

## **The loneliness of the woman victim of psychic abuse: Biopsychosocial sequelae of emotional dependence**

**Letícia Katherine Pereira Fraga<sup>1</sup>.**

### **ABSTRACT**

Reflecting on the mental health of women who are victims of psychological abuse has become a social emergency, since the biopsychosocial sequelae are unsustainable, which is reflected in the social loneliness derived from the symptomatology of emotional dependence, psychosomatic illnesses, social and family withdrawal, extreme emotional attachment to the abuser and consequently signs of learned helplessness. Excessive emotional frustration becomes a "common" symptom, and the number of victims who resume relationships with their abusers becomes recurrent, even in extreme psychic exhaustion and emotional pain. The estimation of the woman who is a victim of psychological abuse is labeled as crazy or that she likes to suffer, that there is no other way, this social distancing, is one of the predominant factors that makes her more dependent on the abuser, the fear of social exclusion, of abandonment, the abuser becomes the point of comfort, since the pain of psychic violence is tolerable and the pain of loneliness is overwhelming. Therefore, assistance in the revision of the problem, treatment of emotional dependence, resignification of learned paradigms, social reintegration, coping strategies, are necessary topics for a qualitative mental health of a victim of psychic abuse, since adequate mental help at the ideal time increases life expectancy and decreases the risks of femicide and ideation.

**Keywords:** Emotional dependence, Learned helplessness, Loneliness, Violence against women.

### **INTRODUCTION**

By deeply analyzing the brain functioning of the victim of an abusive relationship, it can be observed that, through learned helplessness, to which the brain, in turn, seeks a state of stability in the midst of extreme adrenaline drives, fear and anguish, thus generating a symptomatology characterized by: learned helplessness, according to SATO 2015; "Learned helplessness would be a behavioral effect characterized by learning disability on the part of individuals who had a history of uncontrollable aversive events" (MAHIER ET. SELIGMAN 1976, P.34) in which, through an emotional scar, the victim feels cornered and does not see an easy way out to move away from the abuser. The excess of emotional frustration becomes a "common" symptom, and the number of victims that the victim isolates himself out of fear becomes recurrent, society excludes him, with the justification that the victim chose to suffer, but where does this choice come from? Through a bibliographic research and case study, this study aims to promote empathetic reflection and introspection of paradigms, since it is common for the victim to live on the margins of society in a situation of social judgment. Why does a victim in learned helplessness not be

---

<sup>1</sup> Psychologist, Pythagoras College. Neuropsychologist, Famart College. Occupational Health, UFSC.



able to leave the relationship and society and even family members exclude her from family group activities? About this loneliness of women in emotional dependence that this study focuses on; The estimation of the woman who is a victim of psychological abuse is labeled as crazy or that she likes to suffer, that there is no other way, this social distancing, is one of the predominant factors that makes her more dependent on the abuser, the fear of social exclusion, of abandonment, the abuser becomes the point of comfort, since the pain of psychic violence is tolerable and the pain of loneliness is overwhelming. But what's the way out? This problem is extremely important to the scientific community, because, through studies and analyses, it is possible to work on cognitive rehabilitation with a broad view of life beyond the problem; The study approach of the agenda itself brings visibility to socially excluded victims, this attention can be expanded to the SUS, a government system focused on human health; As for emergencies and to which public policies should take sides and promote social actions in the FHS in family care, CAPS, CAPS-AD, etc. Family illness, a bridge between this path of public policies and the sick family is the CHA and SUS psychologists as an example.

## **DEVELOPMENT**

The conception of violence against women is culturally historical, in which the victims are women of the most varied ages, bodies, races, professions, however, its development is always a pattern: sexual, patrimonial, physical, moral and psychological violence (SAFFIOTI, 2004 p. 54-56).

An abuser first conquers the victim through affection, welcoming techniques, a sense of fulfillment and belonging, leading to the understanding of well-being in the presence of the partner; The feeling of fulfillment and harsh criticism lead the woman to submit to go deeper and deeper into her partner, at which point the process of emotional dependence begins: The partner becomes the best affective point of peace and harmony, but there is an ambiguity that the same point of harmony is the point of helplessness, the intensity that the subject involves with harsh criticism, creation of emotional triggers, physical, moral, patrimonial violence (...). They make the victim start a process of seeking the approval of their abuser, and harmony is an object of conquest for their "good behavior", thus, their behavior is modeled by learned helplessness, the victim isolates himself in a fantasy world of "ideal woman". The victim, even fulfilling her best role in the relationship, is seen that the role of the ideal woman would not be easily achieved, so submission becomes more and more persistent, the social no longer belongs to her, the personality is reevaluated, the desires, the way, the coexistence everything is reviewed, in search of the abuser's approval. Victims of psychological abuse more often complain of physical and mental problems, with vague explanations of their causalities. (Argum, 2007).



## THE ABUSER AND ITS VARIATIONS

A relationship begins after two people decide to get closer and spend more time in each other's presence after a moment of reflection, in which their ideas and desires have awakened a desire to belong in their partner's life.

Feeling of well-being, fun, joy and desire are reasons that lead two strangers to seek to know each other more and take him to a monotony of a couple's life, where it will be a house only for two people, family, structural, financial and affective involvement.

When meeting someone else, the most erroneous personality characteristics are hidden by beautiful words and assembled texts, the secretion of neurotransmitters associated with happiness, pleasure and acceptance, bring a sense of psychic fulfillment, thus bringing a distorted and fanciful view that interferes between the expectations and realities of the partner about the other, which makes the manipulation process easier and more attractive.

The same man who strongly desired a specific woman to be his partner will not show his traits of violence and psychic destructuring until his partner's approval. Once approved in a relationship, submission techniques are lightly inserted into the relationship, such as modification of clothing, friendships, and even personality.

It is very common to question what motives lead a spouse to physically, morally and psychologically torture his partner, the motivation is not always explicit to events of the present, sometimes they are associated with their process of personality creation, early exposure to domestic violence, disorders and undiagnosed disorders; There are also more expressive and serious cases such as alcoholism, smoking, psychosis, structural sexism, fear of losing the partner due to changes in behavior (moment at which the abuser becomes aggressive so that the victim lowers his self-esteem, reflects on his truths and begins to doubt himself, modeling the behavior in search of the spouse's approval, It can lead to emotional dependence on the abuser.), even sexual dysfunctions. Some women tend to attribute and justify their partner's violent behavior to external factors, thus dismissing their responsibility, such as financial difficulties, unemployment and drug use, among others (Ministry of Health, 2001). It is important to affirm that the abuser is sure of his attitudes. Commonly, the abuser is known as a sociable person, with amiability and incapable of producing certain aggressive behavior; Because they are aware of the seriousness of their actions and their legal consequences, so there is the habit of having physical, material and family threats, if the victim seeks help.

## RATE OF FEMICIDE DUE TO LACK OF SUPPORT FOR THE VICTIM

A victim of domestic violence is not always aware that she is in an abusive relationship and that she is in the position of victim, and the number of women who seek health clinics with obvious physical



injuries from aggression is recurrent. Health professionals, when receiving in the office pictures with symptoms associated with domestic violence, can provide the initial reception and inform the rights that support the victim, however, health professionals do not have an emergency role in solving problems, they only position themselves as mediators between health and social security; assess the immediate danger; provide adequate care; documenting the situation of women; prepare a protection plan; inform women of their rights and refer women to community facilities and services. (RENE 2007). However, the words and actions of these professionals can decisively influence the choice of the path that the woman decides to follow. The act of asking about violence demonstrates to the women that health professionals consider it a medical problem of great importance and do not blame the patient for such violence. (RENE 2007). Welcoming is the first step in the process of accepting the victim, in order to understand domestic violence. A foothold leads to a sense of relief and hope. The lack of understanding and a point of support can lead to even more serious and emergency consequences, such as femicide\*.

The second leading cause of mortality in the general obituary, the leading cause in the 5 to 39 age group, it causes physical and emotional injuries and traumas, leaving a trail of problems, some diagnosed, others diffuse, all of high magnitude, affecting individuals, families, groups and society as a whole (Rev. RENE. Fortaleza, v. 8, n. 2, p. 93-100, May./Aug.2007.).

Therefore, the importance of removing women victims of domestic violence from the sickening environment is emphasized. Information is the best counter-control tool that the victims have, a victim of psychological and physical abuse, in addition to suffering imminent risks of murder, called femicide; The victim in psychic abuse triggers a process of psychological degradation, a mixture of feelings and sensations of relief, fear, terror, anger, among others; It is possible to develop even more aggravating mental disorders such as chemical dependence and alcoholism, since the victims seek in tranquilizers the escape from the sickening environment and the reality that permeates.

Victims are looking to tranquilizers and alcohol for relief from tension/stress. The initial consumption is almost imperceptible, with the passage of time these behaviors take on greater dimensions, leading to abuse and consequent chemical dependence. There should be an interface between violence and health, and, in this case, the recognition and reception of situations of violence in primary health care services and emergency services, where follow-up would take place through possible intervention at the place of detection, with referral of cases to services specifically qualified for STIs.( Rev. RENE. Fortaleza, v. 8, n. 2, p. 93-100, May./Aug.2007.)

## NEUROPSYCHOLOGICAL INTERVENTIONS AND THE SUS

Once symptoms of domestic violence are diagnosed, medical and psychological care is of an emergency nature, along with legal support for what is the victim's right. But what is the parameter of



interventions necessary for a victim of domestic violence not to give in to emotional dependence again? Therefore, there is a need for a multidisciplinary follow-up after exposure of the victim in search of resignification of paradigms associated with learned helplessness, neuropsychological rehabilitation, STI tests in the middle of the serological window and collaboration of the SUS, not only in cases of health promotion of the exposed victim, but also as prevention in family health. as a duty of the state to its citizens.

The ideal path would be an integration between the various instances and areas of power with joint action of municipality, state and union, executive, legislative and judicial powers and areas of health, education, justice, security, labor and social promotion so that there is an adequate policy for the treatment, prevention and even elimination of violence against women in its most varied dimensions. . (Rev. RENE. Fortaleza, v. 8, n. 2, p. 93-100, May./Aug.2007.)

It is a necessarily educational process that aims to intervene in the culture, norms and guidelines in order to achieve success. It is remarkable and quite repetitive that information saves lives, in the same way that the lack of information can lead to a higher incidence of serious cases associated with psychological, physical and moral violence against women. The social paradigm associated with the victim in emotional dependence causes mental illness of the victim and also of family members, in the same way that it leads to family exclusion of the victim, due to the lack of knowledge and excess of judgments associated with a sickening culture of non-existence of degradation of mental health in exposure to the sickening environment. Thus, the SUS becomes the main source of information between the victim's family, society in general, and the rights ensured, such as to primary care.

Primary care is characterized by a set of health actions, at the individual and collective levels, which encompasses health promotion and protection, disease prevention, diagnosis, treatment, rehabilitation, harm reduction and health maintenance with the objective of developing comprehensive care that impacts people's health situation and autonomy and the determinants and conditioning factors of health in communities. (Ministry of Health. P 12; 2007)

A victim who is helpless by his or her government, by the judiciary, legislative, executive and family powers, triggers a worsening scale of hopelessness and a sense of intimidation, and an attempt to escape is the acceptance of the aggressor, restarting the cycle of learned helplessness and emotional dependence. Therefore, at an emergency level, access to information to the whole society regarding behavior patterns, social security rights and inhibition of the vicious cycle of emotional dependence is emphasized, so that citizens can seek alternatives for complaints, exchange of information, reception and interventions. In addition to being included in the national guidelines of the SUS with regard to basic health:



V - Encourage the participation of users as a way to expand their autonomy and capacity in the construction of health care for themselves and for the people and communities of the territory, in coping with health determinants and conditions, in the organization and orientation of health services based on more user-centered logics and in the exercise of social control. (Ministry of Health. P 22; 2007)

In the same way, primary care is responsible for providing rapid tests for STIs; As betrayals associated with the profile of the aggressor spouse are recurrent, within the scope of the SUS there is also the service responsible for psychological and medical support in cases of a positive result. In cases of STIs triggered by sexual violence in an abusive relationship, social exclusion becomes commonplace, due to lack of information and excessive beliefs in common sense; The intervention with the tertiary and specialized health system to disseminate information associated with cases of sexual exposure is of an emergency nature, not only for the victim, but as for the whole that surrounds her, thus bringing a resignification of paradigms and mass social beliefs.

VI is defined as that practiced in institutions that provide public and/or private services, perpetrated by agents who should protect women in situations of violence, guaranteeing them humanized, preventive and reparative care for damage (Mury, 2004). Santos et al. (2011)

Therefore, it is important to emphasize the need for training and preparation of health professionals linked to the Unified Health System, in order to provide the necessary support and also the correct information to the entire group of victims of domestic and sexual violence.

## **CONCLUSION**

Therefore, it can be concluded that a woman victim of domestic violence, exposed daily to a sickening environment, is in a state of psychic emergency that aims at the specialized attention of health professionals, together with services of the legislative, executive and especially the judiciary, so that there is avoidance of new cycles of emotional dependence. It is noted that a victim of domestic violence has the habit of bringing signs left between the lines in dialogues with family members and people in their life, often being ignored, not observed and even prejudged, due to lack of information. Another point that is recurrent are family members who distance themselves from spouses with a history of domestic violence, with unsatisfactory explanations, but from social beliefs associating the victim woman as crazy or that it has become her choice to remain in the relationship. A woman helpless by her social group, unassisted by the state and the ministry of health, sees her aggressor as her only link of harmony, as long as she follows all the rules, even if practically impossible to achieve them, so that her partner gives her a little attention.

Therefore, it is important to highlight the urgency in the preparation of health professionals in the dissemination of information to society about learned helplessness, about psychological, physical, moral, sexual, patrimonial violence and the process of illness to the victim's exposure, in addition to supporting



and assisting them together with the responsible health units; Such as the strategy and family health in prevention and information, caps and hospitals in interventions, testing and welcoming, caps III and Sersans in more severe cases of alcoholism and chemical dependence.



## REFERENCES

- Castañon, G. (2007). *Cognitivism e racionalismo crítico*. Psicol. Argum, Curitiba. Retrieved January 31, 2024.
- Ministério da Saúde. (2012). *Política Nacional de Atenção Básica*; Brasília-DF. Retrieved December 15, 2023.
- Mury, L. (2004). *Violência institucional: casos de violação de direitos humanos na área da saúde materna e neonatal no estado do Rio de Janeiro*. São Paulo: Direitos Humanos no Brasil. Retrieved December 23, 2024.
- Oliveira, E. (2007). *Violência contra a mulher: sofrimento psíquico e adoecimento mental*. Rev. RENE, Fortaleza.
- Sato, V. (2015). *Substratos neurais*. Retrieved January 31, 2024.
- Saffioti, H. I. B. (2004). *Descobertas da área das perfumarias: O conceito de patriarcado*. In *Gênero, patriarcado, violência* (1st ed.). São Paulo. Retrieved January 15, 2024.
- Seligman, M. E., & Maier, S. F. (1967). *Failure to escape*. J Exp Psychol, csf. Retrieved December 20, 2023.