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Once Upon a Time...! The Story of the Emotional Pandemic!

Mioara GRIGORAŞ [1]
Anamaria CIUBARĂ [2]

[1] Psychologist, Private Practice, Galati, Romania
[2] University Professor PhD, "Dunarea de Jos" University of Galati, Galati, Romania, anamburlea@yahoo.com

Abstract: *The article that we will present tries to give an overview of how the pandemic affected society, accentuated certain fears, worries and brought to the surface all the hidden emotional problems. If we take a look in history, we see that similar events in the past - the Spanish flu, the Holocaust - caused trans-generational traumas whose effects can still be felt today. Likewise, the article will highlight how major traumatic events that happened even three generations before birth can influence the way we live our lives. That is possible because unprocessed traumas leave their mark on each new generation until they find their solution. As individuals, we love our families very much and have unconscious loyalties to some of its members, copying their mistakes, dramas, and thus reliving their stories.*

In the case study that we will present, we started from the idea that to discover these legacies it actually means listening to the wider story of the client, which starts from the previous generation. The symptom is often just the tip of the iceberg, while underneath lays a whole story. At the start of the therapeutic process, we approached a complete intervention on the case, which involved the approach in the socio-familial system and emotional integration.

We took into account the life history of the client and his family, gathering information about boundaries, rules, rituals and family loyalties, messages received in the family environment, significant life events, defense and survival strategies. All these factors helped us decipher the symptom behind the story.

Keywords: *Covid-19; mental and emotional health; trans-generational traumas.*

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Introduction

The pandemic brought to life fears that seem to be forgotten or only sleeping, the number of clients with depressive episodes or emotional problems that searched for help increased with 40%.

The cases were not different, but the incidence of depressive episodes, insomnia, suicidal ideas and panic attacks increased. Domestic violence, emotional abuse, addictions, eating disorders, phobias, hypochondriac syndromes, and obsessions (associated or not with compulsions) also increased.

We may say that everything leads us to the thought of a story and the phrase „Once upon a time" fits this thought better. We have always loved listening to stories and we still hear stories from every client who comes to therapy.

We have witnessed life stories where crisis and vulnerability created an opportunity for growth and transformation, even if this was not apparent from the beginning.

We all know that all stories begin with the expression „once upon a time" and tell us about people who lived in a distant time and their facts remained in the memory of those still living.

We will start this story as it follows: Once upon a time, there was a 34-years-old woman, who lived in a very small, quiet and monotonous town where all followed a natural order until the pandemic came. One day, something unpredictable happened and isolation was difficult to endure. The secure place called "home" became an office, sleeping place, the place where she could hear her friends, but also the place she felt it like a cage. All of a sudden, all of her life was concentrated in a few square meters. She was forced to confront with all her dissatisfactions and vulnerabilities which stressed emotional disconnection from herself, psychosomatic reactions of the body and the catastrophically interpretation of reality. She was sent to the psychologist by the psychiatrist, and at the case study moment she was under medication for depression with anorexic eating disorder (anorexia, depressive episode, anemia, secondary amenorrhea).

The anamnesis exposed that she was absorbed by sadness; she saw no way out of this situation, lack of hope, fatigue, corporal self-harm, decreased appetite, amenorrhea (the lack of the menstrual cycle for more than three months in a row). Sleeping was difficult and the closeness to the night created anxiety with anticipation of the sadness, inutility and irritability. She had obsessive suicidal thoughts caused by no real or imaginary reasons, only by the fixed idea that she would die before she would be 35. She had

negative expectations regarding the future she had feelings of guilt, inutility and devaluation. She isolated herself from her friends because she sees them unable to help her.

Depression affected her relationship with her parents, partially interpersonal and professional relationships, because of the decreased concentration and memory; she had the impression that she could not handle her job and her self-confidence decreased also.

The interview and the anamnesis also exposed the story of the client's family, she grew up in a family where the father had a cold attitude towards her, drank alcohol and often began conflicts. She had a smaller brother with whom she got along better, and took the parental role for her brother since she was little. She had a sad childhood, she remembers that she wanted to leave home many times because of the conflicts, but she did not have any place to go to. She says that she suffered very much for her father affection, but at the same time she hates him, as she hates all the men, and she did not have a good relationship with her mother either. Until now, she did not manage to have a stable intimate relationship, she ended such a relationship in the past, she does not want children and now she lives in a single room.

Although there were not diagnosed, she identified that the women in her family, grandparents and parents as anxious and depressive too. After her birth, her mother had a difficult time (a possible post-partum depression), she was not able to take care of the newborn baby until six months of age, so the paternal grandmother moved in and took care of the baby. She remembers that the mother humiliated her often, she used to tell her that she is not a good girl, that she behaves like a boy, that she has to wear feminine clothes otherwise no boy will notice her, and reproached to her that she is fat and she is not careful with her alimentation.

In our work, we often notice recurrent patterns of illness, depressions, anxiety, poor relationships, financial difficulties and we always feel the urge to look in the depth. Given the key word that she kept repeating and the main themes, we tried to look in the depth, in the past and to hear her story. And her story sounded like this: "My great-grandmother was 15 when she fell in love with a man much older than her and from their relationship my grandmother was born, but the man did not recognize the child. My great-grandmother felt the burden of shame all of her life, she married an alcoholic, lived a life full of shortages, they lived from the mercy of some family members in a little room in a stable, and she died at 35 from birth complications. Her grandmother was raised since she was a few months by a relative who did not have children, was forced to marry young,

she had miscarriages, her body did not help her, she had a difficult time giving birth to her girl child (the client's mother), she wept all her life the unborn children, she drank alcohol and kept saying that she would prefer to die herself instead of the unborn children. The birth of a girl, on a maternal line triggered a mixture of emotions from joy and happiness to fear, anxiety and death.

On the paternal line it was notice the existence of the exclusion-inclusion attitudes and behaviors. Not only the father, but also the grandfather, both were excluded and invalidated when considering their masculine authority in the family. Financial losses, infidelity and family abandon were also present.

Techniques and methods

Over 25 therapy sessions (these sessions were not continuously, at the time of the case study writing, the client was still in therapy). The techniques and methods used were structured on three perspectives: symptomatic, existential and trans-generational: active listening, techniques of reflection, body awareness, feelings awareness, empty seat technique, the genogram, exercises of assertive communication, therapeutically labor (separation, forgiveness), centering the client interest on the psycho-affective comfort zone, mindfulness techniques, relaxation techniques, abdominal breathing, guided imagery, monitoring of the affective states (journaling), cognitive-behavioral therapy prescriptions (ABC model of depression, monitoring the affective states, the list with the favorite things to do, centering the interest of the patient on the psycho-affective comfort zone, therapeutic stories.

For the psychological evaluation were used the following psychological tools: The clinic interview – Anamnesis – The study of the medical record –Behavior observation, PDSQ Questionnaire – psychiatric screening, Cognitive-emotional coping Questionnaire (CERQ), Personal Disorders Inventory (OMNI-IV).

The results at CERQ Questionnaire were significantly large at subscales: Self-blame, Rumination, Catastrophizing and low scores at the subscales: Acceptance, Positive refocusing, Positive reevaluation and Perspective sight.

At the Questionnaire of psychiatric screening PDSQ, that evaluates emotions, the states, the thoughts and the behaviors got a high score at the subscales: Depressive disorder with a gross score 20 (0-21, verge 9), Posttraumatic Stress Disorder with a gross score 10 (0-15, verge 5), Bulimia/ Compulsive eating with a gross score 9 (0-10 , verge 5), Panic Disorder ,

gross score 4 (0-8, verge 4), Social Phobia, verge score 9 (0 –15 verge 5), Generalized Anxiety, verge score 9 (0-10, verge 8), Somatic Disorder verge score 5(0-5 verge 2).

There are not any symptoms specific for the disorders with psychotic elements.

Through the OMNI-IV Questionnaire we obtain information about the accentuated traits or personality disorders. She had high score at the scales: Borderline Personality, Dependent Personality, Obsessive-compulsive Personality, Antisocial Personality.

The psychological examination outlines:

- a disharmonic borderline personality structure, with some difficulties to adapt to the present context, a weak ability to adapt;
- a polymorph clinic picture, with a tendency toward addiction, perfectionist type, depression tendencies, emotional instability and impulsivity;
- when she acts she is wry with fear or she escapes the situation, with reduced tolerance to frustration.

The general goals of therapy were:

- the remission of the anxiety-depression disorder symptoms;
- risk reduction of suicide behavior and self-harm;
- the reduction of the frequency of negative automatic thoughts and rumination;
- the modification of the negative pattern of thought regarding the lack of self-worth;
- the reorganization of the life script on an existential, trans-generational and rational plan.

The first part of the sessions was dedicated to initially evaluate the case and to create the therapeutic alliance, it was accentuated the learning and the adaptation strategies for coping with the depressive states and cognitive restructuring (we analyzed the motives for the lack of hope, the proof pro and cons, planning activities, establishment of tasks, monitoring the activities, assertive training, planning the rewards, reduction of frequency of automatic thoughts, rumination etc.).

The therapeutic approach continued with the client's internal map, the method and techniques used helped the client to focus on her internal life to identify the symbols and for the descriptions of the personal symbols from her life script, the description of these symbols on cognitive, affective and behavioral plan, analyzing, clarifying situations and events which generate and sustain the symptoms, identifying the repetitive pattern and life script, analyzing the relationship between the family members, the

genealogic tree, analyzing the mechanism that maintain the repetitive relation and roles.

Results and discussions

The goal of the therapy was not only to solve the depression episode that the client experienced, but also to avoid relapses. This is why we worked from the beginning through behavioral tasks, after that we worked on cognitive tasks and, in the end it was necessary an assertive training in order for her to better communicate with the people around her, to get along better with them. The task regarding the dysfunctional thoughts went well, but detailed explanations were needed and they were offered on the client's rhythm. The client was accompanied through the exploration and the communication of her feelings and emotions. The techniques used helped the client to enter in contact with her blocked emotions. We use the Genogram based on the assumption that some basic patterns of the client are replies from the behavior of her family: her parents, grandparents and even great-grandparents. The study of the family tree with the help of the genogram outlined that in the history of the client negative events, unhappy experiences were repeated. Important events from the client's life that the therapy shed light on were related to her family history. The client never thought of a link between them and her anxiety and depression. The words she use and the feelings she described were not hers, but her grandmother's and in the members of her family that lost their life. She took on to herself elements from her grandmother's desire to die. The traumas that her grandmother endured, the pain and the sadness, the childhood difficulties, the poor relationship with the grandfather with whom she was forced to marry, the miscarriages, they all had an impact on the way my mother's client was raised. The mother inherited the pattern of stress from her mother and passed them on to her daughter, from here outburst the fear of loneliness, the fear of being separated and she carried the unexpressed rage of her mother, her grandmother and her great grandmother. The new born feels the separation from the mother like a threat to her life and here lays the cause of the intense feeling of my client regarding giving up. The anxiety of maternal separation caused genetic modification that can be found in three generation. Using the genogram the client understood and found once again feelings repressed during childhood and also unlived emotion on the mother line, emotions forbidden by the conservative family. There are many aspects from the life experience of the client that were surprisingly alike with the experiences of other persons in her family.

So we talk about a trans-generational balance sheet, an evidence of the cost for every member of the family, so that we can say if we are in debt, or we have any other obligation with our family. Usually, these debts are inherited especially if there is a significant imbalance. The therapy was not only effort, pain unlived or introspection but also a form of rewarding, an act of liberty and liberation and while the client rediscovered herself accessed new motivational resources.

Conclusions

The evolution of the case presented a partial remission and a relapse shortly after we started the therapy. The road was not ascendant as there were many relapses, some of them very deep. In this case we can also talk about a genetic of the behavior, the client was raised in a depressive family with an anxious depressive model perpetuated by both her parents and her grandparents, and so she learned these depressive behaviors and took on the anxious depressive pattern of thought and action. We can see hereditary factors, not only the trans-generational, repetitive behavior.

We love very much our family and we are unconsciously loyal to some members of our family by copying their mistakes, their dramas and reliving their story. We carry on trans-generational behavior and thought pattern, that few of us doubt, but change comes with all of us. If we want to change something it is important to admit and to take responsibility to break the dysfunctional pattern which brought so much pain.

Another reason for which we take on the psychological legacy of our family is that somewhere in the history of our family there is a story that needs to be „unchained", somehow.

We are faced clients that tell us that all of a sudden they behave in a strange way as if there weren't them and they cannot tell why they did it. They accuse unnatural behaviors that came out of the blue, or situations that they cannot recognize themselves into, they act contrary to their personality.

As we take on to ourselves unconsciously traits, tendencies and experiences that don't belong to us they are stored in the depth of the collective unconscious as a legacy.

Discovering these legacies means us telling a more extensive story that comes from the previous generation. For that it is important to listen carefully to the stories that our parents and grandparents tell us, and a special attention is to be given to the social and historical time they lived in.

This article is not a bedtime story for the children, but a reality we encountered and we say that this story can wake up the beauty in us, the

adults that we are already grown up and we know life as it is with its ups and downs.

A story can make us think of our life as a story that begins with: "Once upon a time"...it is up to us to write each page as beautiful as we possibly can.

Once upon a time… A story from yesterday, today and... from always!