isolation that causes depression, anxiety, and stress (Bai et al., 2004; Mihashi et al., 2009). Brooks et al. (2020) reviewed the effects of quarantine and found that there were long-lasting effects of being quarantined that exist years later, especially for health care workers, and these effects included avoiding people who could be sick and avoiding work.

Researchers have shown that loneliness can have long-term deleterious effects, and it is a subjective experience. People can feel alone even when with their families or in groups. Holt-Lunstad et al. (2015) found, even after accounting for multiple factors, that increased likelihood of death was 26% for reported loneliness, 29% for social isolation, and 32% for living alone. The results indicated no difference between objective and subjective measures of social isolation when predicting mortality. It seems as though any kind of loneliness can be a health risk. This is especially important during COVID-19 when people are distancing and feeling more isolated.

We know that joining groups is one way individuals can cope with loneliness and isolation (Forsyth, 2018). When people struggle with these feelings, they often seek out support groups to feel less alone (Forsyth & Elliott, 1999). In addition to support groups, people seek out group psychotherapy to help them feel less alone and to address important issues. Yalom and Leszcz (2005) describe how being with others in the group who experience similar feelings is one of the most curative aspects of groups.

One subset of the population that has been hit particularly hard is the elderly. The elderly are required to socially isolate more to prevent serious illness and are more likely to feel more isolated. Researchers have applied a psychosocial group intervention for lonely older people, and it has been effective at increasing social activation, new friendships, and remaining in the group, as well as improved well-being and subjective health and decreasing need for health services (Supiano & Luptak, 2014).

Unemployment, Financial Loss, and Group Support

One of the major stressors for individuals during a pandemic is job loss, the requirement to stay home, and the rise in unemployment. According to Brooks et al. (2020), financial loss during quarantine related to psychological disorders, anger, and anxiety. They also found that delays in receiving government funding and having a lower income in general before the quarantine had a negative impact.

Groups provide support for those during times of layoff, and spending time with fellow coworkers can facilitate coping (Cooper, 1981). Social support also has been shown to moderate

the effects of involuntary job loss (Caravan, Gallo, & Marshall, 2020), but this was related to race, education, and prior social support before the loss of employment. In essence, White, educated individuals with prior social support benefited the most from social support after involuntary job loss to reduce depression. The findings expose the different experience of job loss during a pandemic and the importance of examining how job loss and unemployment due to COVID-19 affect people differently depending on economic status and race.

Social Inequality and Groups to Promote Change

As we started to see who was impacted most by COVID-19, we learned that not everyone was affected the same way. Minorities, especially Black minorities, had the highest rate of mortality in major cities that were hit hard by the virus. According to Yancy (2020), 50–70% of COVID deaths were Black individuals even when they represented 14–30% of the total population of a city. A similar pattern is found globally with predominantly Black countries having the greatest infection and death rate compared to predominantly White countries. Issues of racism, discrimination, and health care inequities add incredible stress to individuals and relate to mental (Carter & Forsyth, 2010; Murali & Oyebode, 2004; Schwartz, 2017) and physical health (Sacker, Head, Gimeno, & Bartley, 2009). They also relate to coping with the additional trauma of COVID-19.

Although discrimination by groups has a negative impact on health (Pascoe & Smart Richman, 2009), groups also can provide a resource for minorities and marginalized populations. Belonging to groups with others who have similar experiences increases a sense of belonging and provides support. Groups that invite people of different backgrounds and identities also promote social justice and change. Frantell, Miles, and Ruwe (2019) reviewed the importance of intergroup dialogues and that bringing people with different identities together fosters intergroup relationships, develops self-awareness, and promotes social justice. These types of group conversations are critical during COVID-19, when we are also facing a time when we are seeing higher mortality of minorities, health care inequalities, and increased racism.

Complicated Bereavement and Group Intervention

During COVID-19, many people lost loved ones suddenly from the virus and were not able to comfort their dying family members or engage in funerals with family and friends. The lack of support, religious rituals, and physical proximity to family has led some to experience complicated bereavement (Burke & Neimeyer, 2013). Complicated bereavement occurs when individuals have an intense grief response that lasts longer and eventually influences one's daily functioning. Mayland, Harding, Preston, and Payne (2020) reviewed studies of prior pandemics and found that the multiplicity of the losses, inability to say "goodbye," and disruptions in the social connections all contributed to complicated bereavement during pandemics. They suggested that providing group connections and increasing support would help people during COVID-19.

Groups have been used effectively to help people cope with grief and loss (Maass, Hofmann, Perlinger, & Wagner, 2020; Piper, Ogrodniczuk, Joyce, & Weideman, 2011). They provide emotional support and hope and reduce depression caused by isolation. Supiano, Haynes, and Pond (2017) did a qualitative study of members in a short-term grief group and found they were able to help facilitate meaning out of catastrophic grief experiences. During COVID-19, online groups have been used to provide support to health care providers (Wallace, Wladkowski, Gibson, & White, 2020) and individuals struggling with the loss of a loved one (Sun, Bao, & Lu, 2020). Wallace et al. (2020) recommend online support groups for those individuals providing palliative care for those who are dying of COVID-19. Knowles, Stelzer, Jovel, and O'Connor (2017) examined the effectiveness of a virtual support group for the elderly experiencing the loss of a spouse and found that the members had better sleep, less depression, less ruminations of the spouse, and less loneliness after the group intervention. Mayland et al. (2020) suggests that providing technologically assisted social support during illness, prior to death, and after the loss could decrease complicated mourning. They recommend online group-related support during COVID-19 that includes family gatherings and religious rituals involving the community.

Restoration: Group Therapy Intervention During COVID-19

When people are suffering, groups provide healing. They bring hope, decrease isolation, and connect us to something bigger than our own pain and loneliness (Yalom & Leszcz, 2005). That is why it is not surprising that group therapy is one of the most effective treatments to restore us during and after COVID-19.

General Evidence of Group Therapy

Group therapy has been recently described as a "triple E treatment" (Burlingame & Strauss, in press; Yalom & Leszcz, 2005). It is effective, equivalent, and efficient. Randomized clinical trials (RCTs) have shown it to be effective when contrasted with no-treatment controls. A recent meta-analysis of nearly 50 RCTs that contrasted individual and group therapy formats using identical patients, treatments, and dose produced equivalent outcomes compared to individual treatment (Burlingame, Seebeck, Janis, et al., 2016). Furthermore, equivalence also has been found when group therapy is contrasted with other bona fide treatments for common anxiety and mood disorders (Burlingame & Strauss, in press). Finally, when one considers therapist time and treatment cost, group therapy is a more efficient treatment when compared to individual therapy (Burlingame et al., 2016).

COVID-19: Evidence Base for Group Therapy

Global (WHO) and national health care agencies (CDC) have reported an increased prevalence of mental problems related to COVID-19 (Qiu et al. (2020); Zhang et al., 2020). Group interventions may be an important option to prevent and restore mental health problems related to this pandemic. A recent review (e.g., Burlingame & Strauss, in press) provides ample evidence for the efficacy of group treatment with respect to specific psychological disorders that may be triggered by the pandemic. In general, findings from 329 randomized controlled studies that treated 27,000 patients showed large effects favoring group treatment over waitlist controls and no differences to active controls. What follows is a brief summary of major conclusions regarding the efficacy of group therapy for anxiety, trauma, mood, and substance abuse disorders.

Obsessive–compulsive disorder (OCD). Individuals suffering from OCD report aggravations of their symptoms, especially fear of contamination and excessive washing of hands during COVID-19 (Kumar & Somani, 2020). The lack of inhibitory control as a result of the pandemic and its consequences is seen as one of the roots for the increase of symptoms needing additional treatment options. As far as group treatment is concerned, Schwartze, Barkowski, Burlingame, Strauss, and Rosendahl (2016) summarized three most commonly administered group treatment comparisons in a meta-analysis of 12 studies and 832 adult patients: complex cognitive–behavioral group treatment (CBGT; 13), exposure with response prevention alone (two), and cognitive therapy (one). No significant differences were found between group psychotherapy and active treatments (e.g., individual psychotherapy, pharmacotherapy, or common factors), and a similar pattern of findings was evident on secondary outcomes (depression, anxiety).

Posttraumatic stress disorder (PTSD). China indicated that PTSD is one of the mental health consequences of COVID-19 (Tang et al., 2020). For example, they reported the incidence of traumatic stress in medical staff was 27% in a sample of 230 nurses and doctors. The entire sample, on average, scored high in the PTSD self-rating scale (Huang & Zhao, 2020). In a recent meta-analysis studying PTSD (Schwartze, Barkowski, Strauss, Knaevelsrud, & Rosendahl, 2019), 20 group treatment studies comprising 2,244 individuals diagnosed with PTSD were summarized. As expected, the clinical characteristics (e.g., trauma type, comorbidity, severity of PTSD, personal background of participants) varied across studies. Nevertheless, those receiving group treatment experienced improvement in PTSD, anxiety, and depression symptoms compared to no treatment ($g = 0.70$). Based on these studies, group psychotherapy appears to be an efficacious treatment for PTSD, although there are insufficient trials to test for equivalence between group and individual treatment.

Anxiety disorders. Reports so far indicate an increase of anxiety and panic symptoms and anxiety disorders as an immediate consequence of the COVID-19 pandemic (Huang & Zhao,

2020; Rajkumar, 2020), raising the question of how effective treatments for patients suffering from panic and combined anxiety disorders can benefit from group treatments. The effects of CBGT were assessed in a recent meta-analysis comprising RCTs of group treatments for panic disorder (Schwartze et al., 2017). A large effect for CBGT was found on panic and agoraphobia symptoms when compared to no-treatment controls ($g = 1.08$), and no differences were found when CBGT was compared to treatments ($g = 0.18$) including individual therapy. Over three fourths (78%) of patients were panic-free after group psychotherapy compared to 33% in the waitlist control condition. Thus, CBGT appears to be a robust treatment for panic disorder.

Major depressive disorder (MDD). As with the other psychological disorders, an increase of depressive symptoms and depressive disorders is expected and described following the outbreak of COVID-19 (Huang & Zhao, 2020; Rajkumar, 2020; Tang et al., 2020). It is assumed that the feeling of a lack of control paired with the consequences of social and physical distancing directly affects the mood of individuals especially in countries and regions with high rates of cases and deaths due to the virus. Janis, Svien, Jensen, and Burlingame (in press) pooled the findings from 35 studies (47 comparisons) and 2,918 individuals diagnosed with MDD who were treated with group treatment, treatment as usual (TAU), medication, or no treatment. The most frequent treatment was CBGT (14), followed by mindfulness-based cognitive therapy (MBCT; six) and psychoeducational groups (PEGs; six). The combined effect of group treatment on depression symptoms was large ($g = .86$) when compared to no treatment, with patients being nearly 7 times more likely to have improved by the end of treatment. There was strong support for CBGT and promising evidence supporting both MBCT and PEGs when compared to no-treatment controls.

Substance abuse disorders (SUDs). An increase of substance abuse, especially alcohol, has been assumed to be a consequence of COVID-19 (Clay & Parker, 2020; Galea, Merchant, & Lurie, 2020). Ornell et al. (2020) advocate a reinforcement of addiction care for several reasons: Individuals with SUD are considered to be a population at risk for contamination (e.g., due to their clinical and psychoso-

cial condition), and these individuals are also expected to have problems with treatment access as well as adherence due to the changes in social life and economy caused by the pandemic.

Recently, a meta-analysis of RCTs focusing on SUDs in adults (Lo Coco et al., 2019) summarized 33 studies comprising 34 comparisons with nine studies comparing group to no-treatment controls, seven comparing group to individual therapy, and 18 comparing group treatment to other treatments (e.g., twelve-steps, TAU). The group treatments included cognitive behavioral therapy, behavioral, mindfulness, dialectical behavior therapy, and integrated treatments. Group treatment outperformed individual therapy with moderate effects.

Groups and facilitating immune functioning. Moreover, there may be added benefit beyond the traditional psychological outcomes given recent evidence on the impact of group treatments on the immune system (Shields, Spahr, & Slavich, 2020). An understandable consequence of the pandemic is an increase of general and specific stress for individuals in countries with a high prevalence of COVID-19 infections. During stress, the sympathetic nervous system suppresses antiviral processes and up-regulates proinflammatory processes via the neurotransmitter norepinephrine (Slavich & Irwin, 2014). Stress responses keep us in a constant state of fight or flight (Sapolsky, 2004). Further, there is evidence for psychosocial stress suppressing cellular and humoral immunity and increasing nonspecific inflammation (Segerstrom & Miller, 2004; Slavich & Irwin, 2014).

Psychosocial interventions appear to exert a positive effect on immunity (Kim & Su, 2020). A recent meta-analysis by Shields et al. (2020) documents psychosocial intervention's impact on the immune system, which is causally involved in ~50% of deaths worldwide (Furman et al., 2019). Shields et al. also demonstrated that group interventions were equally if not more effective than individual therapy. The social milieu that groups provide may be a "motivator" to encourage attendance, which in turn adds a supportive social environment linked to health-related biomarkers. This social milieu creates an opportunity to interact with affected peers and experience therapeutic factors such as the instillation of hope, universality, altruism,

interpersonal feedback, and cohesion that have been empirically linked to better outcomes.

Online Group Therapy: Adjusting to COVID-19

Although the online modes of group therapy have existed, it has grown exponentially with COVID-19 (Aafjes-van Doorn, Békès, & Prout, 2020; APA, 2020; Burlingame, Strauss, & Joyce, 2013). As therapists shift to telehealth during COVID-19, it is important to examine the current group research, benefits, and limits to online group interventions (Weinberg, 2020).

Synchronous groups. Synchronous online groups consist of chat rooms as well as live group conferences where participants meet with each other and the therapist. The efficacy of these interventions has been tested in several RCTs with larger samples made up of different clinical problems (eating disorders, depression, attention-deficit/hyperactivity disorder, cancer, social anxiety disorder, and being a victim of family violence). Some studies support their efficacy when compared to waitlist or TAU conditions (e.g., Crisp, Griffiths, Mackinnon, Bennett, & Christensen, 2014; van der Zanden, Kramer, Gerrits, Cuijpers, 2012), while others indicate format equivalence when compared to asynchronous group treatments (Burlingame & Strauss, in press). Users commonly report a high degree of satisfaction and indicate that the online group was an important source to increase coping (Hopf, Grange, Moessner, & Bauer, 2013; Stephen et al., 2013). These are the types of groups being used now during COVID-19.

Benefits and limitations of online groups. Internet-based (group) treatments can be less stigmatizing, especially for young people and those with limited access to psychosocial support. Moreover, the average amount of therapist weekly time per participant can be significantly reduced (up to 71%) when compared to traditional CBGT (Schulz et al., 2016) and equally effective (Tate et al., 2017). These benefits are balanced by other ethical challenges regarding confidentiality. Weinberg and Rolnick (2019) described evidence that screen relations may reduce interpersonal connections (e.g., Russell, 2015) and highlighted obstacles when one shifts from traditional group practice to the screen. These include (a) loss of control, (b) limited

bodily interactions, (c) inability to read and respond to verbal and nonverbal signals, and (d) the meaning of a member's background—if it should be considered or ignored. In short, we are still building what good practice means and for whom these groups even might be adverse or harmful (Weinberg & Rolnick, 2019).

Despite the limitations, video conferences in times of COVID-19 seem to be accepted and perceived as helpful by patients and providers (e.g., Liu et al., 2020). There is evidence to suggest that online support groups help those who are quarantined during disease outbreaks. Pan, Chang, and Yu (2005) found that having an online support group and feeling connected to others who had been through the same situation was validating, and it provided people with the support they needed. Indeed, the scientific literature on videoconferencing is more plentiful on individual (Backhaus et al., 2012; Rees & Maclaine, 2015) rather than group treatment. The pandemic already has begun to produce more publications on online group treatment (Dehkordi, Sakhi, Gholamzad, Azizpor, & Shahini, 2020), and the sustainability of an online group treatment using different theoretical orientations is an open question.

Implications

It is critical that we examine the group-level processes pertaining to the prevention, maintenance, and restoration during COVID-19. Although we often are aware of the individual factors that are emphasized as we navigate this pandemic, the social factors are equally important. Group dynamics influence the tension we see when people are ambivalent about wearing masks or social distancing, the ways people cope with social isolation, and the ways groups can provide relief from depression, anxiety, substance abuse, and loss.

Working Together to Cope With COVID-19

Groups also bring together different disciplines to understand the diverse challenges ahead of us as we endure COVID-19 (Holmes et al., 2020). According to O'Connor et al. (2020), it requires a group of researchers and clinicians across professions to address the impact of COVID-19. No single disciple can tackle this

issue in isolation. It requires psychology, psychiatry, neuroscience, epidemiology, and infectious disease specialists to work together. They also argue that there needs to be collaboration between the public, patients, health care providers, and policymakers and a cohesive focused research agenda that can influence policy and practice. Group is indeed a specialty within psychology that will help us navigate people's psychological and physical well-being, increase successful health care delivery, fight systemic injustices, develop public policy, and work together to develop a vaccination for COVID-19.

Group Leadership During COVID-19

One of the most valuable lessons we learned from the research on cohesion is the role of the leader in facilitating successful group dynamics. Burlingame et al. (2002) described the many things leaders can do to facilitate successful group process and outcome such as modeling interpersonal feedback, helping members tolerate conflict, embracing vulnerability, and discussing clear goals for the group. Research findings suggest that it is also important to empathize with members (Johnson et al., 2005) and be supportive when members are distressed (Davidovitz et al., 2007). It is important for political leaders and health care leaders to be aware that the public is needing support, direction, and empathy during the pandemic.

Group Psychotherapy and Online Groups

One of the most important messages is that group psychotherapy is an effective treatment, as effective as individual psychotherapy (Burlingame, Seebeck, Janis, et al., 2016), and that it is an important treatment for those suffering during COVID-19. Individuals with anxiety, depression, grief, loneliness, and substance abuse can get help during the pandemic with online therapy group interventions. Although we are only beginning to understand the differences between online group therapy and face-to-face treatment, we are seeing the benefits of being able to reach out to diverse populations while ensuring the safety of people who are isolating to prevent the spread of the virus. Our ability to engage socially while also protecting ourselves from illness makes online groups one of the most important resources during the COVID-19 pandemic.

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