

COVID-19 Outbreak and Depression in the Framework of Emotional Focused Therapy Approach

Duygu Odaklı Terapi Yaklaşımı Çerçevesinde COVID-19 Salgını ve Depresyon

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Abstract

Emotion focused therapy approach is a holistic approach whose effectiveness on depression treatment compared to other approaches has been proven by various studies. Emotion-focused therapy aims at realizing, understanding, expressing, regulating, re-meaning, and transforming emotions. With the virus epidemic called New Coronavirus Disease (COVID-19), which deeply affected the whole world, there has been an increase in depression symptoms associated with this epidemic. According to the emotion-focused therapy approach, it is important to manage the effects of depression. Problems with emotion regulation can cause depressive moods and dysfunctional behaviors. Accordingly, in this study, a systematic review was conducted on emotions and depression and the emotion-focused therapy of depression in the COVID-19 outbreak.

Keywords: Depression, emotions, emotion focused therapy, COVID-19

Öz

Duygu odaklı terapi yaklaşımı, diğer yaklaşımlara göre depresyon tedavisi üzerindeki etkililiği çeşitli araştırma bulgularınca desteklenen bütüncül bir yaklaşımdır. Duygu odaklı terapi duyguların fark edilmesi, anlaşılması, ifade edilmesi, düzenlenmesi, yeniden anlamlandırılması ve dönüştürülmesini amaç edinmiştir. Tüm dünyayı derinden etkileyen Yeni Koronavirüs Hastalığı (COVID-19) olarak adlandırılan virüs salgını ile birlikte bu salgın ile ilişkili depresyon semptomlarında artış meydana gelmiştir. Duygu odaklı terapi yaklaşımına göre, depresyonda duygulanımların yönetilebilmesi önemlidir. Duygu düzenlemesiyle ilgili sorunlar depresif ruh hallerine ve işlevsiz davranışlara neden olabilmektedir. Bu doğrultuda bu çalışmada COVID-19 salgınında duygular ve depresyon ile depresyonun duygu odaklı terapisine ilişkin bir sistematik derleme yapılmıştır.

Anahtar sözcükler: Depresyon, duygular, duygu odaklı terapi, COVID-19

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ACCORDING to the statement of the World Health Organization, although over 264 million people suffer from depression today (World Health Organization [WHO] 2020a), it is seen that the number of people struggling with depression increased by over 18% between 2005 and 2015 (Jezard 2018). It is known that mental health is sensitive to traumatic events and their social and economic consequences. Some suggest that exposure to disasters, epidemics, or wars is associated with an increased burden of mental illness in affected populations (Goldmann and Galea 2014). The virus epidemic, called New Coronavirus Disease (COVID-19), which took effect all over the world and appeared in Wuhan Province, China in late December, also caused a global health crisis (WHO 2020b). The COVID-19 virus has been seen in approximately 130 million cases as of April 2021, causing nearly three million deaths (WHO 2021). The uncertainties and limitations brought about by the epidemic process are some of the most difficult situations for individuals to cope with. Preparing for an unknown situation poses a threat to individuals both physically and mentally (New York State University-Institute of Disaster Mental Health [SUNY-IDMH] 2020).

Human history has witnessed many virus outbreaks until today. Besides the physiological effects of epidemics, it is known that mental health problems also increase. Shevlin et al. (2020), mental health problems arising in this process may delay social and economic recovery when the epidemic ends. The general purpose of this review is to draw attention to the depressive disorders caused by the COVID-19 outbreak in individuals. In this context, it was explained how intervention types can contribute to the improvement of depression symptoms within the framework of the emotion-focused therapy approach. This review study will contribute to mental health professionals who provide or will provide psychosocial support services for individuals during the COVID-19 outbreak, regarding potential risks and measures that can be taken.

Depression and emotion-based therapy

In the COVID-19 Outbreak, It has been reported in many countries that there is an increase in depression and anxiety symptoms associated with the COVID-19 outbreak (Choi et al.2020, Ni et al. 2020, Pfefferbaum and North 2020). A study conducted in Ethiopia in April 2020 found a 3-fold increase in the prevalence of depression symptoms compared to pre-epidemic estimates (WHO 2020b). It also shows that the prevalence of depressive symptoms in the US was 3 times greater during COVID-19 than before the COVID-19 pandemic. Ettman et al. (2020) concluded that having low social and economic resources and being exposed to more stress sources are associated with higher depression symptoms. In addition, having anxiety, being of the female gender, being young or young, female gender, loss of income because of COVID-19, and having had COVID-19 infection are among other risk factors for depression (Bäuerle et al. 2020, Elbay et al. al. 2020, Hyland et al. 2020).

Although depressive disorders are a common social problem, they are important due to the destruction and dysfunction they cause. Individuals may feel upset and lonely from

time to time, or they may mourn when their loved ones are lost. Although this condition is accepted as a natural part of life, symptoms such as reluctance, decreased interest, difficulty in attention, and guilt may persist. This indicates the presence of a depressive disorder that negatively affects behaviors in daily life (Köroğlu 2012). Depressive mood manifests itself with loss of interest, inability to enjoy, feeling depressed, sad. The person feels completely in a vacuum. While not trying to lose weight, losing or gaining a lot of weight, insomnia or excessive sleep almost every day, agitation or slowing down, fatigue, low energy, trouble focusing, recurrent death, and suicidal thoughts are among the diagnostic criteria of major depression. Although the average age of onset for major depressive disorder is considered to be in the mid-20s, the average age of onset for major depressive disorder is gradually decreasing in each generation (Kessler et al. 2003). It has been found that people diagnosed with major depression have an increase of 33% in the USA. While it is 65% for women, an increase of 47% is observed in men (Goldhill 2018).

An emotion-focused therapy approach is a holistic approach whose effectiveness on depression treatment compared to other approaches has been proven by various studies. Emotion-focused therapy is a therapeutic approach that focuses on the effect of emotion in psychotherapeutic changes. Emotion-focused therapy is based on the analysis of emotions' contribution to life experience and positive and functional changes in psychotherapy. This basis also includes the ability of both the therapist and the client to recognize, accept, express, regulate and transform emotions. In the emergence of emotion-focused therapy, the neglect of the role of emotional change by overemphasizing the conscious understanding and cognitive-behavioral change of traditional psychotherapy has been effective. Although emotion-focused therapy does not deny behavioral change, it emphasizes the importance of awareness, acceptance, and understanding of emotion, and the importance of changing the emotion in the therapy process in providing a physical experience of emotions and psychotherapeutic change. The emotion-focused therapy approach assumes that emotions have natural adaptation potentials if they are activated. The prevailing opinion is that emotion is an innate harmonious system that has evolved to help people survive and develop. Emotion-focused therapy "I think, therefore I am" instead, adopts the principle of "I feel, therefore I am" Emotional changes are also considered to be the precursors of permanent cognitive and behavioral changes. Although it has great importance in the origin of human problems and the treatment of these problems, in emotion-focused therapy, attention is also paid to the biological, emotional, cognitive, behavioral, physiological, social, and cultural roots of the problems (Greenberg 2006, Greenberg et al. 2008).

Emotional response in the COVID-19 outbreak

Emotions are the communication system that is related to many of our basic needs and at the same time allows us to express our intentions (Kanade et al. 2000, Ekman and Friesen 2003). Emotions addressed in the emotion-focused therapy approach are primary emotions, secondary emotions, and instrumental emotions. Primary emotions are the first and most important reactions people face to situations they encounter. These reactions are the most

basic, rapid, and direct results of emotions. Harmonious primary emotions are those related to the ability to maintain vital functions and cope with negative situations. Incompatible primary emotions are those that emerge as a result of the emotional state transforming into a damaging and destructive state (Greenberg 2004b, Greenberg 2006, Greenberg and Goldman 2008). Secondary emotions are emotions that arise as a reaction to a thought or a feeling, not an event. Secondary emotions can be responses to the thoughts or feelings that come before them (Greenberg and Safran 1987). Instrumental emotions, on the other hand, are the emotional behavioral mechanisms that a person has learned to use to influence other people or to focus their attention. Instrumental emotions are a way of dealing with difficulties and getting rid of the unwanted (Greenberg and Safran 1987, Greenberg 2004b, Greenberg 2006, Greenberg and Goldman 2008).

According to the emotion-focused therapy approach, emotion is accepted as a necessary and important basis for the construction of a sense of self. Also, emotion is the key determinant of self-organization. Emotion is an important need for people because they inform people that they could be harmed and they state how individuals evaluate themselves and their world (Greenberg 2002). According to the emotion-focused therapy approach, it is important to be able to manage the effect of depression. Problems with emotion regulation can cause depressive moods and dysfunctional behaviors. Depressed people may display behaviors such as dealing with negative emotions, self-medication, alcohol and drug use to soothe themselves. All these dysfunctional coping behaviors need to be addressed in different ways in treatment (Greenberg and Watson 2006, Angus et al. 2008, Greenberg 2017). At this point, the principles of the emotion-focused therapy approach given below should be taken into consideration.

Awareness: Increasing emotional awareness is the main goal of emotion-focused therapy. According to this approach, individuals are motivated for change only if they are aware of their emotions. Emotional awareness here means feeling emotions, not thinking about emotions (Greenberg 2006, Greenberg and Watson 2006).

Expression: Expression in therapy includes the expression of primarily suppressed emotions. Verbal coping helps someone to take action and clarify central concerns and serves to improve the pursuit of goals (Hanin 2001).

Regulation: The first step in helping to regulate effect is to provide security, calmness, affirmation, and an empathetic environment. Another important aspect of the arrangement is the development of the clients' skills of calming their cats and showing self-compassion (Gilbert and Procter 2006, Zessin et al. 2015). (Cicchetti et al. 1995, Gross 2002, Greenberg and Watson 2006).

Reflection: Reflection helps to develop new stories to create new meanings and understand the experience. Stories are considered as a specialized plot of individual life events and actions (Greenberg 2006, Greenberg and Watson 2006, Angus and Greenberg 2011, Angus and Kagan 2013).

Conversion: The best way to deal with maladaptive emotions in therapy is to turn those feelings into harmonious emotions. One of the most important goals of the emotion-

focused therapy approach is to reach the incompatible emotions of the client (Greenberg 2010; Herrmann et al. 2016).

Corrective Emotional Experience: The new emotional experiences that the individual has with others are important in providing an interpersonal corrective experience. If a person feels that his anger is accepted by the therapist, this acceptance can also show him a new way of being (Greenberg 2006, Greenberg and Watson 2006).

In the context of the COVID-19 pandemic, the harmonious primary emotion, fear, is at the core of many of the experiences that drive one's decisions, thoughts, and behaviors. It is argued that fears of being infected with the COVID-19 virus or transmitting it to others are a cognitive coping strategy with the current crisis (Schimmenti et al. 2020). According to the emotion-focused therapy approach, harmonious primary fear has a high adaptive value and is a newly experienced basic emotion. Therefore, maladaptive primary fear must be distinguished from singular experiences and secondary fear. Individuals' attention to social distance with harmonious primary fear serves their survival (Thompson-de Benoit and Kramer 2020). In addition, fear of being alone in the pandemic is an example of maladaptive first feeling, while fear of being exposed to too much information about the COVID-19 virus can be cited as an example of secondary fear. According to emotion-focused therapy, primary adaptive experiences need to be acknowledged, deepened, and completed. Primary maladaptive and secondary experiences of fear additionally require certain experiential interventions that require emotional transformation. This also applies to desperation, loneliness, anger, and shame, and all possible human emotional responses to a pandemic (Greenberg 2019).

When working with depressed emotions, it is essential to distinguish between different types of emotional experiences and expressions that require different types of intervention. In this process, it is also necessary to distinguish between primary and secondary emotions and adaptive and incompatible emotional experiences (Greenberg and Safran 1987, Greenberg et al. 1993, Greenberg and Paivio 1997). In the process of emotion-focused therapy, it should be investigated whether an emotion is a new expression that includes freedom, a repetition of an inhibited emotion, or emotions from previous experiences. Expression of previous sadness or anger in depression can often be beneficial for the client. However, frequently expressed stale anger or sadness can negatively affect the therapeutic process (Angus et al. 2012). Another important point is whether the emotion experienced and expressed indicates distress or not. For example, crying when an individual feels overwhelmed is a sign of depression. It should be kept in mind that this crying behavior is a part of a healthy grief process that can alleviate depression (Greenberg 2004b, Greenberg and Watson 2006). When the relevant literature is examined, it is seen that the emotion-focused therapy approach allows positive changes in the treatment of depression in addition to drug therapy (Watson et al. 2011, Ribeiro et al. 2014, Mendes et al. 2016, Ribeiro et al. 2016). Barbosa et al. (2019) found that emotion-focused therapy produced beneficial results for depression in their study with three cases with mild to moderate depression and three cases with poor results. When looking at the COVID-19 pandemic

process from an emotion-focused therapy perspective, it can be said that individuals tend to use mechanisms of suppressing their emotions and avoiding them. This may trigger incompatible emotional schemes in individuals (Ahmadi and Ramezani 2020). "We cannot leave that emotion without experiencing emotions." According to the emotion-focused therapy approach that adopts the principle of emotion, an individual must first be able to experience and accept their painful emotions to transform their emotions (Greenberg 2017). For example, the client, who stated that he was angry about the COVID-19 epidemic, but was teared up while experiencing this, maybe shown by drawing attention to the bodily reaction he gave, that underlying his anger lies sadness. In another study evaluating the addition of emotion-focused therapy for couples to antidepressant drugs in the treatment of women with major depressive disorder and comorbid relationship disorder, a decrease in depression relapse and improvement in relationship quality were observed (Denton et al. 2012). During the COVID-19 epidemic, it was found that there was an increase in the number of couples and women who experienced problems and divorced in the same house. Many factors such as financial problems, concerns about health and the future, and the limitation of social relations have negatively affected couple relationships (Fisher et al. 2020, Fraser 2020, Kumar and Casey 2020, Stokes and Patterson 2020). It is accepted that emotion-focused therapy is an effective approach in restructuring the emotions of couples who have problems in their relationships based on love and trust (Greenberg 2002). Emotion-focused therapy is thought to benefit couples who are physiologically alarmed due to threatening feelings of trust and safe space during the COVID-19 outbreak (Yıldız and Erdem 2020).

Conclusion

Although mood disorders are a public health problem, they emerge as a mental disorder that is often overlooked and normalized. In the field of mental health, it has taken its place as a chronic and often repetitive disorder with difficulties in diagnosis. Considering today's conditions, it is seen that many factors lay the groundwork for mood disorders, and sometimes, together with the triggering of these disorders, they constitute a source for thoughts and behaviors aimed at committing suicide. Various economic and social stress factors, reduced social support with the effect of individualization, cognitive factors including negative schemas, negative beliefs about the life and future of the person are among the points that should be addressed within the scope of prevention and treatment of mood disorders. In addition, given the alarming impact of the COVID-19 epidemic, which deeply affects the world, on mental health, screening studies may be recommended to recognize possible signs and symptoms of depression during and after the COVID-19 epidemic. The importance of preventive and preventive mental health measures and services in reducing the devastating effects of pandemics that cause the death of millions of people has once again come to light. At this point, it is important to understand the psychosocial responses of individuals, to best manage the current COVID-19 outbreak, and to develop mental health plans for future pandemics. In addition, the mental health

system needs to be reorganized and developed to respond to the crisis during the COVID-19 outbreak. For this purpose, multidisciplinary mental health teams including psychiatrists, psychiatric nurses, psychological counselors, clinical psychologists, and other mental health professionals can be formed. It may also be recommended to ensure that systematic and real information about the COVID-19 outbreak is shared openly with the public and to establish online (via telephone and internet) mental health support systems when necessary.

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