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Looking into Pandora's Box between "Everything" and "But" -Depression, Pain of Losses the Next Pandemic of Humanity?

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Abstract: *This Article seeks to give an overview of how the pandemic has affected society throughout this period, which can be a source of many mental health problems. As in the Spanish influenza pandemic, the COVID-19 pandemic and the imposition of measures of social separation, isolation and limitation of contact with other people were, and are still, a major stress factor. The stress associated with this period disrupted the functioning of people both individually and socially, being the main factor of the phenomenon called compensation. Under the current circumstances, people have a predisposition for emotional disorders such as: Anxiety, depression, stress, insomnia, anger, Emotional depletion and including post-traumatic symptoms of disorder, according to recent studies by the Lancet analyzing the psychological effects of quarantine. The COVID-19 crisis has a wide range of effects on our mental and emotional health: From negative emotions with greater intensity and duration, such as anxiety and depression, to unfinished emotional mourning, linked both to the loss of loved ones and even to emotional and relational disconnection. Also, all that has happened in recent times makes us live in "collective pain", we have lost our right to travel without restrictions or the freedom to participate in sad events or family and community joy, we have lost family or friends. In many cases of these losses, the strands of the dollar are also being cut, which is why people need additional support. We need to find solutions to this, because we have to deal with the natural grief caused by human disappearance, as we know it, but also an isolation characteristic of the suffering process that now overlaps the physical isolation imposed by the epidemic. Another important aspect is to prevent instability in the psycho-social element of the human Community. It is clear that there is a need to impose safety measures both jointly and individually. Psychological aspects should be addressed early, so that measures can be taken to reduce the psychological costs of pandemic, perceived isolation and to address uncertainties that can give rise to anxiety and depression. Addressing psychological issues has effects not only in the short term, motivating adherence to pandemic measures, but also in the long term, through lower incidence of post-traumatic stress, anxiety, depression, substance abuse, etc. The fastest change expected after this crisis will be the individual one, each crisis is a chance for every person to look further.*

Keywords: *COVID-19, depression, loss psychotherapy – mourning.*

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Introduction

At the individual psychology office (Privat Individual Clinic) there was a high demand during this period, mainly for anxiety and depressive disorders. Among them were patients who passed through COVID-19, but also many who were afraid of the disease or who had a love person died because of the virus (Yao et al., 2020).

A study made by researchers at Oxford University and NIHR Oxford Health Biomedical Research Center found that almost one in five people who had Covid-19 were diagnosed with psychiatric disorder such as anxiety, Depression or insomnia - within three months of positive testing for SARS -COV2 virus (Cullen et al., 2020). The number of persons infected with COVID 19 is potentially high and therefore any increase in risk could have effects at population level (Luca et al.,2020).

The emotional difficulties were present among the general population and before the pandemic, but now their effect is stronger, because the resources that we are able to cope with are limited by the pandemic context for each of us (Barbore et al., 2020; Fischer & Riedesser, 2007; Sandu, 2020a).

The emotional load that many feel at this time also comes from the experiences we have in relation to the new context.

A stage that some have experienced during this period, because of the losses they suffered, is called, in terms of psychology, a labor of mourning. It occurs when we lose something or someone important to us. We've lost all the predictable things in our lives, all we know and the plans we design, but also human lives.

In Freudiana psychology, this process is called "labor of mourning". This phrase combines a concept of delivery (labor) and an end concept (dollar). Thus, the mourning does not necessarily mean death, but also breaking up, separation from a person, place or even conviction.

Like any labor, this process is also painful. We are acting through a carousel of feelings: We can feel anger, sorrow and melancholy for what we have lost or fear of an unpredictable future.

The MDS-V (the Manual of Diagnostic and Statistics of mental disorders, the 5th edition) specifies that the dollar and depression are distinct experiences, but that they can also co-exist: Sometimes, trauma caused by loss can trigger a depressive episode, just like other stressful factors (Bolos et al., 2012*).*

The symptoms and duration of depression caused by loss depend on a number of factors, including the social circle of the suffering person, the

stressful factors in his life, their number, the general mood of the person (the less positive, or more optimistic person), identifying their own methods of dealing with the conditions of sadness and internal vacuum.

Mourning and depression often come "in a package" because the dollar is a reaction (the natural reaction resulting from a loss) and depression is the disease that occurs as a result of a loss.

Elisabeth Kübler-Ross has set out the 5 stages of the mourning in the following succession: Negation, rage, negotiation, depression and acceptance, which are part of the framework that helps us live with what we lost. They are tools that help us think and identify what we feel. Not everyone goes through them or goes in a prescribed order "our hope is that with these steps comes the knowledge of the terrain of pain, helping us cope with life and loss" (Kübler & Kessler, 2005).

The experience pattern of the dollar has two components: one in which the survivor is witness to the course of the illness of the loved one until its death and the other which defines the process of loss at the time of death, through suffering and finally personal growth, which is evidenced by hope for a fulfilled life despite the loss. The superavior finds new meanings and purposes of life (Vrasti, 2012).

As indicators of complicated mourning can be better understood by a detail of the reactions specific to trauma/mental injuries in all the planes of human existence:

In the physiological sphere: Insomnia, crying, lack of appetite, neurodegenerative manifestations.

In the field of emotions (here are the strongest reactions): State of shock, fears, terror, various anxiety, depression, despair, helplessness, helplessness, melancholy, regret, pain, loneliness, sorrow, rage, hatred. guilt, disapproval, disfulfillment and existential goal.

In the cognizance sphere: Memories, flash-backs, rumblings, culpatory thoughts, catastrophic, negative, nightmares, tendency to forget, to repress, to deny to stop feeling the pain, depersonation, deprecation, split-up, suicidal ideals.

In the behavioral sphere: The person can isolate himself from others, become aggressive, give up some activities, to social life (Sandu, 2020b; 2020c; 2020d; Sandu & Nistor 2020), appeal to abuse of alcohol, drugs, tobacco or can be forced into professional or family overstrain in order to no longer have the time and power to feel pain (Vasile, 2012).

The client I accompanied during the therapeutic journey had been diagnosed for the first time with depression (without history of mental

problems), was the record of a psychiatrist who prescribed anti-depressant medication, and was recommended for psychotherapy sessions.

In 2020 it was taken with COVID virus, but there was also multipeted emotional loss: The loss of a post-COVID burden, but also four other tasks lost before the pandemic (the 4 load losses occurred until the end of the first month of pregnancy, And the last post-Covid loss occurred in the third month of pregnancy), the death of the mother (the person who had created her, to whom she was very attached) without taking part in the burial and knowledge due to infection with COVID, the impossible to leave and be with her husband in Ireland, Job loss, both parents with sequelae post COVID (Luca et al., 2020).

The arrival of the client in the pandemic was made on a more vulnerable background, beyond this difficult period, pre-existing mental conditions overlapped, intensified and triggered anxiety, depression and inability of the client to face these new challenges and the losses suffered (Huremović, 2019).

He was extremely concerned about several aspects of life, more than eight months since his grandmother died and the loss of post-Covide pregnancy.

The specificity of the case was that the trauma did not fall in intensity, the pain caused by the losses became a bottleneck in the course of everyday life and generated a series of reactions and behaviors of depressive symptoms (poor ability to pay attention and concentration, sad fatigability, lack of appetite, irritability, reduced mental energy level, feelings of guilt, isolation, crying, insomnia, nightmares, persistent culpability and a low self-esteem).

Methods and techniques

During the 20 therapeutic sessions the methods and techniques used were structured on three levels: Symptomatic, existential and transgenerational:

Active listening, techniques of reflection, reformulation, opening, body awareness, emotional and relational awareness of the empty seat, gene, metaphors work, use of therapeutic stories (Necula et al., 2018), pyls, Log technique, writing letters, I technique are, prescriptions from cogniti-behavioral therapy (A B C depression model, monitoring of emotional States, list of preferred occupations, centering of patient interest on psycho-emotional comfort area, desensitization by exposure).

For psychological assessment the following psychological instruments were applied - clinical interview - anamnesis - study of the

medical file- behavioral observation - PDsQ questionnaire - psychiatric screening, dysfunctional-scale - DAS, Hamilton depression scale.

In all 3 questionnaires (PDSQ, DAS, Hamilton) the scores obtained with high levels of dysfunctional attitudes, recorded significantly high levels of anxiety and also the presence of symptoms specific to a diagnosis of depression was found.

The first part of the meetings devoted it to the initial assessment of the case and work with the therapeutic alliance. Also in the first part of the "terror" the emphasis was on learning and adapting strategies to deal with depression and cognitive restructuring (analysis of reasons for lack of hope, proof for and against it, planning of activities and setting of graduated tasks, monitoring of activities, training, reward planning, reduction of frequency of automatic thoughts, lighting, etc.)

The client has been assisted in connecting to what he feels, the problems presented and the specific symptoms of depression, psychoeducation and cognitive restructuring have been assessed: psychological intervention designed to help the client develop a realistic view of the symptoms, i have drawn up a list of short- and long-term purposes of the intervention.

In the second part I went on with the internal map of the client, methods and techniques were applied that focused the client on its inner life.

In the therapeutic approach I focused on the sink of mourning, for the losses suffered which implied the client's contact with pain, expressed and gave meaning to extremely intense and varied emotions.

At this stage I accompanied my client when she discovered and expressed feelings such as: Depression, despair, fear, resentment, abandonment.

The customer has managed to pass through the pain and suffering of the memories of the circumstances of death of both his loved ones and those due to multiple losses of pregnancy, and finally the client has managed to reinvest the losses emotionally, understanding that he did not give up them and the relationship, but to establish a new relationship with all losses.

The relationship of the genotype revealed emotional vulnerabilities originating in the basic family.

It was important for her to be aware of them and to be able to integrate them into her life story.

It is also clear from the genogram that there is a loss fear.

Transgenerational, by genotyping analysis - on a maternal line it comes from a neam trying for multiple chain losses, both human and

material lives, which made him understand it was even how some patterns would have been repeated.

They also suffered from all sorts of robberies, from bankruptcy that caused them an uncertainty, offset by their tendency to keep agonies and to have a material well-being that would give them a certain social status.

On a paternal line he had not much information, the father was raised by his maternal uncle following the mother's death, secrets of her death and the father's recognition, and was born out of an assumed relationship.

The existence of messages (divorce, separation, abandonment, suicide) within the family was the nucleus of the formation of fears of abandonment, which were perceived indirectly, but with indisputable effect.

Results and discussions

The first part of the therapy was carried out mainly on the emotional level, working with feelings of guilt, rage, regret aiming at the diminution of them.

In the second part of the therapy, cognitive work was mostly carried out, with the aim of clear mental separation between "me" and "other", as well as awareness of the personal evolution, and toward the end of the therapy there was an existential work, in terms of the values and personal meaning of life until the end of therapy.

Through psychotherapy sessions, the healing of mental wounds was sought by stimulating compensatory resources, mechanisms for interadjusting them.

The removal of the traces of mental trauma is impossible, but what was possible was the integration of the wounds into the personality structure, which allowed better physical and mental performance and a good adaptation to the reality of the client.

The debugging of memories was also very important in a period of mourning, because, after all, "the purpose of the mourning is to teach you how to love a person in his absence."

The fact that psychotherapy has reached the stage of acceptance does not mean that the suffering has ended and there is no single moment of acceptance, but a lot of such sequences in which the customer has made peace with the losses suffered.

The thing that held my client blocked was, on the one hand, his own thoughts (he kept repeating continuously that what happened is an injustice and that he no longer had any reason to live for), and, on the other hand, his behavior which was dysfunctional (he closed himself, he isolated himself

from the others around him because they all called him "but you haven't gone over yet…?!")

All these behaviors have, over time, led to a fall in the quality of life and, instead of leaving the "vicious circle" of pain and suffering, in reality, it has become more frake.

My role, as a psychologist, in this difficult situation was to help her find her own way to cope with the pain, but in an adaptive way that would help her close the pain loop and succeed in activating its resources, and continuing her life.

The client became aware that it was a trauma of significant losses with all the above mentioned emotional implications and sleep, a "collection reservoir" of pre- and post-pandemic losses, as well as transgenerational anxiety (Radu et al., 2014).

Conclusions

There's no proper time to say "goodbye" to someone you love or to a loss, but the time we live seems to be in the most inappropriate register. At any time, irreplaceable losses break through us, and the internal reconstruction process only excels with slowness and difficulty. The pandemic, however, makes it difficult to pass through all stages of the mourning and makes us feel completely helpless.

From my clinical experience I can say that the crisis generated by the COVID-19 virus has had both beneficial and tragic consequences for people's lives. I wouldn't just paint everything in gloomy colors, because I had the opportunity to witness life stories in which the crisis was an opportunity for growth and transformation, even if this was not obvious from the very first moments.

Obviously, my client has been already in an emotional vulnerable place and with a history of psychological suffering, has presented an increased risk during this period.

The context we are going through is so broad, complex and branched that any one of us can see a deterioration in our personal emotional health.

In both of the life situations of the client, mourning and depression, psychotherapy has been extremely beneficial: In processing states and emotions, in learning and adapting strategies to deal with mourning or depression, in order to integrate this experience into the structure of their life, in finding/finding the meaning.

Finally, the way we relate to the various suffering in our lives is unique and requires continuous adaptation.

Just as death is part of every human life cycle, learning to deal with loss is a necessary and unavoidable aspect of life. We need to take time to manage the pain in a period of losses anyway.

My client may represent metaphorically the representation of the end and beginning together, which has indeed implied a great creative energy that displaces and brings together other perspectives offered in her gift and future generations.

In conclusion, it can be said that the importance of talking about loss was also recognized by Shakespeare who, through Macbeth, warned: "Give it the voice. Pain when it does not cry a breath that shatter it" (Shakespeare, Macbeth, Act IV, stage 3).

Finally, however, the question arises: "When is a mourning considered to be over?" A mourning is complete when our emotions are reinvested in life and live on.

"…everyone gains a little more strength to live his life and navigate through the challenges and obstacles of this journey called mourning".

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