



The "consecutive crises" and their effects on the Greek family. Risk factors and resilience

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Periklis Antoniou photo

Abstract

The effects of the economic and health crisis in Greek society leave its biological and mental imprint of a re-traumatization and lead families to continuous destabilization. It is therefore necessary, to identify the risk factors at the level of detection and prevention, as well as to carry out therapeutic interventions to strengthen "resilience" both at the individual level and at the level of the family system. In order to help these families within a therapeutic context, questions emerge, that need time to be answered in the field of clinical assessment. However, the reflective thinking and experiential experience of the therapists themselves can be utilised, since they are also part of the "suffering whole".

Introduction

*"...In this way does the misfortune of the demos come to each man's house:
doors no longer suffice to keep it out,
it leaps above the outer wall and finds a man in any case,
even if he, fleeing, should cower in the recesses of the inner chamber.."*



Solon (594 BC)

Families as an intermediary system between the individual and the community absorb shocks during the period of "crises". When under constant "crises", family relationships are modified at the level of communication, behaviours, and expression of feelings and beliefs. The variables or characteristics of the family system that play an important role in the family constellation and are affected are the structure of the family, the life cycle, the socioeconomic status, the health status of its members, previous experiences, etc. At the same time, conditions of upbringing, education, and daily activities are shaped differently, especially in families with young children, who are more vulnerable. In families with adolescents and young persons things are "more difficult". On the one hand, because the perception of risk in these age groups is different from that of adults, and on the other hand, because the desired freedom for self-management becomes "evaporated".

The effects of the financial crisis

Let us list what happened during the financial crisis:

- a) Population impoverishment (unemployment, decrease in income, increase in debt, increase in taxation, etc. where 25% of the population fell below the poverty line). The impact of poverty on children has been assessed as a risk factor for their physical and mental development with accompanying inadequacy of parental roles.
- b) Stressful living conditions mainly in families with a member suffering from a chronic physical illness or mental disorder.
- c) An increase in emotional disorders and substance use, as well as an increase in self-destructive behaviors and suicides, and an increase in organic diseases and their recurrences.
- d) Reduction of state spending for Public Health and especially for mental health.
- e) Employee reduction (layoffs, zero recruitment, labor migration).
- f) Increase in requests to Public Health Services resulting in an increase in waiting time and the appearance of the syndrome of "professional burnout".
- g) An increase in the number of immigrants and refugees suffering from psychological or psychiatric issues.



- h) An increase in the number of unemployed people experiencing acute stress, severe adjustment reaction, or even depressive symptoms.
- i) An increase in the intake of families with strained relationships, domestic and gender-based violence, and a corresponding decline in problem-solving skills and mental resilience.
- .j) A lack of social cohesion and collaborative actions at the local community level.

The effects of pandemic - Discussing the mental imprint of a biological threat...

All individual and collective phantasies surrounding the virus present it as a demonic force that invades the body insidiously, violating the boundaries of the ego and destroying the organism. Hence, biological existence is threatened and the fear of death and annihilation manifests itself, resulting in persecutory anxiety. There is a lack of trust towards other people who may be carriers of the disease, but also a sense of guilt that the person himself may transmit the COVID-19 virus. In addition, in some people, paranoid processing of the threat begins and then conspiracy theories start to develop.

There were many traumatic experiences in the population (fear of the disease, fear of contracting the disease, hospitalization, loss). Social distancing was established, and intra-family bonds were altered. Additionally, a reorganization of everyday life and communication with others was observed. There have been changes in family income while at the same time “telecommuting” and “telelearning” have entered people's lives with both positive and negative effects. However, for most, "tele-life" was not life at all. Moreover, prejudicial attitudes towards those who have fallen ill, vulnerable population groups, and those who did not comply with protection and vaccination measures were observed. The financially weaker and more vulnerable population groups and the uninsured were hit the hardest. It was also necessary to make changes in the health system (staffing, reorganization of health forces, financing, etc.).

Re-traumatization at the level of society

More specifically, with the pandemic's rise following the financial crisis, uncertainty about the future prevails at the level of society, institutions are questioned, the dominant discourse for personal responsibility is developed, and decisions are made regarding constraints on freedom and human rights. A cultural trauma develops which undermines the individual and collective identity, leading to political



and social transformations. It is worth noting that during pandemics in the past, there have been revolutions and the suppression of rebellions. Therefore, collective destruction and individual trauma concern both the community and society as a whole.

Systemic thinking

During times of major crises, the systemic epistemology and approach consider:

a) The Ecological organization (of the family and broader systems), b) the Developmental theories and bond quality c) Circular causality, d) the Social and mental health determinants, e) the Multiple variables and hypotheses, f) Factor assessment risk, and finally g) resilience and the chances of a good functioning outcome in families.

Risk factors

The dynamics of relationships within the family affect, in a cyclical way, the individual behaviors as well as the subsystems within the family. For example, in the parent-child subsystem, there are conflicts about boundaries and rules, a lack of tenderness from parents, and signs of neglect and abuse. Children and adolescents are limited to a room where they sleep, eat, study, and have fun without the possibility of further communication through physical presence, and often, without the possibility of physical expression and contact with the school environment, etc. either, resulting in dysfunctional behaviors, emotional instability, and aggression that parents are unable to handle. Additionally, the sibling subsystem can absorb shocks in a family where there is organizational chaos and stress, resulting in sibling conflicts as well as "symptomatic behaviors". It is worth noting that in the marital subsystem, previous marital communication problems reemerge, or new ones are created, which results in an increase in tensions and a loss of cooperation and conflict resolution skills. Previous vulnerability characteristics of each family determine the consequences of "crises". Vulnerability characteristics include economic hardship, racism and marginalization, the mental health of parents and children (especially children and adolescents with special needs), sanitary conditions, dysfunctional family relationships, historical traumatic experiences, and adversity. The emotional burden or illness of one member affects the functioning of the rest through interactive relationships. Loss of work and daily rituals, media bombardment with quantification of disease and death toll, all cause stress and panic in the family system.



Resilience

The term “resilience” comes from the Latin word "resilio". There are several definitions of the term “resilience”. According to Bender & Loesel (1998), resilience is "the maintenance of mental health despite significant burdens and adversity". The main areas of strengthening and rebuilding mental resilience are the following:

- I) Social support
- II) Realistic planning
- III) Self-esteem
- IV) Adaptive skills
- V) Communication skills
- VI) Emotion regulation
- VII) Strategies and the ability of problem-solving and
- VIII) Spirituality

Resilience as a process within the family

A discussion among family members that would strengthen the resilience of the family system could include:

a) A current perspective on the world; b) a description of past difficult experiences and how reserves were put to use; c) culture, ethnic characteristics, levels of socialization, and belief system; d) making sense of the unexpected event; e) a positive outlook on life; f) minimizing destructive thoughts and reinforcing positive ones; g) the permissibility of emotional expression; h) the importance of cooperation among family members; and i) the strengthening of socialization and inclusion in collective actions.

Questions... coming in like waves

- What happens in families with pre-existing unresolved issues and conflictual relationships?
- Has the continuous coexistence of family members due to restrictive measures turned the "crisis" into an opportunity to rearrange the system in a positive fashion?



- Deterioration of cohabitation to the point of rupture (domestic and gender violence) or truce?
- How is a family member who is in a particularly stressful situation treated by the rest?
- Can "sharing" fears and anxiety ease individual emotion?
- How hard is it for single-parent families?
- How do families of minorities and of vulnerable populations function?
- How do families of healthcare workers process their anxiety?
- Is there a coming back from the family's "tele-life"?
- Is there an increase of early onset of mental diseases or an increase of relapses in chronic patients through the family's interactive relationships (homeostatic tendencies, or a need for the system to change)?

The therapeutic system

We are concerned with the crisis... therapeutic relationship... Synergies and city networks

In times of crisis, the unstable balance between hopelessness and hope, insurmountable difficulties and mental resilience, passivity, and attempts to change, concerns the therapists themselves as well as their own ecosystems, e.g., the therapeutic group with the dynamics of interactive relationships. The therapeutic relationship with the clients has a unique quality but it also has to deal with uncertainty. In this context, therapists' competencies must include a high sense of therapeutic and social responsibility, awareness, and effective management of human resources. However, city networks must be created that include mental health services, primary health care, social services, educational frameworks, and other collectives that operate in the logic of synergies.

The Mental Health and Welfare State

There is no Mental Health without strengthening the social state.

At the municipal level, there is a need for generous funding and staffing of community centers for programs such as help at home, Family Support Centers, Day Care Centers for the Elderly, Open Care



Centers for the Elderly, immigrants, the homeless, Roma, etc. Moreover, at the level of the central state, given that unemployment and the impoverishment of the population are increasing in pandemic conditions, measures should be taken to ensure a minimum guaranteed income, reduction of the cost of public utility bills, operation of Disability Certification Center, recruitment in welfare institutions, etc. Regarding the particular social groups of refugees, prisoners, and drug addicts, there should be an equally generous funding and strategic planning that will include full health coverage and mobile units for "crisis intervention" for these vulnerable groups. Finally, for the homeless, with or without drug addiction, housing should be provided (accommodations or hostel structures at the community level), as well as supplies and continuous support from the relevant agencies, and employment and vocational training programs.

The only defense against pandemics is a well-staffed public system with adequate human and material resources, as well as an ideological orientation for broad community psychosocial intervention and population support. Human civilization and its value are judged by how many lives (in priority) and how many souls will be saved.

Epilogue

Edgar Morin In his book "Let's Change Road" refers, in a synthetic way, to the term "complex thinking", as in thought capable of connecting different aspects without separating the health crises from the economic, psychological, climate change crises, etc.

He writes:

"...We think that history is moving forward and that we can predict from now what will happen in 20-30 years without taking into account the enormous uncertainties. The dominance of a purely quantitative linear thinking that observes human problems only through calculation, while calculation understands nothing of our emotions and our true life, must end".

In our gradually shrinking world, everyone is in need of all the others.
G. Seferis (1963 - speech at the awarding of the Nobel Prize)