International Journal of Humanities and Social Science Invention (IJHSSI)
ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714
www.ijhssi.org ||Volume 11 Issue 6 Ser. I || June. 2022 || PP. 34-41

Narratives on COVID-19 Related Psychological DistressesinRelation toLife History andPersonality Characteristics

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Abstract
Background: There have been a considerable number of quantitative studies examining negative psychological impacts of the COVID-19 outbreak. On the other hand, qualitative studies related to this issue are insufficient. Moreover, those elucidating the relationship between the nature of each individual's COVID-19 related stresses and his/her personality characteristics, as well as that between the nature of those stresses and his/her life history which is assumed to have played a big role in developing the personality characteristics, are lacking.
Purpose: The aim of this study was to explore the relationshipsbetween the nature of COVID-19 related stresses and life history, as well as personality characteristics, and to propose a model that can beapplied to every case.
Methods: Clinical records of three patients who showed signs of mental health impairment due to the COVID-19 outbreak were analyzed: the first patientbeing a womanin her thirties, the second being a man in his thirties, and the last being a woman in her twenties. All of them manifested non-psychotic symptoms, i.e., depression and/or anxiety.
Results:The first patient had adverse early life experiences. She had not been emotionally accepted by her mother and was controlled by her father. Her best friend betrayed her and she was left out of her peer group during adolescence. These experiences seemed to have contributed to her cognition that she had been excludedat her workplace when she was suspected of being infected by COVID-19. The second patient had an excessive anxiety towards official responsibilities, as well as dependency on others. He panicked when he had to wear personal protective equipment. It seemed to be difficult for him to be confident in accomplishing his duties when he was not able to ask for help. His tendency to depend on others was also observed in his childhood and adolescence. He never spent time alone, always being with his companions, or with his girl-friends when he was a junior or senior high school student.The third patient's manner of object relation had not been stable and she always had the fear of losing significant others since infancy. This fear was realized in early adulthood. She was afraid of being infected by COVID-19 when she was working as a receptionist, because she thought she would infect her family members and kill them. Her fear of losing significant others was further activated.
Conclusion: Narratives on psychological distresses caused by the COVID-19 outbreak represent the object relation pattern developed by an individual's relationships with significant others since early life. The COVID-19 outbreak exposes the individual's core psychosocial issues.
Key Words: *COVID-19 related psychological distresses, early life adversity, object-relation, personality, psycho-social factors*

Date of Submission: 02-06-2022 Date of Acceptance: 16-06-2022

I. Introduction

There have been many studies reportingCOVID-19 related mental health impairments. They can be classified into two types of studies: one being epidemiological studies targeting a large population, and the other being clinical case studies targeting one or a few cases.

Quantitative epidemiological studies chose a variety of indices such as depression and anxiety (Almandoz et al., 2020; Turna et al., 2021), post-traumatic symptoms (Guo et al., 2020; Tsur& Abu-Raiya, 2020), excessive alcohol use (Neill et al., 2020; Pollard, Tucker, & Green, 2020), and child abuse (Brown, Doom, Lechuga-Peña, Watamura S, &Koppels, 2020;Lawson, Piel, & Simon, 2020), etc. In addition to demographic variables such as young age (Cénat et al., 2021; O'Connor et al., 2020; Turna et al., 2021), being a woman (Cardel & Dominick, 2020; Cénat et al., 2021; Debowska, Horeczy, Boduszek, &Dolinski, 2020;

O'Connor et al., 2020;Iob, Steptoe, &Fancourt, 2020; Turna et al., 2021), racial/ethnic minority (Iob et al., 2020), past history of mental disorder (Varga et al., 2021; Wright, Hill, Sharp, & Pickles, 2021), current mental disorder (Iob, et al., 2020), and being unmarried (Al-Sofiani et al., 2021; Guo, Carli, Lodder, Bakermans-Kranenburg, &Riem, 2021), personality characteristics such as high neuroticism (Mann, Krueger, &Vohs, 2020; Schweda, et al., 2021), low resilience (Guo et al., 2021; Kocjan, Kavčič, &Avsec, 2021) and avoidant coping style (Margetić, Peraica, Stojanović, &Ivanec, 2021) have been identified as risk factors of theCOVID-19 related mental health impairment. As social factors, not only low perceived social support in current life (Amendola, Spensieri, Hengartner, &Cerutti, 2021; Sommerlad et al., 2021; Szkody, Stearn, Stanhope, & McKinney, 2020), but also experiences of being abused during childhood (Guo et al., 2020) or childhood adverse experiences (Li et al., 2021) were demonstrated as risk factors, each playing a role in developing the impairment.

The unavoidable issue in the above quantitativeepidemiological studies is lack of each individual specific detailed information regarding personality characteristics (which had been evaluated only by existing scales in those studies), current and past interpersonal relationships, the nature and intensity of adverse past experiences(if any), and COVID-19 related stresses. Furthermore, there seems to be no speculation regarding how these factors are related to each other.

In qualitative case studies expected to compensate for this shortcoming, COVID-19 related psychotic reactions seem to be considered results of a fierce biological COVID-19 attack on the brain (Mirza, Ganguly, Ostrovskaya, Tusher, & Viswanathan, 2020; Smith, Komisar, Mourad, & Kincaid, 2020), while non-psychotic symptoms seem to be attributed to psycho-social factors. Compared with epidemiological studies,qualitative clinical case studies — in particular, those describing cases with non-psychotic symptoms — are extremely scarce. In addition, they do not describe life histories or interpersonal dynamics expected to be investigated carefully in clinical settings. For example, Ünver, Rodopman Arman, Erdoğdu, &İlbasmış (2020)described three female patients with anorexia nervosa only by attributing the disorder to the COVID-19 outbreak social factors. It is not clear how their anorexia nervosa was developed by the outbreak.It is logical to consider that the outbreak merely worked as a trigger, because eating disorders are usually treated as products of interpersonal (particularly mother-daughter) dynamics throughout a patient's life. However, these kinds of information are totally lacking in Ünveret al.'s case reports.Chong (2020) demonstrated a borderline personality disorder patient whose feeling of emptiness and fear of abandonment exacerbated under the mass indoor quarantine and social distancing during the COVID-19 outbreak. The information on interpersonal relationships or object relation characteristics which cannot be dismissed in arguing the development of borderline personality disorder are totally lacking, although the author writesthat the patient had been given psychodynamic psychotherapy. It does not seem that these two case reports take advantage of the strengths of qualitative research, i.e., availability of individual detailed information.

To summarize, regardless of whether or not they are quantitative or qualitative studies, those which examined COVID-19 related mental health impairment did not present any particular perspective regarding the development of the impairment, based on detailed informationaboutearly life history, personality characteristics developed by the history, mental life during adolescence as well as adulthood, and the nature of COVID-19 related stresses. In light of this, this study aimed at examining pathways to the mental health impairment by viewing patients' life histories from infancy, and building a hypothesis on the development of the impairment.

II. Methods

Clinical records fromJanuary 1st to September 30th 2021, of three out-clinic patients who had manifested COVID-19 related psychiatric symptoms were analyzed. This study was approved by institutional review boards of ethical committees. Autonomous participation was guaranteed and informed consent was obtained from the three patients.

For each patient, COVID-19 related distresses, present illness history and past history from infancy were described. After that, factors contributing to COVID-19 related mental health impairment were selected from psycho-social viewpoints. Finally a hypothesis model that can be applied to every case was proposed.

III. Results

Ms. A

Ms. A, in her mid-thirties, was suspected ofhaving contracted the COVID-19 infection (it later turned out that she was negative), which triggered her mental health impairment.This happened during the first wave of the COVID-19 outbreak in Japan. She was working as a part-time employee at a facility for elderly people. As with all workplaces in all countries, individuals with, or suspected of COVID-19 infection were suspended. The lack of sufficient information prompted her colleagues' sensitive and excessive reactions to her suspected COVID-19 infection. She had feelings of anxiety due topotential related financial difficulties

as well as the probability of her infecting her family members, but more than anything she had a fear of being excluded and treated as an unnecessary object.

At first, she visited a general practitioner due to the psychological distresses. The physician referred her to a psychiatric out-clinic. This procedure led to her distressful cognition that she was treated as an unnecessary object (like "trash" according to her expression) by the physician. She was concerned about whether or not she deserved the ample psychotherapeutic session time that the current therapist provided her. At the same time, however, she felt satisfied. Her attitude towards the therapist was characterized by modesty, while showing attachment.

This cognition was not one that developed recently, but had been frequently given rise to. Its origin seemed to exist in her early life. Her mother was psychotic (details unknown), spending her time in bed, in the closet, or in the hospital. She was kind to the mother despite the mother's inability to provide her with maternal care, probably because she had been denied her aggression towards the mother who was psychologically vulnerable. However, the mother responded with the words, "I should never have given birth to you." The mother's relationship with her husband (Ms. A.'s father) was bad. One day when Ms. A was six years old, she came home from elementary school to find that her mother was gone. She had left home leaving her children behind.

After that, she lived with her father and sister. Her classmates made fun of herregarding the absence of her mother, despite her effort to hide the fact. Her father used to apply controlling measures as part of their upbringing. When the daughters did not obey his rules, he used to scold them.He made daily schedules by the minute for his daughters to follow. He also imposed astrict curfew. One day, even though Ms. A had returned home before curfew, she found the door locked. The father said that she should have returned10 minutes before the curfew. He was also excessively strict about waste. It went out without saying, that Ms. A and her sister would be expected to leave home, if they disobeyed the father's rules. Her mother's leaving home was the precedent. When Ms. A became a young adult, her father said, "I'm finally finished raising you!" He had often made comments like "Who do you think raised you?" Although it was assumable that he had a lot of difficulties in raising his daughters by himself, his words sounded like he raised his daughters only out of a sense of duty. He did not seem to have experienced any feelings of enjoyment or pleasure.

In addition to these early life adversities, she had an unforgettable experience during adolescence. One day after summer vacation, she noticed that she was excluded by her peer group. Nothing was more painful for her than the fact that it was her friend who was behind it all. She became more and more sensitive towards the probability of being betrayed and excluded. Even after becoming an adult, she had been very cautious when she talked with somebody who was friendly to her. On the surface, she actively took care of an acquaintance whom she did not like. This was the attitude she used to apply in her relationship with her mother. When questioned if she would have willingly taken care of her mother if she had been expected to, Ms. A agreed. She had a phantasy that her mother, who was psychologically vulnerable, would be heartbroken if Ms. A had not met her mother's expectations. Her mother would have called it "betrayal". Fortunately, Ms. A met her husband whom she was able to share her opinions and express her feelings with, and later give birth to his children. However, despite her seemingly happy current life, her obsessive-compulsive symptoms have been continuing since childhood. This meant that her ego function was too week to process her aggression.

The obsessive-compulsive symptoms seemed to relate to her aggression as well as anxieties of the probability of acting out the aggression. A slight expression of anger towards her husband would cause her to fear her own aggression. She tried to control her children, suggesting that she had unconsciously internalized her father's manner of raising children. When she realized it, an intense feeling of guilt came over her.

Suspension due to suspected COVID-19 infection would be stressful for anyone, but Ms. A probably over-reacted. She felt as if she had been treated as a criminal and panicked. This was ascribed to her past negative experiences. Her mother left home leaving Ms. A behind. Although this was the result of a bad marital relationship, it was understandable that, as far as her mother was concerned, she was unnecessary. Meanwhile, her father's messagetowards his daughters was that if they did not obey his rules, he would kick them out. Her experienceof being bullied during adolescence could be regarded as a repetition of childhood adversity.It is probable that the negative experience during adolescence was partiallya result of her hypersensitive cognition towards exclusion rooted in these childhood adversities. The words "unnecessary object" became the core of her narrative.

Mr. B

Mr. B (mid-thirties) working in the ambulatory profession became distressedwhen he was called to transport a patient with suspected COVID-19 infection. An oppressive feeling came over him when being dressed in protective gear, which prevented him from getting into the ambulance. Fortunately, one of his colleagues substituted for him.This staggered Mr. B's self-esteem because the colleague wascompetent and

much younger than him. Furthermore, he felt persecuted because he thought his colleagueswere critical of him. After he went home, he called one of his colleagues and cried his eyes out, even though his wife and children were right there. His colleague consoled him. Mr. B reported this event to his therapist without any hesitation. He was dissatisfied with his wife, who was not empathetic and did not take his distress seriously. His boss recommended him to take a few days off. It did not take long for him to recover.

Other than this event, he used to receive emotional support from surrounding people including his colleagues when his self-esteem was damaged because he was unable to accomplish vocational training. After launching psychotherapy, his therapist was also chosen as one of the objects from whom he sought emotional support.

His ability to assimilate could be considered good in that he has stayed with his job since graduating vocational school in his early twenties. He said that his colleagues evaluated him as a social and cheerful person, although he did not realize it. Working environments surrounded by his favorite colleagues apparently brought him relief and comfort. Meanwhile, when put in situations where he was expected to overcome difficulties by himself, he was overwhelmed by feelings of uncertainty and anxiety.

Looking back over his life history, he was born as the first child. His father and mother were busy people, but frequently took Mr. B and his sisters to gatherings with family friends. His grandfather and grandmother sometimes took the parents' place when they were not able to spend time with him. Due to his father's transfers, he had to change schools a few times. He was able to adjust himself to new environments quickly. He always had to be with friends.

He became interested in girls during his early adolescence. He started dating a girl who would later become his wife. Due to his excessive interest in sex, the girl bade farewell. After the parting, it was not long before he had a new girlfriend. Since then, he always had girlfriends. This was something he was still proud of.

He and his wife were married after getting back together when they were late adolescents. He lovedher but wassometimes unfaithful. Although consideration and authenticity werepersonality traits he was proud of, he seemed to deny the fact that his acts with women went against these characteristics. While his wife was working, he sought women who would spend time with him. This satisfied his narcissism and gave him a sense of security.

His work motivation was not for the pleasure of accomplishing duties or contributing to society, but rather for being in, and keeping good relationships with his colleagueswhom he respected by accomplishing the duties. He always wished that he could be relieved from his duties. One evidence was that he was happy because he was suspended from work when his wife was identified as a COVID-19 close contact at her workplace. His companions (only men whom he worked with around-the-clock) supplied him with a quasi-family environment, supporting his ego function especially when it was staggered. This meant that his companions and peer group during adolescence had equal values. His ability to adapt to a social environment enabled him to develop peer relationships that he could depend on.

On the other hand, he erased colleagues who did not accept him, from his mind. When he was requested to undertake work by his senior colleagues, who he perceived negatively evaluated him, he escaped. His motivation to undertake particular duties depended on the nature of his relationship with people who expected him to do the duties. His issue was his inability to behave and act with responsibility. He used avoidance and dependence as his defense mechanisms. It was apparent that these personality characteristics had been contributing to his drop-out from duties and training.

Ms. C

Ms. C (in her thirties), working as a receptionist, was suffering from the fear of infecting her family members with COVID-19, which she would be contracted during the work. Since long before the COVID-19 outbreak, she had been preoccupied by the idea that it would be better for her to die before losing family members, which would cause unbearable grief.

She was the youngest among the three daughters in her family. Her mother used to be very busy and when she had a day-off, she rested due to fatigue. Ms. C did not have any memory of spending a fun time with her mother. Ms. C's image of her mother was that she was just strict and always nagging. Nevertheless, she had an emotional attachment to her mother.When she thought that her mother could spend time with her all day long, but her expectations were denied, she used to cry in a loud voice.Her father was the one who usually took care of her. It can be assumed that the previously noted idea that she had to disappear before losing some significant others was partially relatedto the lack of bonding with her mother. When she could not stand the anxiety caused by this idea, she used to go to her father, who gave her comfort.

Her father was always very kind to Ms. C, but she really did not like it when her father lost his temper while driving.After she entered university, her father contracted an intractable disease for which he frequently called an ambulance to take him to the hospital. One day, when she was in the train, she got a

phone call from the hospital, at which time she thought, "Oh, no, not again…," and did not answer the phone immediately, because she did not perceive her father's disease as serious. Rather, she was critical of her father for taking advantage of the Japanese ambulance service which is free. She thought he should not have been allowed to use it.However, that was his last emergency transport. The event she had been afraid of since infancy became a reality. In particular, this incident made her believe that if she felt aggressive and frustrated towards a significant other, they would leave her behind.It goes without saying that there was no rational relationship between her father's death and her negative feelings towards her father, which caused her not to answer the phone immediately.

Once she became an adult, she frequently drankalcohol or tookpsychotropic drugs to alleviate her anger after becoming verbally aggressive towards her husband, because she wasafraid of losing her husband, for example, in a traffic accident. She applied this coping strategy especially when she was alone, because she was unable to control her anxiety or fear by herself. This self-destructive coping strategy was not only to control her feelings but also to kill herself. Again, this came from the idea that her aggression would destroy significant others, so she had to die before she caused the others to die.

Low self-esteem and loneliness were also feelings which had been distressing her. She always had a fear of being seen by her husband for her worthlessness, the evaluation which she gave herself. She could not talk with her husband honestly when she became anxious or frustrated in her relationship with him. Instead, she used to seek comfort in other men who she did not necessarily have feelings for, which further increased her sense of worthlessness. Seeing other men was a reaction to her anxiety and frustration for which she blamed her husband. Later, however, this betrayal brought about intense distress, i.e., feelings of guilt towards her kind husband and low self-esteem.

According to Melanie Klein's psychoanalytic theory (1940), her mentality would be due to not completely passing through the process from paranoid-schizoid position to depressive position. Specifically, her problem was in the late oral phase characterized by her infantile phantasy that her hate destroyed her mother's affection (Fairbairn, 1940). This was distinguishable from the early oral phase characterized by an infant's phantasy that his/her love has destroyed his/her mother's affection. Her realization that the bad object towards which she used to express her aggression at was at the same time the good object, caused her to fear that she would destroy the object.

As such, the natures of distresses caused by the COVID-19 outbreak are multifarious depending on the individual. The main elements of each of the above three patients' COVID-19 related distresses, life history, and personality characteristics are shown in Table 1.

Table 1: *Selected Information Concerning Each Patient*

	Ms. A	Mr. B	Ms. C
COVID-19 related distresses	Fear of being excluded	Anxiety of not accomplishing his duties	Fear of destroying significant others by her own aggression
Life history during infancy	Mother's leaving home without notification; Father's strict control	Never alone	Weak bond with mother
Life history since childhood to adult life	Experience of being bullied	Always spending time with a girl-friend or male companion	Had taken the mother's role of providing care
Past history of mental disorder	Yes	No	Yes
Personality characteristics	Modest	Dependent, avoidant, social	Self-destructive

IV. Discussion

COVID-19 related distresses, or anxiety or depression, caused by the COVID-19 outbreak have been lumped together in epidemiological studies conducted so far. The clinical case reports in this article made it clear that there is a variety of COVID-19 related distresses.

As referred in the Introduction, demographic variables such as young age (Cénat et al., 2021; O'Connor et al., 2020; Turna et al., 2021) and being a woman (Cardel & Dominick, 2020; Cénat et al., 2021; Debowska et al., 2020; O'Connor et al., 2020;Iob et al., 2020; Turna et al., 2021) have been identified as risk factors for COVID-19 related mental health impairment. As a general tendency, these results are correct. However, they necessarily were not true to all three patients introduced in this article.It is correct that Ms. A and Ms. C were women, but it is difficult to consider that their gender played a paramountrole in developing COVID-19 related mental health impairment. Furthermore, regarding another risk factor, being unmarried (Al-Sofiani et al., 2021) or protective factor, being married(Guo et al., 2021), was contradictory to all three

patients who were married.

On the other hand, some results obtained by epidemiological studies were consistent with two or more ofthe above three patients. For example,Cabello, Izquierdo,& Leal (2020) concluded that an individual's subjective appraisal of isolation is more important than whether he/she is married or unmarried, or whether he/she lives alone or not. This was especially true with Ms. C. She was always afraid that her husband saw through her, and was not able to express her true self to him. This meansthat the senseof isolation, despite being withsomeone else, is more unbearable than feeling alone in solitude.

Furthermore, past history of mental disorder, identified as a risk factor in past epidemiological studies (Varga et al., 2021, Wright et al. 2021), was also observed in the cases of both Ms. A and Ms. C. Their current COVID-19 related mental health impairment can be regarded as having derived from the same personality pathology as the past mental disorder, the fear of being excluded (Ms. A), and anxiety of aggression causing loss of significant others (Ms. C). Both pathologies can be defined by immature or unstable object relations.

There is another fact shared by both epidemiological studies and the current clinical case studies, i.e., past traumatic experiences lowers stress tolerance. Ginzburg, Mikulincer, Ohry, & Solomon(2021) reported that Israeli ex-prisoners of war (ex-POWs) were more likely to show fear of coronavirus disease and COVID-19induced acute stress disorder. Although the natures of these two stressful events (POW experience and COVID-19 outbreak) are seemingly different, Ginzburg's study (2021) suggests that, past but still graphic distresses, which are not overcome or resolved, invite other traumatic events. This is applicable to Ms. A, who experienced childhood adversity.

Taken together the results of bothepidemiological studies and current clinical case studies above, it is natural to view that allstressful life events are circumscribed by each individual's personality including his/her perception and cognition derived from early life, which influence later life. That is to say, not only COVID-19 related psychological distresses but also COVID-19 related stressful life events are also equivalent to his/her narrative.

Indeed, each of the three patients in this article were different from the other two in terms of stressful life events and COVID-19 related distresses. For example, Ms. A's stressful life event was beingsuspended from work. This perceived event caused the fear of being excluded.Mr. B's stressful life event was wearing personal protective equipment when accomplishing his duties, which meant for him that he had to overcome difficulties under a bindingenvironment.Failure of being able to do so caused him extreme anxiety that his colleagues would evaluate him negatively. Ms. C's stressful event was working as a receptionist, which she perceived as at high risk of being infected. This caused the fear of destroying significant others in her mind. As can be seen, these distresses reflect their personality traits developed by their earlylife history. Their personality characteristics: tendency to conceal her emotions and pander to others in the case of Ms. A, social and cheerful character in the case of Mr. B, and self-destructive tendency to prevent outwardly expressing her aggression in the case of Ms. C, can be regarded as psychological defenses to help them deal with theirconflicts arising from difficult environments from the past to current life. Their personality characteristics would have alleviated their distresses for the time-being. However, they hinder the patients' psychological maturity and well-being.

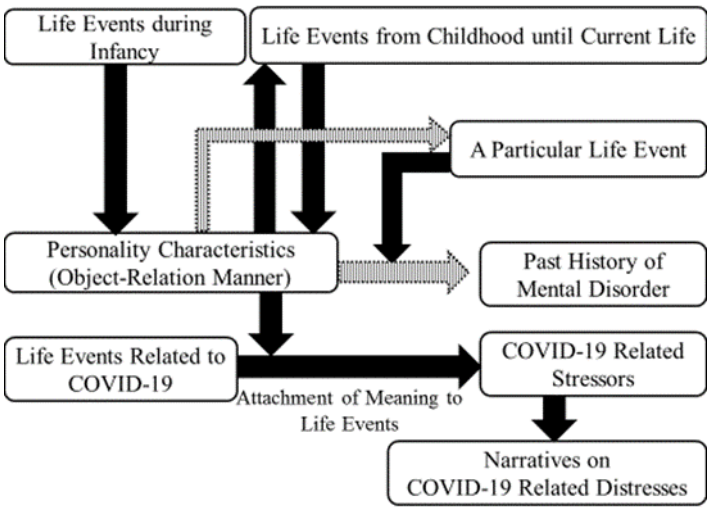

Figure 1:Hypothesis model of pathway to non-psychotic COVID-19 related mental health impairment.

Figure 1 summarizes the essence which was argued above. An individual's COVID-19 related distresses derive from his/her life events during infancy and personality characteristics (in particular, object-relation manner) that interact with life events from childhood until current life. A mental disorder in the past is usually triggered by a particular life event, which in some cases was invited by personality characteristics. The fact that some negative life events are caused by an individual's personality pathology has been proven in epidemiological quantitative research (Daley et al., 1997; Nelson et al., 2001). As argued previously, any psychological stressors as well as the nature of distresses can be regarded as an individual's narrative. The stresses associated with the COVID-19 outbreak are not the exception. Each individual attaches meanings to a particular COVID-19 related life event, which is recognized as a COVID-19 related stressor, i.e., whether or not some particular COVID-19 related event is recognized as a trigger of the distresses depends on the individual. The recognized stressor lead to narratives on COVID-19 related distress.

The COVID-19 specific characteristics of psychological distresses should be argued here. Uji (2020) mentioned that COVID-19 tests not only ego functions of an individual but also those of society. With an overall view of the above clinical cases, albeit only three cases, COVID-19 seems to stimulate an individual's anxiety of solitude. The individual's capacity to be alone or capacity to trust others (ego-functions) are put on trial. It can be concluded that those who have vulnerability in these ego functions tend to experience psychological difficulties under COVID-19.

Finally, proposals for future research regarding COVID-19 related distresses as well as intervention for individuals with the distresses should be made. Dismissing detailed information of each individual when targeting a large population in epidemiological studies is unavoidable. On the other hand, in clinical case studies targeting one or more patients, in particular, when the patient manifests non-psychotic symptoms, individual-specific information from psycho-social viewpoints should be included. It is assumable that individual-specific distresses caused by an unusual event like the COVID-19 outbreak has common elements with his/her distresses caused by other events, because the distresses are intrinsically related with his/her unresolved issue. This is to say that the cognition provoked by some particular COVID-19 outbreak related event is triggered by other events, leading to similar dysphoric moods. Every event is chosen and transformed into an individual's internal experience.

In an ideal clinical setting, the mental health professional is concerned with the patient with an interest in the patient's internal experience, while at the same time taking external realities into consideration. Listening to the patient's narrative will help the medical professional find new knowledge yet to be clarified by epidemiological research, and deepen his/her understanding of the patient.

Acknowledgement

The author would like to express deep gratitude to the three patients who gave her permissionto use their clinical records.

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