



# Pandemic-Stress Disorder and Welfare toward today's Covid-19

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### Abstract

**Background:** The focus of the present article is to propose of a new psychopathology: Pandemic -Stress-Disorder. Another objective is also and to present a broader and supportive view of the psychological associations, challenges and coping strategies of the Covid-19 with a special attention to physical and not social distancing measures.

**Methods:** Based on a literature review, latest development comparison and the empirical analysis for the Covid-19 pandemic regarding current psychopathology and treatment, the present work provides a new prospective psychopathology and explores novel strategies to its management.

**Results:** In the today's world there is an increasing number of virus- pathogenic beliefs, fears and panic among any age-professionals. These unconscious attitudes in a comorbidity with other disorders, can produce a destabilization of the psycho-emotional and social behavior health. People with the Covid-19 difficulties fight for their own safety but also, the severity and complexity of other psychic co morbidity are developing a challenge of their mental health. These processes have been randomly analyzed in the literature but they should be allocated to a broader plan-management in the current situation

**Conclusion:** To successfully cope with these challenges, immediate needs have arisen to redefine the role of the health Psychologist and health workers in the community both in terms of a deep studying of the phenomena, its development, factors, consequences, psychoeducation, anxiety and in panic management for the Traumatic-Stress-Disordered person..

**Keywords:** Covid-19; Pandemic-stress-disorder; Physical distancing; Mental health welfare

### Introduction

Living in today's pandemic world we have developed different ways of dealing with this viral welfare. We recommend this clarification: that we keep more a physical distance and not a social distance. While physical distance can help in preventing the spread of the biological virus, social distance can ruin all the efforts of a psycho-social welfare! We need both to slow down the spread of Covid-19, but during this traumatic time we need to keep connected. We need social connection.

In the endeavours to understand human identity and psychic development, professionals have often used different approaches and positions. Their arguments range from the genuine intrapsychic and macro-social viewpoints to the identification of processes and affiliated terminologies [1]. Researches for a stable identity state constitute one of the fundamental approaches of personality studies in the three recent decades [2]. The great identity resources vary in the degree of importance: the most tangible sources are shown in the individual behavior and relevance whereas the less tangible sources constitute the features of our personality.

Flexibility and adaptive function of a normal personality reflect the flexible nature of defensive operationalizations of a healthy and matured personality. When a traumatic event occurs, these adaptive personality patterns become fragile and the individual sees himself as a vulnerable-target. Fear and anxiety added to the permanent stress generate a trauma-tendency psychogenesis. Thus a personality prototype (trait) that reinforce its traumatic being into a on-going trauma-disorders. Individuals may be asymptomatic, as in the case of the stressful event, thus the virus, but they can accumulate stresses and repress them where they get worse. Repressed symptoms of a light unknown trauma produce a high tendency to experience the stressful event in a high-related anxiety and fear personality-trait. In a conjoint article of Ezekiel et.al (2020) it is suggested that while studying the fair allocation of medical resources to handle the Covid-19 pandemic, researchers should be awarded of some ethical principles such as: maximize benefits; prioritize health workers; non allocation on a first-come; first-served bias; being responsive to evidences; recognizing research participation and applying the same principles to all virus-taken and non-virus taken patients.

It is a critically point of treatment, according to authors, that scientists should be aware and respect any ethical principle to the Covid-19 health and patient rights. But, being on a pandemic situation can also give rise to the prioritize of the welfare: who should be treated first and how can health workers handle the fair-for-all treatment protocol when there is a medical supply deficiency and a national panic? The same research suggests that priority for limited resources should aim both at saving the most lives and at maximizing improvements in individual's pandemic-stress-disorder in the length of time. Saving more lives and more years of life is a consensus value across expert reports [4-6].

Covid-19 outcomes, authors claim, have been significantly worse in elders and those with chronic or underneath conditions [7]. Thus, prioritizing older persons for the vaccines and not the younger ones, could be justifiable as the vacciness in themselves serve to prevent and not to cure. Otherwise, when it is epidemiologically supported that the target-risk-group are youth, they could be taken the vaccine priority. The same formula stands for psychological treatment in a mass pandemic. We prevent the worsening of mental state by providing priority to those who are a risk-personality-prototype and not only to those who suspect of being. Human behavior is influenced and encouraged by the desire of interpersonal relations and human interactions. Living in a world of constrictions and pandemic fear, rise the strength of a psychic pathology in a tendency-psychopathologic personality.

## Pandemic-Stress Disorder and a Traumatic-Disordered Prototype .

A healthy- mental person is able to resolve his or her inner and external conflicts through the neutralization of his defenses and less restrictive Superego. Adaptive functioning and establishing a face-to-face human and nature relationship are the most critical variables in studying individuals undergoing a psychic trauma as their personality organization affect the symptomatic content of the trauma itself.

*“Everyone is the other and no one is himself. Das Man which supplies the answer to the question of the “who” of everyday Dasein is the “nobody” to whom every Dasein has already surrendered itself in being-among-one-another”*[8].

For a better understanding of the proposed Pandemic-Stress Disorder let us refer to the psychoanalytic approach. In the classical psychoanalytic theory of Sigmund Freud, the psychopathology of the common life is uncsciously related to the adverse reaction, replacement and identification as a self-defense-mechanism i.e. Ego [9]. Therefore, according to him, identification is the tool with which an individual-patient not only remembers but, partially replaces emotionally an external object lost in an aspect of self patterned after the lost in a “is transformed... split among critical activities of ego and the ego itself as changed by identification” An external relation between we as humans is therefore replaced by another internal one (social media etc) that involves a connection of both active aspects of the person as a result of the splitted ego. The development of ego occurs in different stages of consciousness toward objects which in this case represent the whole human relationship.

The individual creation of a secure self-structures involves the separation of the self-ego and repression of that part which dissolves from the whole. Thus, the expected-to-come illness experience is integrated within the patient- self and it be manifested in memory or in a gradual alternation of the wholeness self throughout time. We can trully speak therefore of a Pandemic-Stress-Disorder, related to the persistent fear of illness and the mortality process (ongoing trauma). We can see it clearly in the case of Italy, where the frequency of video postages and media memes round through the “everything will be ok”, that despite being a statement of positive-expectency, is a statement of self-representation as a secure and strong person. It is also a transactional form of being “a child” and “a parent” at the same time and place, thus a game we play with our mental-self.

Otto Kernberg (1996) described the process of the internationalization of self that under a vast number of stressor that reinforce through time, generate trauma. According to Kernberg a normal identification of the individual-patient could be described as :

- 1) A partial modification of total concept of self under the influence of new self-representations;
- 2) A level of integration of both self and object representations in an autonomous functioning of Ego in the form of character traits;
- 3) A level of reorganization of the individual-patient behavioral patterns under the influence of newly identifying patterns. In this case, the process of internal representation is established in relation to the stressful events of perceived illness and self-destruction that clearly reflect a Self- Trauma. Whereas a traumatic-disorder personality as authors have argued reflects unique means (prototypes)of dealing with the balance of relationship and self-definition, ranging from “normal

personality function” to “full symptomatic issues and levels of personality disorders”[10,11].

Trauma is any experience of life circumstances, which leads an individual to believe that an important goal, either instinctive or ego, has to be sacrificed to avoid inner risks to others or self. Let us imagine now how Dasein affect traumatic disorder and vice-versa. Space is our being and time as the isolation where we progressively live (not seeing its end). If our being would stop in X position of the quarantine, being conscious of the position, we can then say we are in accordance to space and time. I four being, stopped at a X position, which can surely be the case of our grandparents and older adults if they are forced to stay closed at an unlimited time, they could perceive themselves (with or without conscience)as to be in a X1 position, thus not in accordance with space and time. Being in a X position, while thinking and behaving as he were in a X1 position, generate a trauma-to-be identity [12]. Confrontation of the ‘Me’ being with ‘Another’ being that is in accordance with space and time, automatically brings in communication with behavioral and thinking distances. So being in the X1 position, could be considered as a having thinking and behavior disorder or a traumatic-Dassein.

Research should be made in this context, not only to prevent the physical integrity of the elders but also their mental and psychic health. It is on our thoughts, of crucial significance to have an overall (biopsychosocial) welfare plan for supporting and helping individuals after the tempest. A total isolation of a sole individual could be as risky as an isolation of a whole society if there is no preventive measure of their mental health functionality. All the “stay home and be safe” efforts would be useless if we are going to have unlimited number of persons (basically older adults) that develop a comorbidity of depressive symptoms with traumatic-stress-disorders. Feelings of worthless, hopeless, low-self-esteem and even suicide-ideation and suicide attempts could rise dramatically. We suggest therefore speaking of a physical-distancing rather than a social-distancing as a preventive measure.

But there are not only the elders. The majority of the mentally disturbed people also can produce a second traumatic-stress-disorder that can worsen their coping-with-stress and trauma mechanisms. These target groups could infect others living with or around them making trauma stronger as it escalates into a doubled psychogenic disorder, thus, a doubled trauma. Existence in the corona virus or other like-war situation is therefore a stand beyond self possibilities.

Heidegger considers “the essence of being toward be”as oriented to the future” (sich vorwegin the Heideggerian terms), projected and comprehended in the possibilities of to be. The essence of Dassein reigns in its proper existence. The world when we were born was related to a certain level of conformity. Primarily, everything that we think, believe and say today, was thought, said and believed before. Activities that we regard as worthy in our time (as for instance, learning, work and play) the values and meanings we attribute them (success, achievement and love) and the particular styles through which we pursue these goals,were given to us by our different cultures. *We are carried along by the ‘nobody’, without making any real choices, becoming ever more deeply ensnared in inauthenticity. This process can be reversed only if we explicitly bring ourselves back from our lostness in the ‘the but this bringing-back must have that kind of being by the neglect of which we have lost ourselves in inauthenticity”* [13-15].

## Conclusions

Different forms of psychopathology are not static entities caused by deficits in development but dynamic constellations of conflicts and defences that tend to maintain balance (gestalt) between the relationship and self-definition. The autonomy of free choice, expectancies and social forces develop a personality oriented toward social and psychic purposes. When there is no freedom-to-be, there comes an isolation not only in the material terms but also in the personality organization and internalized individual as a simply entity without a given state. It is therefore a non-materialization tendency to alter the boundaries of Thanatos without an impulse. Therefore, objectual destruction and the wish for self-destruction is obviously a starting point of self that may not end in destination.

Physical distance can prevent the spread of the virus in the material-term of saving lives, but we need social connection to emotionally cope and bare the pandemic-stress. Within the today Covid-19 context, being with the Significant Other might move to an inner-restriction personality which in turns stipulate a social trauma and a traumatic prototype, in this case a pandemic.

Any state of being of the today pandemic Prevention is ultimately better than cure.

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