



A New Mental Health Condition Revealed: The Depressive Emotional Despair Disorder DEDD Or E3D, Case Study of Two Couples

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Abstract

This study sheds light on a new mental health disorder, emotional despair depressive disorder (DEDD or E3D), through the poignant stories of two women, -F, H- and -E, A-. These patients experienced profound emotional distress, marked by an overwhelming sense of hopelessness, a loss of meaning and increasing isolation. Our analyses show that this disorder sets in gradually, fueled by social pressures, unresolved personal wounds and an inability to reconnect with sources of hope. Although their backgrounds are different, the two women share a common struggle against an emotional breakdown that seriously affects their quality of life. This research has provided a better understanding of the origins and manifestations of this disorder, but it also raises questions. How does DEDD manifest itself in other cultural contexts? What therapeutic approaches would be most appropriate to support these individuals in their recovery?

These initial results show the urgency of taking DEDD into account in clinical practice and of adopting a human and cultural approach to support patients faced with this still little-known disorder.

Keywords: Marriage, Depression, Old couples, Married life, Emotions

Introduction

This scientific paper focuses on a type of depression that affects couples who have been together for decades as we noticed that this situation is frequently repeated in Moroccan families, including our two studied cases. Newspapers and electronic blogs are full of news of couples who have entered this cycle and unfortunately there was a passage to physical violence sometimes homicides, often committed by the wife. Our goal from this case study is to describe and differentiate this newly described mental health condition and build for it an independent framework of other types of depression as well as the marital dynamics that couples suffer from.

Faced with the complex challenges of mental health, new disorders sometimes emerge, escaping traditional classifications. These disorders, although little known, profoundly affect the lives of the individuals who suffer from them. It is in this context that our attention has focused on a particular phenomenon that we have called emotional despair depressive disorder (DEDD or E3D).

This disorder is characterized by intense and prolonged emotional suffering, where the feeling of despair takes center stage. It is not simply a passing sadness or a classic depressive episode, but an inner collapse where people feel trapped in a cycle of emptiness and helplessness.

To better understand this disorder, we followed and analyzed the cases of two women, -F,H- and -E,A-, whose life paths are both unique and representative of the mechanisms underlying the installation of DEDD. Through their stories, we sought to explore the triggers, psychological dynamics, and cultural issues that influence how this disorder manifests and is experienced.

However, this work is not limited to a simple exercise in clinical analysis. It also aims to lay the foundations for a broader reflection: how could this disorder be perceived and treated in different cultural contexts? Can we develop universal therapeutic approaches or should we consider solutions rooted in specific cultural realities?

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With this article, we aim not only to raise awareness of the existence of this still little-known disorder, but also to pave the way for more humane and adapted care, paying particular attention to the complexity of the individual experience and the weight of social and cultural influences.

Marriage history in morocco

Marriage was considered a social duty and a means of preserving family and tribal ties.

To solve their problems instead of separating, couples were pushed by societal and family pressure to avoid divorce. Which was a strong factor of marriage stability.

The man provides, the woman cares about family needs and raises children, division of roles between men and women was clear and specific, which contributed to maintaining of married life within these frameworks. Religion played a major role in guiding couples towards patience, tolerance and resolving disputes through peaceful means. Divorce was considered a last resort and not preferred. Often this was told by the extended families also involved in the lives of couples, whether to support them financially, morally, or to resolve conflicts. This involvement can be beneficial if it is oriented towards finding lasting solutions. A positive intervention is based on attentive listening and the willingness to encourage dialogue between spouses.

For family intervention to be beneficial, several conditions must be met, for example Family members must avoid taking sides for one of the spouses, in order to maintain a climate of trust. The couple's privacy must not be violated. Any discussion must be done with the consent of both parties.

These are Elders or respected family members can play the role of mediators, approving the dialogue and proposing balanced solutions. However, poorly managed intervention can aggravate the couple's problems. For example, excessive criticism or too much intrusion can cause a feeling of suffocation or injustice. In some cases, this can lead to emotional estrangement between spouses or a definitive breakup.

In Moroccan culture, marriage is often seen as a mandatory passage to adulthood and a social accomplishment for women. A single woman can sometimes be perceived as incomplete or marginalized, due to social norms that value the family as the central pillar of life. In this sense, marriage becomes a necessity to be fully accepted and recognized within the community. Historically, and still today in some regions, marriage offers economic security for many Moroccan women. This is explained by a traditional role when women, often limited in their access to education and work, have long depended on their husbands to provide for their material needs, let us not forget that the social security and assistance systems for single women or single mothers are limited, making marriage a practical solution to avoid precariousness. For the

dowry (Sadaq), it is the husband who provides a dowry, considered as an economic contribution to secure the start of life together. Moreover, in a context in which family structures play a key role, being married ensures the transmission of values and traditions across generations. However, this vision of marriage as a necessity is increasingly being questioned, particularly among younger generations of Moroccan women: Increasing access to education, Economic opportunities and demands for equality.

In previous generations was based more on commitment and responsibility than romance, which lowered expectations and contributed to accepting the partner with his or her flaws. By the way there was no media or technology that made comparing partners common, which promoted contentment with what was available. Divorce was considered a social stigma that affected the reputation of the entire family, which led couples to endure the hardships of married life rather than ruin it.

What is the role of emotions' dynamics in married life continuity?

Emotions are a fundamental aspect of human experience, shaping thoughts, behaviors, and social interactions. They are often defined as complex psychological states that involve subjective experiences, physiological responses, and behavioral expressions.¹ Emotions influence decision-making, interpersonal relationships, and mental health, making them a critical focus of multidisciplinary research.

Philosophers have long debated the nature of emotions. Aristotle argued that emotions are tied to moral virtues, while Descartes viewed them as "passions of the soul" that can disrupt rational thought.² Darwin's work on emotional expression in humans and animals emphasized their evolutionary significance.³ Modern psychological theories provide diverse explanations for emotional processes, so we have:

I. James-Lange Theory: Emotions arise from physiological changes.² Thus emotions are deeply connected to the physical changes that happen in our bodies. When we encounter a situation, our body responds first, our heart might race, our palms sweat, or we get "butterflies" in our stomach. These physiological changes signal to our brain that something is happening, and the brain interprets them to create an emotional experience. For example, a racing heart and sweaty palms might feel like fear during a scary situation or excitement on a roller coaster. This connection explains why calming physical responses, like slowing your breathing or relaxing tense muscles, can help manage emotions like anxiety or anger. In essence, our emotions are a blend of what our bodies feel and how our brains make sense of it.

II. Cannon-Bard Theory: Emotion and physiological response occur simultaneously.² We retain that emotions and physiological responses happen at the same time, working together to create

what we feel in a given moment. For example, if you encounter something scary, like a loud noise in the dark, your heart might start racing, and you feel fear simultaneously. According to this idea, the emotion doesn't arise because of the physical reaction, nor does the physical reaction come after the emotion, they both occur together as a unified response to what's happening. This perspective helps explain why emotions feel so immediate and why they're closely tied to our bodies, making them an inseparable part of how we experience the world.

III. Two-Factor Theory: Emotion results from physiological arousal and cognitive interpretation.⁴ So, emotions are the result of a mix between what our body feels and how our brain interprets it. When something happens, our body reacts first, our heart might race, we might start sweating, or our muscles might tense. But it's our brain that gives meaning to those sensations. For example, if your heart is racing, you might interpret it as fear if you're in a dark alley, or as excitement if you're about to go on a roller coaster. This idea often linked to the two-factor theory of emotion, shows that emotions are not just physical reactions. They also depend on how we understand and make sense of what's happening around us.

IV. Cognitive Appraisal Theory: Emotions are determined by individual evaluations of events:⁵ Emotions are shaped by how we personally interpret and evaluate events around us. The same situation can lead to different emotions for different people because of how they perceive it. For example, getting caught in the rain might make one person feel frustrated if they're worried about being late, while another might feel happy and refreshed, enjoying the spontaneity of the moment. This idea emphasizes that emotions aren't just about what happens to us but about the meaning we assign to those experiences based on our thoughts, past experiences, and personal perspective.

All these theories point to the development of man's understanding of the physical-mental connection, and how the level of ideas affects the level of tissues. The chronological order of the emergence of these theories is considered the greatest evidence of the development of this perception. It is very logical that man began to consider the visible body as the source of all external phenomena and reactions, while he then began to introduce the nervous influence to conclude that feelings have an origin from the events that happened to the person in his personal history, as the same situation leads to different feelings in two people. But there is something that must be corrected here, feelings are what we perceive and express according to the emotion that possessed us at that particular time and the feeling appears on the body and can be distinguished with the naked eye, for example if the emotion of fear is generated in my brain, I will feel helpless and unsure and I will feel sweating and my heartbeat accelerating and my hands fluttering. If the emotion of joy is generated in my brain, I will feel openness, certainty and stability and I will feel my eyes dilate and my lips open and contractions in my abdominal muscles and my heartbeat accelerates.

Emotions are categorized as: **Basic emotions:** Universal emotions such as happiness, sadness, anger, and fear, also surprise was supported by Ekman's⁶ cross-cultural studies on facial expressions and **complex emotions:** Culturally shaped emotions like guilt and pride, which depend on social and cultural contexts.⁷

Culture significantly shapes emotional expression and interpretation. For example, collectivist cultures prioritize group harmony, influencing emotional display rules.⁸ Hofstede's cultural dimensions further highlight differences in emotional regulation across societies.⁹ Goleman (1995)¹⁰ popularized emotional intelligence, emphasizing its role in personal and professional success. The Mayer-Salovey-Caruso model provides a framework for measuring EI, linking it to better social functioning.¹¹ It give us the ability to recognize, understand, manage, and effectively use our own emotions, as well as perceive and influence the emotions of others. This skill set enables individuals to navigate social complexities, make informed decisions, and maintain positive relationships. Key components of emotional intelligence include self-awareness, self-regulation, motivation, empathy, and social skills. Developing a high EQ can lead to better communication, reduced stress, improved relationships, and greater success both personally and professionally.

Emotions exert a significant influence on our overall health, encompassing both mental and physical well-being. Positive emotions, such as compassion, can improve health by initiating or strengthening interpersonal relationships, which contributes to greater social support and reduced stress.¹² Conversely, unmanaged negative emotions, such as chronic stress, can weaken the immune system, increasing susceptibility to disease.¹³

Scholars debate whether emotions are universal or culturally specific. While Ekman (1992) supports universal emotions, others argue for greater cultural specificity.⁹ Critiques also address methodological limitations in emotion research, such as the overreliance on Western samples.

Depression and stress

Stress is a natural reaction of our body to a situation perceived as difficult, threatening or demanding. It can manifest itself in different ways: sometimes it is an immediate and temporary response, such as before an exam or an important presentation, and it can even be useful for staying focused. But when it becomes constant, as in the case of worries at work or personal conflicts, it can have negative effects on health, such as sleep disorders, anxiety or physical tension. The causes of stress are varied: daily pressures, life changes, financial or relationship problems. Fortunately, there are ways to better manage it, such as practicing relaxation exercises, playing sports, talking with loved ones or simply organizing your schedule to avoid being overwhelmed. If stress becomes too overwhelming, consulting a professional can also help to find balance. But Depression is a mental disorder that goes far beyond a simple bout of the blues or a temporary sadness.

It is a condition that profoundly affects thoughts, emotions, and even the body, making daily tasks difficult or even insurmountable. A person with depression may experience intense sadness, a feeling of emptiness, or hopelessness that persists for weeks, months, or longer. They may lose interest in activities they used to enjoy, have trouble sleeping (insomnia or sleeping too much), constant fatigue, changes in appetite or weight, difficulty concentrating, and sometimes even dark thoughts, such as not wanting to live anymore. Depression is not a sign of weakness, but a real illness that can be caused by a combination of factors, such as genetic predispositions, chemical imbalances in the brain, stressful or traumatic events, or relationship difficulties. Fortunately, it can be effectively treated with appropriate care, often combining psychological therapy, medication, and lifestyle changes. The most important thing is not to remain alone with this suffering and to seek help.

Stress and depression are closely linked, and one often fuels the other. When stress becomes long-term, it causes the body to release too much cortisol, the stress hormone, which can affect areas of the brain like the hippocampus and prefrontal cortex, both important for managing mood.¹⁴ Stressful events, such as job loss or personal conflicts, can leave a person feeling overwhelmed and hopeless, which are key signs of depression.¹⁵ To make matters worse, stress often disrupts sleep, healthy routines, and social connections, making it even harder to cope. On the other hand, being depressed can heighten sensitivity to stress, creating a vicious cycle.¹⁶ Fortunately, managing stress with healthy habits, relaxation techniques, or therapy can reduce the risk of depression and help break this cycle.

This article examines how early-life stress may increase vulnerability to later episodes of depression.

In the *Kaplan V*¹⁷ we read that Housewives often experience significant psychological difficulties due to their caregiving roles and the pathological relationships within their families. Increased levels of codependency and negative self-perception among housewives are strongly associated with heightened psychological symptoms, including depression, same for *Meysam Dibaji S*¹⁸ where Housewives are considered to report higher levels of stress and depression compared to employed women. The lack of engagement in paid employment contributes to elevated psychological distress among housewives. WHY? Economic disadvantages and lack of autonomy associated with housewifery are significant contributors to depressive symptoms when compared to professional women,¹⁹ also the transition from traditional social roles has impacted housewives' psychological well-being. Full-time housewives experience higher levels of depression compared to their employed counterparts.²⁰

The prevalence of depression is higher among housewives aged 40-59, highlighting the need for targeted interventions for this demographic group.²¹ *which is not surprising because depression*

in older adults is a significant mental health issue that is often underdiagnosed and undertreated. It is not a normal part of aging, but it can be triggered by various factors common in later life, such as chronic health conditions, loss of loved ones, reduced independence, or social isolation. Symptoms of depression in older adults can sometimes differ from those in younger individuals, often presenting as fatigue, loss of appetite, sleep disturbances, or physical complaints, rather than feelings of sadness or low mood.²² Chronic illnesses like heart disease, diabetes, and arthritis are closely linked to depression in older adults, as these conditions can limit mobility, increase pain, and reduce quality of life.²³ Additionally, the stigma surrounding mental health can prevent older adults from seeking help, as many believe depressive symptoms are just a natural part of aging. Depression can also lead to severe consequences, including poorer physical health outcomes, slower recovery from illness, and an increased risk of mortality.²⁴ Despite these challenges, depression in older adults is treatable. Effective interventions include psychotherapy, such as cognitive-behavioral therapy, and medications like antidepressants, often in combination with lifestyle changes and social support. Early detection and treatment are crucial for improving the quality of life and overall well-being of older individuals.²⁵⁻²⁸

Methods and Observations

This study case is based on two cases of EDDD observed in two Moroccan families very close to the researcher, the conditions that made the observations spread on several years (over 35). Before these two families entered into a marriage relationship, they lived in different regions and different circumstances, geographically about three hundred meters apart. But in a strange coincidence, and despite the difference in the data and the difference in the type of personality clash that occurred during the two marriages, they ended with the queen of the house suffering from this recently observed type of mental illness. Here are the two cases in detail:

Case one: Salty river of paradise

The couple F and H got married in 1976, as they belonged to the rural world, not far from each other, marriages at that time were similar, you get married to live with your family and help them with work and support.

Mr. F had another characteristic, he was the only one who renewed his father's profession and made it suit people's needs, and despite his work being centered in the nearby big city, he preferred to live with his family to take care of them, thus he showed success and balance, but problems occur in a house full of women, his wife was not a nagging woman, so he did not know most of what was happening around, except rarely. Given these conditions and despite his succeeding work, he could not be alone with his wife except at night, and they did not go out together, and he did not buy her more than necessities.

His wife's family was distant, neglect, and they looked at him as pretending to be busy and arrogant!

Thus the situation became fragile for the lady, she is alone and quiet in a world full of women who are skilled at criticizing, reporting and playing the role of the victim. All of that were bittersweet, the parents died and everyone dispersed; Mr. F. immigrated to the big city where he was working. His house had been prepared for long time before.

The important thing is that he, his wife and their children thought their life had become better in urban zone, opportunities and education went well, since they were not poor. They also got rid of the noise and family intrigues and became free.

But after less than a year in this new situation, a new life style appeared in Mrs. H. life when she started going out a lot and caring about her appearance, which made her family members feel the tax, which was transferred to her husband who became angry and suspicious, so he warned her not to go out without his permission, especially after seeing her talking to a man in the street who she swore was her cousin, the fact he did not admit.

After this incident, the lady returned to her old life style, especially since her life had become very easy and comfortable. Her relationship with her first family members became much closer, but she also discovered in them exploitation and greediness.

With the change of place and environment she felt that freedom would creep into all aspects of her life and that she would make up for everything she missed in living with harsh women and a husband busy with work and taking care of the family. She tried chilling and gong out, but family norms have interrupted that. To find balance she got back the character of a housewife who does not care about going out or traveling and her husband depends on her on everything. But she began to compensate her sudden purge by shopping addiction, specifically shopping for clothes. Her market trip was linked to buying women's clothes. She acquired all types and colors. She used to borrow money and buy in installments and also rob her husband's pockets, also his closet. She developed intelligence in tracking money and its locations!

Mrs. H did not need all clothes she bought, but to store them in the closet and around. Her daughters were welcomed to wear, choose, take and try any piece. Her sons did not know about her actions toward clothes, but they knew when the father complained about losing his money, which did not directly connect her to the matter, but rather to her youngest son who was born in the city and was raised during the family's golden age where he grew up in abundance and did not know the meaning of boundaries, values or economy. That is why he also took any money he found, and thus his behavior combined with her behavior to make the father's money go to waste.

The abundance also extended to household expenses, celebrations, holidays, weddings and engagement parties, also sins, as all these occasions were filled with the family's generous hospitality to visitors.

Mr. F was a self-made, committed person and a professional of the highest order. He is a man who follows reasonable interests, does not take risks, and does not express much. He does everything that is correct, acceptable and required. He studied until he could read, write and calculate on his own, so he went out to develop his work, as he separated from the father's job, and went to learn another one in which he saw the future, and he succeeded in that. He was committed and educated, and did not care about his brothers' choices, whether they completed their studies or committed to the father's job.

He married Mrs. H by his own choice when he saw her in her village while he was working there, she was not yet twenty years old and he was in his mid-twenties.

Mr. F committed to his family, where he sat to take care of them and fulfill their requests in cultivating the land and guard the livestock, so he hired workers and supervised them. He did not let that hinder him from his personal work.

His personality looks mysterious due to its simplicity, as he is committed to everything; meal times, sleep times, work times, visit times, occasion traditions, responding help seeking people, shopping times, celebration rituals...etc

At work, he used to be harsh with his assistances in the serious circumstances, nice to them and committed to their needs out of that. He does not complain, follow up, or dispute with those who evade paying their dues, he attributed that to his faith and said that God compensates him for what they took from him. His character was identical to his wife's in those early years of marriage, the same calm, the same commitment, the same kindness and the same patience, the same level of shyness and self-isolation, adding the same hesitation in expressing emotions. But their children received no shortage of love and affection, playing with them and hugging them when they were young, as well as telling them stories and teaching them religious values and social duties. After moving to the city, Mr. H did not feel any difference, he was always there, and his behavior or relationships did not change, he did not even change his clothing style, visits or outings. The children grew up and got jobs and families; even the last of the bunch got married, each with his own joys and problems. The eldest died and the youngest spoiled one lived in the house with his parents because he had no job. One of the nasty women got old and fell ill so Mr. F preferred to take care of her, but she rewarded him with the greatest harm that had happened in his life. She won over his wife and began to make

up stories for her. She told her that she had seen him while she was sick in her neighbor's house taking care of her in exchange for money, and that if this indicated anything, it indicated a suspicious relationship; let us not forget that this woman was suffering from dementia! This gossip caused a flood of complex emotions in Mrs. H; the mother in double mourning; a passed away eldest child and a spoiled youngest child getting married; interspersed with jealousy, anger, disappointment, falling victim to fraud, abandonment, insult, belittling the effort, loss, sadness, mourning a beautiful stage, anxiety about change, For defeat, helplessness, competitiveness, weakness, psychological pressure, anxiety about endings, crisis resolution pressure, loss and overthinking.

Case two: Holes in tailor's dress

Mrs. E., a golden city girl, was born to her mother after years of waiting that exceeded twenty years. She, a sister and a brother were raised in the midst of luxury and abundant goodness. Her father was a fish merchant and her mother was a conscious, educated woman from a distinguished cherifian family. They have lived in the widest Moroccan city, there where Morocco was preparing to rise and develop. They went to school, cinema and the theater. They traveled, celebrated, took care of people and had very rich social events, considering that Mrs. E.'s mother was barren, so she learned the art of natural healing, herbal cures, cooking, special meals and folk medicine. This mother also shared what she had learned with people, so she went through various health conditions, such as the woman who kept an infant she had adopted in a villa garden, putting her in a wooden box for three years until her neck twisted and she learned the language of birds from staring at them for so long. She took her to a hot sand massage and made her eat a meal prepared by bovine tongue so she could speak, and it actually made her improve and return to human nature. Also her stories with adopting children and how they were kidnapped by their biological families and other events.

This richness of events did not prevent Mrs. A's mother from making her an independent girl capable of housework and skilled in dealing with people because she would be engaged at a young age like any girl in Morocco at that time.

The fiancé was not overrated nor a stranger, he was known for his good upbringing and his father was well-known in his environment and there was also a complex type of kinship.

So the husband is Mr. L who grew up in the countryside surrounding that big city, he was the middle of his brothers, smart, intelligent and cunning. His childhood was shaped by admiration for his father who was a strong man capable of building a better life for him and his family "brothers and mother. Mr. L was impressed by his father and his father also preferred him and prepared him to be the heir to wisdom. He saw himself in him, while his mother was a serious housewife who raised poultry and livestock to sale eggs, milk, ghee and everything she could to collect her own money, she

was independent and strong too. The two boys: L and his brother M went to the city where they would complete their studies in middle and high school, the eldest studied and got a state function, but the talented Mr. L was prevented by his father from getting a job considering him brilliant in his field of merchandise and depended on him to run a shop in the big city, and this is what happened, there where they rented a house from their relatives and their relatives were relatives of Mrs. A and she used to visit them, and there the talented young man L saw her. His father was completely in agreement because he understood his son's choice, he chose a girl who has risen in a rich conservative family, her father was a merchant and her mother was a healer and does charity work, so it will be a deal for the future.

After the marriage ceremony and before it, Mrs. A's mother performed all the possible and impossible rituals, she was not satisfied with anything but the best in everything: food, clothes, number of attendees... what accompanied the bride to her home as meals, furniture, clothes and decorations.

So what will Mrs. A find in front of her after the end of the celebration days?

This happened in the late sixties of the last century, the celebration of marriage used to last for a week in which Mrs. A tasted all kinds of pampering, affection and pride from her parents, which appeared through the luxurious gifts and following every wedding custom in the best possible way. What happened then? The lady will wake up! the beautiful, plump, pampered, elegant, refined, pure, trained to be a successful housewife, formed at the highest level in a house where all her needs were met and prepared as if Aladdin's genie was working with them full time, will wake up to what? To a strange treatment that she has never experienced and that neither her hand nor the decision-making areas in her brain are accustomed to! Mr. L is Stingy! He is completely and consciously stingy! He is happy and proud of that, how? He took care of himself and followed any healthy, acceptable and low coast habit to match that. He started married his life-giving extreme instructions to his wife as controlling the water flow in the pipes, the volume of table oil used in a day, the quantity of eggs and bread, no doubt vegetables and fruits were luxuries! This life triggered angers and make housework more difficult! He would also go out to his shop in the morning and come lunchtime, took a nap before going back until 10pm. When he goes, he leaves nothing in the house except white flour, water and a little volume of table oil, while he; the conscious stingy; has his Nabors shop-runners who pamper him with snacks and collective meals!! Of course, without paying a single penny, but making jokes to send joy and fun in the workplace!!

She was forbidden from going out or showing her face when she did and she was held accountable for the wasted groceries (already insufficient). The day they receive water and electricity bills used to be a familial drama.

Going through these life circumstances remain hard, but she endured because marriage in her family's customs was a life sentence, and her husband who took her as a fundamental hostage, was a man who served people and wore the hat of a helper with everyone, kind, soft-spoken, and hidden in his presence. That's why everyone did not believe her once she complains, and blamed her for that!! Her parents were also trying to compensate for any deficiency in order to contribute to the stability of their daughter's life. They even held 'aqiqah' parties and the time after when they were busy meeting their daughter during the postpartum period.

Raising children were the responsibility of the wife, the father was always busy, the poor empathy with her turned into goes to them too, poor empathy or moral stinginess starts with emotional and material neglect, lack of presence, supporting others against them, not meeting their needs for travel, clothes, and toys, and not listening to their complaints, even at schools he did not pay attention to their scholarisation conditions, the only concern was they should study and graduate.

The problem was doubled with the severity and perfectionism seeking in the mother's traits that the mothers when it comes to housework and manners. Thus they suffered from the mother's violence and cruelty. They only enjoyed themselves while playing in the streets or visiting family and friend's houses. This situation continued, and Mrs. A's health problems showed up. In her thirties, she was diagnosed with hereditary diabetes and had to have her gallbladder removed, in addition to having sediments suctioned from her sinuses. These health problems took a toll on her, and they were consistent with her complaining nature and her feigning illness, which did not help in arousing the sympathy of her famous husband! Thus, Mrs. A's deteriorating health became the talk of the town, and she stopped doing the exhausting housework in which she sought perfection. She also helped build the family's new home and provide some of the children's needs from her family's money.

After everyone grew up and got married, Mrs. A's emotional situation collapsed, especially regarding trust in the partner and accepting the past. During one of the celebrations, the wedding of the last single son, she noticed her husband's interest in one of the relatives, so she began to doubt his intentions, then she changed to doubting the intentions of the relative as well after she had previously acquitted her, then she changed to making members of the relative's family involved in kidnapping her husband and manipulating him and trying to harm her to get rid of her because she was an obstacle in their way to get TOM CRUISE's attention! She was very good at acting out the conspiracy, she interpreted everything that was said in front of her, and on the phones, then she moved to suspect everyone who might contact or communicate with her husband, she mixed all this by making the matter a family tragedy, and she began to stretch it, ruminate it, chew it and not hide it from strangers, she sympathized with people to self-victimize, she was seasoning all this doubt and crying with regret for the past

in which she was wronged and humiliated and was never praised by her husband, even though she was special, obedient and skilled. She finally convinced herself that he was ignoring her value to the point of denial. Now she is witnessing the fact that he may be about to furnish a possible new life with a lady who will receive all the praise and pampering.

This is time for praise, pampering and love she waited for and did not receive. What was hiding behind raising and caring for the children and housework, was stripped bare after the children were gone, when nothing changed, a desperate reaction appeared.

That resisted her fears of being abandoned as she lost the value of a caring mother, which she used to seek as excuse for her husband in his neglect and injustice, and also avenged her desire that would not be fulfilled, meaning that she knew about losing the opportunity for emotional compensation, and she feared that someone else would monopolize it.

Mrs. A remained in this manner for five years until her health deteriorated and she left this world... Her husband then married a woman who had no connection to all her stories, analyses and doubts!

Discussion

We acquire emotions when empty axioms are built within our conscience, and the conscience is the original ground whose axioms carry our innate emotions: anger, joy, disgust, surprise and sadness. These innate emotions axioms are activated from the first months of creation when the signals of tension, happiness and pleasure begin to pass from the mother's blood to the fetus. These hormones activate these emotional axioms whose nature is mobile, dynamic, hovering around empty fixed axioms waiting to be filled by external situations after birth. Activated axioms group gives later personality traits.

So what is the link between innate emotional axioms and fixed emotional axioms that mark the personality?

Emotional axioms interact with the environment to set up personality traits. For example, in the case of abandonment, the abandoned person experiences anger, surprise and sadness, and thus happens as follows; The fact that someone has moved away and left a void in a place where we need them, leads to the surprise of the one who has been abandoned, as he does not know the reason and cannot imagine a solution! The anger source is the inability to find a solution to the pain caused by the 'sudden' disappearance of interested one, then after confirming that this happened and it persists, the surprise and anger continue, sadness joins them. These emotions hover together around the trait 'a conscience pillar' of abandonment that attracts them by nature, so this trait is partially filled, and it continues to fill if the loss continues until it becomes a characteristic trait of the personality when its bearer decides to avoid commitment, or to flatter so that no one abandon

them (avoidance), or to serve everyone unconditionally to obtain support (dependence). All the characteristic traits are filled in people, but at different levels, and the dominant characteristics are the most filled.

Now let's return to complex emotions generated from basic 'innate' emotions. When a child grows up and goes through all the basic emotions, sometimes he found exposed to situations with accumulated basic emotions. As we previously explain about abundance, we can cite a second case when others get what oneself wants, he feels surprised and angry, which is called jealousy, a complex negative emotion. When those around him applaud him to celebrate an achievement, he feels surprised and happy, this is called pride, a complex positive emotion. We have as complex emotions: Competitiveness, Motivation, Confusion, Regret, Gratitude, Happiness...etc

Complex negative emotions are very heavy on the psyche and cause compulsive reactions; sudden explosive reactions resulting from high psychological pressure released or ended by detaching temporarily from reality or/and self-infliction.

Among the compulsive reactions that appeared on Mrs. H and Mrs. A during the E3D condition:

- *Speaking without stopping
- *Recounting humiliating past events
- *Cursing
- *Rushing towards physical action
- *Loss of passion
- *Blaming
- *Lack of focus in asking for help
- *Not recognizing the positive intervention of those around you
- *Ignoring danger
- *Ruminating events
- *Indifference to social values
- *Exceeding attachment to what was previously attached to
- *Neglecting health conditions
- *Sleep and nutritional disturbance
- *Neglecting appearance
- *Overthinking and continuous familial events analysis
- *Imagination and hallucinations
- *Changes in personality traits
- *Social anxiety and paranoid behavior
- *Selective social disorder

- *Psychological sensitivity
- *Melancholy and negativity
- *Rejecting solutions
- *Emergence of narcissistic discourse
- *Significant decline in sexual desire
- *Rudeness in dealing
- *Intense desire for revenge

These reactions make the queen of the family always in a bad mood, out of her mind, and lose all her previous behaviors as she stops caring, preparing food, and arranging house corners. Her dealings become automatic and imposed to her. When she is called to visit, to cook or congratulate, she does without desire and without intending what will be done or said, she just avoids the blame of not to do until she devotes herself to her crisis once that mission is accomplished. The family becomes disintegrated, threatened by familial dramas, everyone is measured by the 'fragments' of the crisis, and everyone interferes because the lady of the family communicates and shares everything she thinks about, suffer from or experiencing, without any social calculation, arrangement, etiquette or even family law fellow. The danger here may go beyond instability and loss of security within the couple's home to the threat of physical harm and impulsiveness, need for immediate revenge and wasting properties which portends family tragedies as happened in the case of the lady who married an agricultural engineer and spent many years with him, after her two daughters got married, he began to accuse her of neglect, getting old, and not fulfilling his sexual desires, so, instead of taking care of her, he married another woman! The second wife was a young woman of 18 married in the same house with her. She was pregnant in her last months when husband took them to the summer house. While they were there, he began to verbally abuse the first wife and did not stop until she picked up a hand lawn mower beating him to death. She then went back to sleep. Another lady who lives in the northern regions and who grew old with her husband. Hatred began to creep between them, so they divided the house. He prevented her from going up to the roof and using it, but she used to make excuses about her need for clothes for the sun and did not care about him. Once, a big dispute broke out between them, so she killed him with a blow from a heavy copper tool called the "plow hand."

Sadness, fear and surprise are what family members: children and grandchildren experience, these emotions combined may cause panic attacks, depression and generalized anxiety. As for the father, who is considered the main target in this crisis and the only accused in the eyes of the house's queen, he also lives with anger, fear and surprise, but the sadness is receding because he does not see that the lady who has lived under his wing for all these years may harm him, especially since he knows that he is guilty of the accusations

he hears, and he tries to get around acknowledging her by blaming her for the impudence, ingratitude, sudden madness, low value as a wife, uselessness, stupidity, ignorance, demand avoidance, disregard for her duties, her pretended desire to get rid of him, her pretended desire to destroy the family, her belittling of his history of achievements, her hatred for him without reason, her sanctification from strangers, her imitation of others, her falsification of facts, her mysterious desire to abandon him, her hatred for his family, her distancing from religion, her failure to take care of herself, and her failure to live the stage of middle age productively like 'other' women.

In our example here, we notice that the situation was warning of moving to physical violence, but it did not reach the level of committing a homicide, but in other cases the husband were killed or severely harmed.

The emotions that are not satisfied in our ladies psyche are: joy, pride, solidarity, encouragement, gratitude, feeling wanted, feeling desired, feeling tender, receiving support, receiving appreciation, receiving motivation, protection, receiving tenderness, paternal-like presence, positivity, guidance, transcendence, forgiveness, caring for her desires, fulfilling her dreams, appreciating her personal history, accepting her reality, sharing nostalgia...etc

These emotions, most of which are complex, can be satisfied by the husband without any special effort, meaning that just paying attention, words of thanks and support, and some spending of time with her, effort and money may do all the tricks. These emotional needs remain postponed for two reasons for the wife, which are:

- * There is hope for the future
- * Her family concerns

But when the journey gets longer and the countdown to the end begins, the horizon looms for the wife as the children grow up to become independent, deterioration of her health with no signs of change, hope collapses. On the contrary, the man's options in this era begin to be focused on his personal happiness, taking care of himself, and setting out in life freely, meanwhile the biggest restriction cutting the way is the wife's existence! Reward and recompense have one way direction: to meet his enjoyment not hers. When the wife begins to comprehend that she is in an emotional situation that is completely opposite to her partner's who is responsible for settling emotional scores, and realizes that the new reality is expanding and cannot be reversed, she begins to warn, blame, and draw attention, then she moves to the extreme emotional situation where a sudden rush, anger, and sadness appear. She adds to the blame, reproach, and verbal accountability for the injustice and suffering of the past, and then she creates, by enacting the trinity of her aging, his standing youth, and hostility, the existence of a compensatory partner for her emotional and sexual place, so she becomes enraged, whether this is what she witnessed or just imagining.

Delayed emotional scores that are hopeless to settle lead to a state of frenzy (a mixture of rush, anger, surprise, jealousy, and a sense of insult).

The reason for giving this disorder the term of emotional despair depression is because it has all the symptoms of depression. It is a mood disorder in which the mood is unstable and subject to fluctuations imposed by thoughts related to the past, which was considered unjust, humiliating and unfair to the carrier of the disorder. But adding an emotional description to the word depression had the function to confirm that the condition origin is waiting for necessary postponed emotions to be taken care of, which were postponed for important reasons such as being busy raising children, living in the family home, a partner who is busy making a living, submitting to the societal heritage about desires and expressing emotions, youth that tempts with the presence of time forward to address desires, as well as the presence of personal barriers such as shyness and familiar marital disputes. As for the term despair, it is necessary in this case as it expresses the running out of time, loneliness, and addressing the financial situation in addition to overcoming the societal heritage about desires after the passing of years.

Conclusion

This study shed light on a new mental health disorder: Emotional Despair Depressive Disorder (DEDD or E3D), through an in-depth analysis of the cases of two patients. The results showed that this disorder is characterized by a progressive emotional disintegration linked to a feeling of helplessness and persistent hopelessness, often reinforced by complex social, familial and psychological factors. The diagnosis of DEDD requires a multidimensional approach, combining rigorous clinical tools, empathic listening and a thorough analysis of the contextual history of the patients. Our observations revealed similarities and divergences in the conditions of onset of the disorder, highlighting the role of cultural interactions, interpersonal dynamics and subjective experiences. However, this study remains limited as it's a case study, also it focuses on a specific cultural context. To validate and deepen these results, it is essential to extend the research to other populations and cultural contexts. This will allow a better understanding of the universal and culturally specific factors that influence the development and management of DEDD.

In conclusion, this research paves the way for broader clinical recognition of this disorder and highlights the need for tailored and diversified therapeutic strategies, incorporating cultural sensitivity to meet the varied needs of patients.

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Conflicts of Interest

Regarding the publication of this article, the author declares that he has no conflicts of interest.

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