

Aggression and Loneliness among positive COVID-19 Patients: The Psychological Impact on isolated patients of Coronavirus Pandemic in India

Aanchal Chaudhary

PhD scholar

Manav Rachna International Institute of Research and Studies

ABSTRACT

Various measures have been taken in order to control the spread of the novel Corona Virus infection in India, most importantly nationwide lockdown was declared. As a result of corona virus disease, an acute psychological distress rapidly occurred among people throughout the world. The acute psychological stress disorder was due to the quarantine that people have experienced during the lockdown. Those persons who are affected by the virus always have the fears about their health and their family members. When the patients are isolated, they encounter loneliness and boredom that affects them physically as well as mentally. Pervasive loneliness has a significant association with the increased depression and suicidal behavior of individuals.

KEY WORDS: Corona virus, Lockdown, Psychological distress, Quarantine, Loneliness, Isolation

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I. INTRODUCTION

The novel Corona Virus which causes acute respiratory syndrome was emerged in the Chinese city of Wuhan because of which a situation of psychological distress occurred worldwide. COVID-19 was declared as a pandemic by the World Health Organization (WHO) on 11th of March 2020, and within three or four days more than three lakh cases were identified, more than ten thousand cases of deaths were reported which affected 190 countries worldwide (WHO, 2020). Various measures have been taken in order to control the spread of corona virus infection in India nationwide lockdown was declared on 25th March 2020 which was later extended up to 3rd May 2020 with the assurance that there will be no shortage of basic amenities for the general public (Lancet, 2020). As lockdown is one of the most effective strategies to reduce the spread of virus. The corona virus pandemic resulting in the lockdown, isolation of patients and various strategies adopted by the countries have increased the risk of mental health problems. It caused severe mental health disorders in healthy people especially in those people who are already having mental health issues.

At the same time people may avoid to meet the elderly due to their vulnerability to the infection which can cause stress both in elderly as well as their family members. The patients who were quarantined/isolated have got significant health problems like anxiety, depression, and posttraumatic stress disorder after they have been relieved from the hospitals. (Xiao et al, 2020) has shown the role of unpredictability, uncertainty, seriousness of the disease, misinformation and social isolation in contributing to stress and mental morbidity.

Relevant literature addressing Psychological Impact of Corona Virus

The acute psychological stress disorder was due to the quarantine that people have experienced during the lockdown (Rubin GJ et al, 2020). People in quarantine have also gone through anxiety, insomnia, lack of concentration and were reluctant to work due to the contact with the people showing symptoms of fever (Bai et al, 2004). Most of the patients who have been quarantined were showing high symptoms of depression and very few among quarantined patients were showing lower symptoms of depression (Liu et al, 2012). The traumatic stress was almost four times more in children who have been quarantined than the children who were non-quarantined (Sprang and Silman, 2013). People who have been in close contact with those who were affected by the novel Coronavirus have suffered psychological reactions like avoidance, behaviors reported with fear, nervousness, sadness and guilt (Reynolds et al, 2008). There was a feeling of anger and anxiety among the patients during the period of isolation that has led to the psychiatric illness for most of the patients (Jeong et al, 2016). There has been an increase in alcohol abuse because of the post-traumatic stress and depression among the patients (Wu et al, 2008).

Corona virus had impact on physical as well as mental health of millions of people globally. There was an increase in the rate of mental health issues of patients and their relatives (Blumenstyk, 2020). It was found that, there was a high rate of negative mental health results of post-traumatic stress and anxiety among Italian people and healthcare professionals (Rossi R et al, 2020). In order to avoid the physical contact of the people, online mental health services were adopted in China. It was found that the online psychotherapy shows positive results in anxiety and mental disorders (Berryhill et al, 2019). The studies have found out that the corona virus outbreak reported an increase in the psychological disorders in patients as well as health workers ((Hao et al., 2020). (Ahmed et al., 2020; Gao et al., 2020; Lei et al., 2020) have found that, women are more vulnerable to develop the symptoms of mental health disorders. Reports have also stated that people with low economic status, unemployment and their low education level are the risk factors in developing mental health disorders during the pandemic (Gao et al, 2020).

The psychological effect of Corona virus on people who have been kept in isolation compared to those who were not in isolation is done through longitudinal as well as cross sectional studies. Table 1 shows the most relevant literature about the psychological impact of lockdown and quarantine restrictions due to corona virus.

Table 1. Most relevant studies about the psychological impact of corona virus.

Author	Country of origin	Population(s) studied	Methodology	Study instruments	Results
Wang et al., 2020	China	General population (n = 1210)	Online survey	Depression, Anxiety and Stress Scale (DASS-21); Impact of Event Scale-Revised (IES-R)	16.5% moderate to severe depressive symptoms; 28.8% moderate to severe anxiety symptoms; 8.1% moderate to severe stress
Xiao et al., 2020a	China	Medical staff treating patients with COVID-19 (n = 180)	Cross-sectional, self-rated questionnaire	Self-Rating Anxiety Scale (SAS); General Self-Efficiency Scale (SES); Stanford Acute Stress Reaction Questionnaire (SASR); Pittsburgh Sleep Quality Index (PSQI); Social Support Rate Scale (SSRS)	Mean anxiety scores 55.3 ± 14.2 ; anxiety positively correlated with stress and negatively with sleep quality, social support and self-efficiency ($p < .05$, all correlations)
Xiao et al., 2020b	China	Individuals in self-isolation for 14 days (n = 170)	Cross-sectional, self-rated questionnaire	Self-Rating Anxiety Scale (SAS); Stanford Acute Stress Reaction Questionnaire (SASR); Pittsburgh Sleep Quality Index (PSQI); Personal Social Capital Scale (PSCI-16)	Mean anxiety score 55.4 ± 14.3 ; Anxiety positively correlated with stress and negatively with sleep quality and social capital; social capital positively correlated with sleep quality. ($p < .05$, all correlations)
Li et al., 2020	China	General public (n = 214); front-line nurses (n = 234); non-front line nurse (n = 292)	Cross-sectional, self-rated survey using a mobile app	Chinese version of the Vicarious Traumatization Scale	Traumatization related to COVID-19 higher among non-front line than front-line nurses ($p < .001$); traumatization among the general public higher than for front-line nurses

					(p < .005) but not non-front-line nurses
Wu et al. 2008		1912 adult individuals	Longitudinal prospective	PTS symptoms measured using IES-R	SARS, 20% reported Fear, 18% nervousness, 18% sadness and 10% guilt.
Jeong et al. 2016	South Korea	1656 residents isolated for 2-week due to having contact with Middle east respiratory syndrome(MERS-Cov) patients	Longitudinal prospective	Anxiety, Anger, psychiatric illness, financial loss and symptoms related to MERS	Anxiety symptoms 7.6%, and feelings of anger 16.6%

Second wave of coronavirus

According to the experts when the coronavirus came early in 2020, they already tried to wonder if there was any chance of occurring waves which is basically the pattern of viruses. According to the viewpoint of Itimie et al. (2020), the characteristics vary in both waves. The chances for second waves of coronavirus are the cause of human behaviour as some are maintaining the safety precautions such as social distancing, hand sanitizing, mask-wearing and some are not following the guidelines at all. In the first wave of Coronavirus, it only affected aged adults only. Whereas the second wave of COVID-19 affecting on teenagers and young aged people as well. In the first wave of coronavirus, the worst effect already has experienced. But in the second wave, the effect is more severe than the previous.

The condition is deteriorating in this second wave more vigorously. It has been seen oxygen scarcity in this second wave. As per the view of Avadhanula et al. (2021), the shortage of oxygen is vigorously observed in this phase and it does not only experience by old aged people it also experienced by young aged people as well. Many young aged people have experienced a shortage of oxygen and as a result, a huge population had died as well all over the world. As per the view of Xu & Li (2020), during the second wave, the scarcity of beds in hospitals also experienced by many of the people.

People are not getting beds in the hospitals, many government hospitals failed to provide enough treatment for the Covid patients and as result, many of them died as well due to lack of treatment and medications. As stated by Rangel & Cohen (2020), some of the symptoms of coronavirus second wave are **hearing loss, pink eye or conjunctivitis, Gastrointestinal tract infection, dry mouth or not enough saliva, extreme lethargy and weakness and most of the critical one is shortness of breathing.** The coronavirus is affecting the GI tract and as a result, is hampering the whole immune system and affecting health eventually. The **symptoms of GI tract infection** through COVID are **abdominal pain, loss of hunger, loose motion and vomiting.** When people are affected through COVID-19, they tend to feel very **tired and weak** during this time. The coronavirus is affecting the eyes as well in this second wave as a result many people have experienced **redness, watery eyes, itching** and other problems. **Skin rashes, headache** are some other symptoms as well. According to the viewpoint of Ali (2020), some of the percussion that can be taken during this second wave of COVID-19 are taking rest properly, sleep well, maintaining a healthy diet, maintain a workout routine, do not stressed out, consuming ample amount of water, monitoring health, checking oxygen level through oxy meter which is more important in this phase. Hence, it has been identified the second wave of corona virus is more dangerous than first wave.

Psychological Reactions to Corona Virus Infection

1. Fears related to Corona Virus

This is one of the common psychological reactions during the pandemic. People affected by the virus are always fearful about their health and are constantly distraught to infect others and their family members (Jeong et al, 2016). Various studies have investigated that pregnant women and individuals with children are more affected with the fear of getting the infection.

2. Anxiety disorders

People who were in isolation during lockdown period have got uncertainty to the future, they also fear of getting some unknown infections which ultimately leads to anxiety (Khan S et al, 2020). Anxiety disorders during this

phase is caused by lower social support, separation from family members, loss of freedom to move from one place to another place, uncertainty in future and loneliness (Lee and You, 2019).

3. Frustration and Restlessness

The lack of involvement in daily activities, not taking part in usual social activities and interruptions in the daily social necessities make the patients in isolation to feel more frustrated and lonely, it may further leads to suicidal attempts/behavior. Contextual factor like hopelessness, and individual characteristics like the experience of childhood maltreatment significantly influence such behavior (Jeong et al, 2016).

4. Pervasive loneliness

Quarantine makes the patients feel lonely and bored that affects the patients physically as well as mentally. Pervasive loneliness has a significant association with the increased depression and suicidal behavior of individuals (Cava MA et al, 2005).

Risk factors

1. Alexithymia

The detrimental psychological condition brought about by alexithymia is most probably the reason behind covid related stress (D Berardas D et al, 2020). When the mood of a person is indescribable it is most likely to be Alexithymia. This very condition in the beginning was believed to be helpful in terms of pointing out the cognitive and affective traits in patients with psychosomatic disorders. Non-alexithymics exhibit lower levels of anxiety and depression than those who are alexithymic. By and large, alexithymia is indubitably a major psychological disorder.

2. Lack of supplies

Given the harrowing circumstances people are living under lockdown, which seems never-ending, accompanied by lack of daily necessities especially food, water, clothes the feelings of frustration and anxiety is inevitable. The authorities it seems are not able to put up with the emergency situation in that they are unable to address the needs of the afflicted on right time not to mention their limited outreach which leaves the issues to a large extent unresolved. For example the delayed dissemination of medical amenities like thermometers and masks and non-uniform distribution of food and water are some really careless instances on their part. During the 2003 SARS outbreak in Toronto, the government was unable to provide for basic daily requirements like groceries (DiGiovanni et al, 2003).

3. Lack of information

This is a pressing issue as per the existing evidence which suggests that the authorities have been unable to provide enough and appropriate pandemic related awareness thereby leading to inflated confusion among the masses. Such uncertainty does not help with curbing the spread at all. Lack of coordination, incomprehensible health messages etc. are some among the many other unlikely approaches on their part leading to confusion. One such instance took place during Toronto SARS epidemic due to interference by various jurisdictions and hierarchies of government (Di Giovanni C et al, 2004). (Braunack-Mayer et al., 2009) has made it evident that due to dearth of transparency on account of health and government the condition has exacerbated Lastly, (Reynolds et al, 2008) stated that misinterpretation of the isolation rules and regulations have also led to post traumatic stress disorder.

Preventive Methods

Resilience to address such social threats like pandemics may reduce the level of getting impacted by psychological disorders. Resilience is the process of being prepared before any adversity has to happen and to react successfully against these adversities. An important preventive measure during pandemic is the development of social support to the patients that can improve their mental health disorders. Proper communication as well as provision of psychological services should be adopted to reduce the psychological impact of corona virus on patients. Creating awareness among the masses regarding the pandemic and the fear regarding the corona virus needs to be correctly addressed. People with psychological problems should be able to regularly consult their psychotherapists to know their level of mental health. Information should be communicated to the marginalized areas where there is a poor representation of mental health of patients.

II. CONCLUSION

Most of the patient's concerns about the Corona Virus disease was the poor adjustment during quarantine which is linked with depression and loneliness. To alleviate loneliness people preferred to have online interactions by connecting to peers. There has been some psychological impact of coronavirus disease on people due to the lockdown that varies from moderate to severe level. Measures should be taken to reduce the level of psychological impact of the novel Corona Virus on people. The psychological impact of the pandemic needs to be addressed and strategies should be adopted to reduce the burden of disease and to maintain the

mental health effects during pandemic. To provide psychological aid to those who have been the victims of the pandemic is an essential element to stabilize their mental health issues. Countries followed various strategies and were adopted to meet the demand of mental health disorders. In order to tackle the mental health issues resulting from the pandemic there should be preparedness and emergency response plans to reduce the level of stress and anxiety among the patients. Online interventions plays an important part in the mental health care of the patients during the lockdown. Hence countries should adopt online mental health care approaches that would reach to the people who are at a risk of mental health issues. Therefore proper attention needs to be addressed towards the public mental health and proper strategies should be followed by the people in this challenging time.

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