

EDITORIAL

DISSOCIATIVE AMNESIA AND PANDEMIC

AUTHORS:

Hirsch, Roberto R. and Carvallo, Héctor E.

doi.org/10.55634/4.3.2

EDITORS

Six years after the start of the pandemic that changed the modern world, the general population and the scientific community in particular seem to have cast a veil of oblivion over the years in which we were all on edge.

It is necessary to find the reason for such a gap in our memory, in order to avoid repeating the same mistakes.

Dissociative amnesia is a memory disorder that typically occurs in response to highly stressful, traumatic, or emotionally overwhelming events.

It is not due to neurological causes, but rather to a break or disconnection between consciousness, memory, and identity, as a psychological protection mechanism. Its main characteristics are:

1. Loss of retrospective memory, with inability to recall relevant autobiographical information (e.g., traumatic episodes, specific periods, details of one's own life).
2. Not explained by medical conditions, substances, or brain damage.
3. Generally reversible, but memories may return in a fragmented way or never be fully recovered.
4. It generally occurs after a strong emotional trigger, whether it is a one-off event (accident, violence) or prolonged (chronic abuse, war, catastrophes).

Dissociative amnesia

1. Located
 - Inability to recall an entire period of time (hours, days, years). Example: not remembering anything from the first few months of a disaster.
2. Selective
 - Some elements of the event are remembered, but others are completely erased. This is very common in trauma.
3. Generalized
 - Memory loss regarding one's entire personal life. Very rare; it usually occurs after devastating experiences.
4. Systematized

- The memory of a specific type of information is lost (for example, everything related to a person or place).

- Amnesia with escape dissociative

- The person not only forgets their identity, but may travel or wander without remembering who they are. It is extremely rare.

Psychological interpretation:

Dissociative amnesia is conceived as an unconscious defense mechanism, where:

- The brain blocks or encapsulates traumatic memories to reduce emotional suffering.
- There is a disconnect between episodic memory and emotion.
- The nervous system goes into "overload": hyperactivation (fight/flight) or hypoactivation (freeze/shut down).

HOW IS IT RELATED TO THE COLLECTIVE OR INDIVIDUAL FORGETTING OF WHAT WAS SUFFERED DURING THE COVID-19 PANDEMIC?

The pandemic was a traumatic global event for millions of people, but not necessarily traumatic in the same way for everyone.

Even so, conditions arose that favored dissociative processes and incomplete memory, although the most common phenomenon is called stress-related amnesia, not necessarily a clinical dissociative disorder.

Pandemic factors that contribute to memory impairment

1. Prolonged stress
 - Chronic stress affects the hippocampus (the structure that organizes episodic memories).
 - Emotional overload produces hazy memories.
2. Monotony and lack of temporal milestones
 - Lockdowns, repetitive routines, lack of social interaction → less temporal anchoring.
 - This causes entire months to "blend together" or disappear from the narrative memory.
3. States dissociative mild but frequent

- Feeling of unreality, emotional disconnection, "living on autopilot".
- Very common in situations of prolonged fear.
- Suppression emotional
 - Many people tried to keep functioning despite fear, grief, or uncertainty.
 - Suppressing emotions causes fragmentation of memory: the brain stores the information without fully processing it.
- Microtraumas accumulated
 - Losses, isolation, anxiety, work overload, economic uncertainty.
 - They were not always experienced as "acute trauma", but rather as a continuous wear and tear.

DIFFERENCES BETWEEN DISSOCIATIVE AMNESIA, STRESS-RELATED MEMORY, AND VOLUNTARY FORGETTING

Most people who feel they "forgot everything they experienced during the pandemic" are probably experiencing poor stress processing, not dissociative amnesia in the diagnostic sense.

Why is it common to say "I don't remember well what happened during the pandemic"?

1. The period is difficult to integrate narratively: the routine changed, the temporality was altered.
2. The brain prioritized survival, not detailed storage.
3. Isolation reduced stimuli, and without variety, strong memories are not formed.
4. Many memories are emotionally unpleasant, and the brain tends to minimize access to them.

In summary:

- True dissociative amnesia is a rare phenomenon, linked to intense trauma.
- However, the pandemic did create conditions for many people to have partial, fragmented, or blurred memories, due to:
 - prolonged stress
 - monotony
 - disconnection emotional
 - mechanisms dissociative mild
- This does not mean that the population has "forgotten everything" due to clinical amnesia, but rather that the brain prioritized survival over remembering, resulting in a hazy period in collective memory.

HOW A LACK OF MEMORY LEADS TO REPEATING MISTAKES

"Errare humanum " est " is a Latin phrase, attributed to Seneca, which means "to err is human," acknowledging that making mistakes is an intrinsic part of human nature. It is often combined with its continuation, "sed perseverare autem diabolicum " ("but to persist in error is diabolical"), to emphasize that while making mistakes is natural, continuing to make the same mistake is a defect. Some errors may be harmless, but many of them have serious consequences for the health and quality of life of those who suffer them and their immediate environments, as well as for the professionals involved. More than 20 years ago, the document *To err is human: Building a Safer Health System*, published by the Institute of Medicine of the USA, brought to the forefront the importance of minimizing "harm" throughout the health care continuum, highlighting the importance of a new concept, Patient Safety.

In healthcare, there can be voluntary errors (their handling falls under legal channels) and involuntary errors, something inherent to human action that professionals and institutions can ignore or sweep under the rug, a highly inadvisable attitude that can have very serious consequences, or they can assume that the possibility of error and the error itself exist, and that everything possible must be done to prevent them from being perpetuated.

This second attitude requires being self-critical, recognizing that we make mistakes, doing everything possible to prevent these mistakes from happening, mitigating their effects when they do occur, and doing something as difficult as apologizing for them.

"To err It is human to apologize es "hard " (To err is human, to apologize is hard)

In the exciting and complex world of healthcare, some errors may be harmless, but many of them have serious consequences for the health and quality of life of those who suffer them and their immediate environments, as well as for the professionals involved in their occurrence, and significant costs in prestige and resources in healthcare institutions and systems.

Sometimes, MDs even forget their Oath...

This issue is mostly dedicated to refresh their memory.

FREAK	CHARACTERISTICS	GRAVITY
Dissociative amnesia	Total blocking of relevant autobiographical memories.	Clinically, it is infrequent.
Memory fragmentation due to stress	Incomplete, vague memories; chronology is more difficult to reconstruct.	Very common and not pathological.
Avoid remembering	The person consciously does not want to recall the experience.	Common.

ERRATA VOL. 4 No. 2

Dear Editors:

We are writing to bring to your attention some formatting errors with the published version of our letter to the editor, with citation:

Aldous, E. Gkioulekas: "Anecdote meets evidence: The ivermectin-diabetes hypothesis", Journal of Research and Applied Medicine 4(2) (2025), 4

<https://doi.org/10.55634/4.2.4>

In brief, for the English version of the letter we have noticed the following:

On the 1st page, the title, author names, and affiliations are missing spaces separating words.

The text from Section 4.2, Section 4.3, and first few sentences from Section 4.4 are missing. Also missing is part of the last sentence from Section 4.1

5. References 10-28 are in Spanish whereas 1-9 are in English.

For the Spanish version:

The title, author names, and affiliations appear to be correctly formatted contrary to the English version.