

Covid-19 and the Spanish Flu. From Suffering to Re-silience

Liliana LUCA¹,
Liliana BAROIU²,
Alexandru Bogdan
CIUBARA^{3*},
Razvan ANGHEL⁴,
Andra Irina BULGARU-
ILIESCU⁵, Lucretia ANGHEL⁶,
Anamaria CIUBARA⁷

¹Dunarea de Jos University of Galati,
Faculty of Medicine and Pharmacy, Galati,
Romania

²Dunarea de Jos University of Galati,
Faculty of Medicine and Pharmacy, Galati,
Romania

³Dunarea de Jos University of Galati,
Faculty of Medicine and Pharmacy, Galati,
Romania

* Corresponding author

⁴University of Medicine and Pharmacy,
Iasi, Romania

⁵University of Medicine and Pharmacy,
Iasi, Romania

⁶Dunarea de Jos University of Galati,
Faculty of Medicine and Pharmacy, Galati,
Romania

⁷Dunarea de Jos University of Galati,
Faculty of Medicine and Pharmacy, Galati,
Romania

Abstract: *This paper is an overview of how the pandemic affected society during the Spanish flu period and its impact on the psychiatric hospitals and asylums of that period.*

The continuous changes of situations in the context of the current pandemic and the attempt of individuals to adapt led to comparisons between COVID-19 and the Spanish flu of 1918-1919.

The progress of medicine and intervention measures are still struggling with the strength of influenza viruses and their ability to spread around the world has grown exponentially.

The study analyzes how this new pathology can influence the attitude of individuals towards the disease, their thoughts, emotions and behaviors so as to prevent the onset of symptoms in the field of mental health and contribute to the well-being of the population.

Keywords: *covid-19; Spanish flu; resilience; crisis; mental health.*

How to cite: Luca, L., Baroiu, L., Ciubara, A. B., Anghel, R., Bulgaru Iliescu, A. I., Anghel, L., & Ciubara, A. (2020). Covid-19 and the Spanish Flu. From Suffering to Re-silience. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 11(3), 01-07. <https://doi.org/10.18662/brain/11.3Sup1/116>

Introduction

Crises are historical moments of human evolution, scientific progress, capitalization of creativity and human potential, difficulties but also successful situations, beyond the natural feeling of helplessness and fear.

The Spanish flu has changed the course of life for an extremely large number of people around the world.

The Spanish flu and the attitude of individuals towards the disease

The name of the Spanish flu was given in the historical context of that period. Spain was neutral in the war, the press was uncensored. The first cases that appeared in the spring of 1918 were published in newspapers. In other countries, the news was not published. The flu did not start in Spain (Spiney, 2017). There had been cases in the US, the UK, France and possibly other European countries before Spain, but the press did not mention them (Eghigian, 2020).

Similar to the current pandemic, the phenomenon of xenophobia has led to the indication of a country as the main culprit, the starting point, the scapegoat, negligent/careless or malicious.

In the short term, there was a sharp drop regarding life expectancy at that time. People who died also had other diseases and the healthiest survived (Hilton, 2020).

There was also an explosion of births in the 1920s following the return of soldiers from the war front. There is a pro-flu argument that the population was smaller and healthier and managed to reproduce in greater numbers.

The social assistance network did not seem to have existed in rich countries either, so that many people who were dependent on others and did not have personal autonomy have been left without any means of support, with family financial supporters being killed by the flu.

This aspect is one of the great tragedies of 1918. These people have disappeared without a trace in history. There is a study conducted in Sweden that shows that many of the elderly went to live in the institutions or workshops where they worked, but also that many of the children were left homeless (Soreff & Bazemore, 2008).

Other studies show that, globally, although there were regional differences, the vulnerability of men was higher than that of women (Love, 2020). Vulnerable women were the ones who were pregnant. There existed an alarming abortion rate. One of the applications was that, to fight the virus,

the body took resources from the uterus and from the fetus. It has been shown that some of the surviving children suffered repercussions throughout their lives, a concept called fetal programming.

This generation was disadvantaged both somatically and cognitively, being more prone to heart attack, behavioral manifestations or antisocial acts. The same generation had to fight in World War II.

The progress of medicine after Spanish flu

In many Western countries, there has been a shift in healthcare after the pandemic. Starting from 1920, alternative medicine became widespread in America and later on spread throughout the world.

There have also been countries where scientific methods have not been adopted and the consequences are easy to observe.

States that have been concerned with preventing possible future pandemics have applied scientific methods regarding disease monitoring and health care data collection and have been successful in improving the quality of life. Following this achievement was the development of the concept of social medicine and healthcare, which no country has organized yet.

This was due to the awareness that the pandemic is a global health crisis that needed to be addressed at the population level - there was no possibility of healing individuals and they could not be blamed for getting sick as anyone could be infected.

Russia was the first country, followed by Western European countries, to build social care systems. Epidemiology has emerged, the search for patterns, causes and effects and standards in healthcare and public health.

At the population level, there is a very clear inequality. Basically, the poorest, the most vulnerable, those with the least access to health care, those with a busy schedule, living in homes with many people were at greater risk.

This happens in every pandemic and, unfortunately, it is very likely that developing countries will bear the consequences of this pandemic more dramatically.

During the Spanish flu period the population was about a quarter compared to the contemporary era. Infectious diseases continue to be the main cause of the massive loss of life.

Before the outbreak of the Spanish flu, virology was an unknown science. The first virus was detected at the end of the 19th century. The germ theory has emerged as the etiological agents of infectious diseases. Unfortunately, almost all doctors around the world thought they could treat

any bacterial disease. As with any pioneer, there were cracks and gaps in diagnostic tests and treatments.

Spanish flue and and the issue of psychiatry

After the end of the pandemic, the Spanish flu was a topic of interest for psychiatric researchers.

The state of psychiatric research at that time highlighted the fact that the flu caused delirium of persecution, agitation, violence, fear, depression, self-harm (Bolos et al., 2012).

In 1926, psychiatrist Karl Menninger of Boston treated patients with flu but also with symptoms of severe mental disorders, including psychosis.

Up until the 1970s, historical research on the pandemic had been virtually non-existent.

Alfred Crosby's (1976) book *Epidemic and Peace, 1918* (republished in 1989 under the title *America's Forgotten Pandemic: The Influenza of 1918*) paved the way for international research on the subject.

Compared to other aspects of the pandemic, little research has been done on the long-term impact of the Spanish flu on mental health. Sverre Erik Mamelund studied the situation of asylums in Norway between 1872 and 1929 and found that survivors of the Spanish flu developed sleep disorders and attention, depression, difficulty adapting to the professional environment.

Public mental hospitals in the United States in 1918 were independent communities. They remained open to hospitalizations, providing a source of infection that temporarily lowered the prevalence by increasing the death rate of a large number of patients in asylums.

There was also an increase in the death rate in the United States in the 1918-1920 period, mainly due to suicide but also to feelings of helplessness, guilt, anxiety, anger, confusion and abandonment both in the general population and in the medical staff.

Pandemics and their risks to mental health and well-being of the population

From 1918 to the present, huge advances have been made in the medical field for understanding and treating influenza. The World Health Organization was established. Globally, there are health policies, the population has been informed and has become aware of the risks of the disease and the fact that through joint efforts and only together we can address and overcome periods of crisis (Parmet & Rothstein, 2018)

Journalist Laura Spinney, in her book entitled *Pale Rider: The Spanish Flu of 1918 and How it Changed the World*, includes the classic safety measures we have experienced since the beginning of the Covid-19 pandemic, such as using a mask, physical distance, banning gatherings, closing borders, quarantine.

And then, the same as now, the urban population was affected before the virus spread to rural areas.

During the Spanish flu, the fastest way to get around was by boat or train. Cars and phones were rare and only the rich could afford them. Access to education was limited, illiteracy was at a higher rate than now so information circulated much more slowly and often distorted because newspapers were the main way of transmitting news.

A significant and beneficial difference in the modern era is given by the progress and use of technology (Grosbeck & Malita, 2020).

It has been known that in order to limit transmission, patients should be separated from healthy people. Concepts such as isolation and quarantine are very old and precede microbial theory. Therefore, it was not necessary to understand that diseases are spread by germs, to understand how to reduce the spread.

In the midst of the pandemic, one can communicate through teleconferencing, social networks in the virtual environment, there is mobile telephony, the Internet, the possibility of working from home and telemedicine. In addition, the natural way of approaching others is changing. There is a lack of physical closeness, the gestures of affection, the hugs are almost gone, but the individuals seem to communicate more often, more profoundly. One can see solidarity between peers and empathy.

A study by researchers at Oxford University and NIHR Oxford Health Biomedical Research Center found that nearly one in five people who had Covid-19 were diagnosed with a psychiatric disorder - such as anxiety, depression or insomnia - within three months of testing positive for the SARS-COV2 virus.

The number of people infected with COVID 19 is potentially high and therefore any increase in risk could have effects at the population level. It is necessary to correctly assess the possible psychiatric symptoms in people who have had mild and more severe forms of COVID-19 (Luca et al., 2020).

Conclusions

Examples in human history have shown that every crisis has been an opportunity to test individual values and the resilience potential. If the foundations of individuals are resilient, they will be able to take responsibility for themselves and redefine their relationships in terms of security and respect (Vlad, 2017). They will learn to manage anxiety, fear, stress, ignorance, fear, but also loss so that the next possible social crises are treated differently, more creatively and functionally (Jauhar, 2020).

Change depends on decisions, attitudes, individual and collective actions, both on a personal and relational level.

History has taught us that humans manage to overcome their limits even under the most difficult circumstances, learning what to do to survive. The crisis situation is an opportunity to mature, to accept the losses, to identify the weak links of the human psyche, but also to discover some abilities to find mental and psycho-emotional balance. The ability to overcome difficulties, to adapt, to recover in traumatic situations, to find meaning in existence can be activated in people from living these new experiences.

Theoretical models of the adjustment process after losses and traumas have emphasized the critical role of finding meaning. It is said that the pain felt is what creates the trauma, not the crisis itself. Suffering in crisis is common to all people, but the way they experience it is unique.

If individuals manage to get out of the vicious circle of victimization and take responsibility, to trust their own values, they will find ways to answer existential questions about uncertainty, the unknown, loneliness, loss, meaninglessness in life, death, and also will know what dignity, commitment, solidarity and respect for others mean.

References

- Bolos, A., Ciubara, A-M., & Chirita, R. (2012). Moral And Ethical Aspects Of The Relationship Between Depression And Suicide. *Revista Romana de Bioetica*, 10(3): 71-79.
- Crosby, A. (1918). *Epidemic and Peace*. Greenwood.
- Crosby, A. (1976). *America's Forgotten Pandemic: The Influenza of 1918*. Greenwood Press.
- Eghigian, G. (2020). The Spanish Flu Pandemic and Mental Health: A Historical Perspective. *Psychiatric Times*, 37(5), 26. <https://www.>

- psychiatrictimes.com/view/spanish-flu-pandemic-and-mental-health-historical-perspective
- Grosseck, G., & Malita, L. (2020). Insights from Romania's reaction to Coronavirus infodemic. Towards an educational approach. *Logos Universality Mentality Education Novelty: Social Sciences*, 9(1), 119-138. <https://doi.org/10.18662/lumenss/9.1/38>
- Hilton, C. (2020). Psychiatric care and the 1918 flu pandemic. Royal College of Psychiatrists. <https://www.rcpsych.ac.uk/news-and-features/blogs/detail/history-archives-and-library-blog/2020/04/07/psychiatry-during-1918-flu-pandemic>
- Jauhar, S. (2020). *Flu pandemics, schizophrenia and the immune system: could history repeat itself?* Mental Elf. <https://www.nationalelfservice.net/mental-health/schizophrenia/flu-pandemics-schizophrenia-and-the-immune-system/>
- Love, S. (2020). *The Strange Link Between Pandemics and Psychosis*. Vice. <https://www.vice.com/en/article/g5x3gq/link-between-pandemics-and-psychosis-spanish-influenza-and-psychotic-disorders>
- Luca, L., Ciubara, A. B., Fulga, I., Burlea, S. L., Terpan, M., & Ciubara, A. (2020). Social Implications for Psychiatric Pathology of Depressive and Anxiety Disorders, Alcohol Addiction and Psychotic Disorders during the COVID-19 Pandemic in Romania. Analysis of two Relevant Psychiatry Hospitals. *Revista de Cercetare si Interventie Sociala*, 69, 261-272. <https://doi.org/10.33788/rcis.69.16>
- Parmet, E. W., & Rothstein, A. M. (2018). The 1918 Influenza Pandemic: Lessons Learned and Not—Introduction to the Special Section. *American Journal of Public Health*, 108(11), 1435–1436. <https://doi.org/10.2105/AJPH.2018.304695>
- Soreff, S. M., & Bazemore, H. P. (2008). *The Forgotten Flu*. Psychiatry & Behavioral Health Learning Network. <https://www.psychcongress.com/article/forgotten-flu>
- Spiney, L. (2017). *Pale Rider: The Spanish Flu of 1918 and How it Changed the World*. PublicAffairs.
- Vlad, L. (2017). The faces of responsibility. *Eastern-European Journal of Medical Humanities and Bioethics*, 1(1), 57-60. <https://doi.org/10.18662/ejmh/04>