

LONELINESS AND HOPELESSNESS: THEIR ROLE IN THE DEPRESSIVE CASES DURING THE COVID PANDEMIA

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SUMMARY

The COVID-19 pandemic has created new problems and presented new challenges for its management. Hope, or rather its absence, social isolation and loneliness are considered risk factors for the development of anxious and depressive symptoms. Health authorities have had to address issues regarding the mental health risks that the pandemic has created. There is numerous scientific evidences of the increase in affective disorders in the last two years. Associated with these disorders, particular characteristics of personality temperament, such as affective temperament, can determine an increased risk especially in some patient populations, such as the elderly, with significant negative consequences on the quality of life and on the onset of mental and organic diseases. The hope of the end of the pandemic has been placed on mass vaccination. After an initial enthusiasm there was a growing concern about its side effects. An adequate information policy is necessary to put an end to concerns about vaccines and thus lead to an increase in hope for the future and an end to social isolation.

Key words: loneliness - hopelessness – depression - COVID-19 - vaccine

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INTRODUCTION

Hope, fear and anxiety are universal emotions and as such they can help individuals to defend themselves from adverse and potentially dangerous events. The concerns and fears that suddenly erupted at the onset of the COVID-19 pandemic have found consolation in the hope of rapid availability of the antiviral vaccine. To the initial fright for this destabilizing event for daily life, individuals have reacted with the "sharing" of their fears to try to find a new equilibrium and give themselves reassuring answers. The COVID-19 pandemic has the merit of raising awareness of the importance of human relationships and affections. However, it has caused an increase in social distances, an easing up to the breakdown of adequate interpersonal relationships. Following the provision of the restrictive quarantine, people have tried to find refuge in their environment by replacing personal relationships with virtual ones. The natural consequence has been an increase in anxiety, depression and PTSA symptoms. As evidenced by the study by Kexin Zhu et al. (2021) younger adults, women, people with lower income, more insecurity, more media exposure, reduced physical activity, or worsened family relationships were particularly affected. The closure of schools, commercial activities, several companies, the inability to meet in the usual places of social and recreational gathering, religious places of worship, the travel and social gathering caused social isolation on a massive scale. Since the onset of the pandemic there has been an explosion of studies that have already demonstrated negative consequences on psychological health emerging from the global COVID-19 outbreak. Unfortunately, there are few studies prior to this pandemic on the psychological consequences of previous pandemics.

However, these studies reported high levels of depression, stress, anxiety and post-traumatic stress symptom (Jang et al. 2020, Mak et al. 2010, Reynolds et al. 2008). As found in these studies and how it is being observed in the current pandemic, social withdrawal and loneliness are risk factors for the development of depression. In particular, loneliness is regarded as the signature mental health consequence of COVID-19. A study of Yu et al. (2021) has showed that social isolation and loneliness have each been associated with cognitive decline, too. Results revealing the association between loneliness and depressive symptoms were partially mediated by resilience.

LONELINESS, ANXIETY AND DEPRESSION

Several findings have shown that anxiety and depression symptoms tended to increase during Covid-19 pandemic along with high comorbidity. In this context, the problem of loneliness arises. This can be defined as negative thoughts and a feeling of being isolated and disconnected from others (Russell et al. 1978). It is a widely distributed condition that causes high levels of stress. Loneliness is related to, but distinct from, other aspects of social relationships such as objective social isolation and perceived social support (Lee et al. 2021). The loosening up to the breaking of social bonds develops when the people's needs for social belongings are not sufficiently met. Affective, cognitive, emotional and behavioral processes are involved in loneliness and they can be responsible for the onset of mental disorders or their exacerbation (Nenov-Matt et al. 2020). This problem has exploded during the pandemic lockdown and several studies have shown its importance as a risk factor for depression and anxiety disorders. A meta-analysis by

Erzen & Çikrikci (2018) confirmed that loneliness may be said to be a significant variable affecting depression. In a large cohort study, Lee et al. showed that loneliness was associated with increased severity of depression over 12-year follow-up period, “independent of objective social isolation, social support, and other potential confounders including polygenic risk scores”. Particularly significant was its influence in the elderly during the pandemic. The limitation of social interactions and travel has important repercussions especially in some populations at risk as well as older adults. This population is more vulnerable to loneliness and social isolation both for age and for the presence of organic disorders with negative consequences on the psychological and physical health of these people (Laranjeira 2021). Although social isolation may lead to loneliness, these terms are not interchangeable. In fact, isolation can be described as the lack of social connections without emotional, affective and cognitive attributes. Studies carried out on the elderly have shown that social isolation was not always responsible for the sense of loneliness and that in some cases it was even considered a positive element even though they were socially isolated (Somes 2021). A study by Wu et al. (2021) has evaluated the association between loneliness, anxiety and depression, and found that loneliness predicted both anxiety and depression, and that depression mediated the predictive effects of loneliness on anxiety over time. In this case, the mediating role of depression may be attributed to the fact that loneliness is associated with poor interpersonal relationships, causing negative emotions that are associated with depression. Finally, the depression is both a risk factor for outcome and an antecedent variable to loneliness, while anxiety tends to be only an outcome variable of loneliness. A study by Yu et al. (2021) noted that it would be important to find risk factors that could favor early diagnosis. Identifying the vulnerability factors to the disease would allow a rapid and effective therapeutic approach. The affective temperaments were analyzed among the various risk factors. An important development in identifying the spectrum of affective diseases and their phenotypic subtyping was the introduction of the concept of affective temperament. The affective temperament describes a temperament characterized by extreme variability of mood and emotional reactivity that is found in subjects suffering from affective disorders and in their healthy first-degree relatives. Affective temperaments are present in normal population, however, when they reach significant levels of evidence they represent an increased risk for the development of affective disorders (von Zerssen & Akiskal 1998). Furthermore, several studies have shown that affective temperaments influence different clinical aspects in the course and prognosis of affective disorders. The characteristic aspects are the rapid fluctuations of mood and emotional instability and hyperactivity and high level of energy and emotional intensity (Perugi et al. 2012, Pompili et al. 2014).

HOPELESSNESS

Another important predictor of depression is the hopelessness. Hopelessness is defined as a system of negative cognitive expectations about oneself (Beck et al. 1974). It affects the quality of life negatively because it decreases the confidence of individuals to be able to face difficult and stressful events. In the current pandemic period, doubts about the definitive elimination of the virus, the economic prospects and the difficult return to normality can increase hopelessness with serious consequences on the mental health of individuals. When the hopelessness and the increased feeling of loneliness affect the health care workers (HCWs), an increase in work-related stress and compassion fatigue is observed (Franza et al. 2015; Franza et al. 2020). Indeed, the hope influences the ability of HCWs to manage stress in everyday life and at work. The role of hope, or its absence, can be the goal for studying the ability to manage stress in the workplace. In the early stages of the pandemic, health workers were described as heroes, but they continued to feel vulnerable, to fight against health inefficiencies, their own weaknesses and sufferings; they felt vulnerable. Kinsella and Summer (2021) argue that the hero narrative itself must not be problematic, but must highlight a number of broader factors that led to the initial increase (and subsequent decline) in labeling health workers defined as heroes. As heroes capable of inspiring, guiding and increasing the morale of the community, they sometimes felt excluded and pointed to as "greasers". We define narratives as speech acts which give an identity and a social meaning that did not exist before. During the early stages of the pandemic on health workers, a heroic and socially accepted media narrative was conducted. It became a collective identity in which everyone identified. Cox defines a heroic act as “voluntary prosocial actions, associated with an acknowledged degree of personal risk, which transcend the duty of the agent” (Cox 2020). This definition associates individual characteristics to the performer of the heroic act (Halberg et al. 2021). The authors conclude that the task of society is to give hope and energy to the new "heroes", helping them to face their difficulties and give them the necessary tools to continue to play their role in defense of the whole community.

The interaction of hopelessness and the emotional temperament has been the subject of study by some researchers. Pompilli et al. (2013) tried to evaluate the predictor of this interaction and its influence on the course and prognosis, in a group of patients affected by major depressive disorder and bipolar disorder. The authors found that hyperthymic temperament and hopelessness significantly correlated and conclude that hopelessness indicates also a pessimistic cognitive structure for the future and has been identified as an independent predictor of suicidal behavior. In conclusion, the authors argue the importance of screening the temperament

profile and hopelessness in all patients suffering from affective disorders to design an adequate therapeutic and rehabilitative treatment.

Hope and return to normal life

However, the return to normal life unquestionably would occur only after mass vaccination.

The new virus, a "monstrous" and unknown entity, albeit resistant and changeable, has gradually become "familiar", almost assuming a known form of belonging and control. We have learned to know it and consequently to fear it less; the vaccine has become the lethal weapon for the destruction of the monster. However, our fears have shifted to another unknown entity, the vaccine. Although aware of its saving power, many people have been assailed by the fear and anguish of the "new unknown". It soon became clear that in order to put an end to the pandemic, we would have to face another increasingly growing and pervasive problem in a good portion of the population: uncertainty about the actual effectiveness of the vaccine and the side effects that the vaccine itself could cause. From the initial consideration of a global saving action, we have moved on to the insinuating idea of a future damnation of humanity. From a fear of an "object of which one is afraid", we have moved on to the anguish of an unidentifiable danger, of which we are awaiting and whose boundaries cannot be defined. Hesitating on the considerations on the reasons for the refusal to vaccinate the so-called no-vaxes, the problem of concern about the real efficacy and the real or presumed effects of the vaccine has affected a large portion of the general population and has also crept among the promoters and custodians of science and of scientific knowledge: health professionals. This apparently paradoxical aspect rests precisely on the condition of "knowing" as a condition of conscious certainty beyond any doubt. Thus, the "scientific certainty" of being contaminated by genetically modified infectious agents has increased, with consequent long-term genetic repercussions on the health of the vaccinated. The motivations of some people who refuse the vaccine are also singular, relying on the overall immunity of the general population, demonstrating a "shaky sense of civic and social sharing". Ultimately, we are therefore afraid of being victims of unlikely events that affect the frailties and anxieties experienced in the pandemic period. Fear, anxiety and fear of the unexpected, of the imponderable event, have thus taken over.

DISCUSSION

The reassurances of the Public Health Organizations have not been able to reduce the fear and anguish about the administration of the vaccine, probably influenced by confused and often contradictory information from the mass media. In a recent American study conducted by Ashley Kirzinger's group of the Henry J. Kaiser Family

Foundation (April 2021), it was found that 48% of health workers had not yet vaccinated pending institutional clarifications and that 18% of them had rejected the COVID-19 vaccine because of the "certainty" of possible short- and long-term side effects. There are two barriers that limit vaccine administration: structural barriers and systemic barriers. The former include the ability of health services to facilitate access to vaccination hubs, the methods of transport, the timing and costs of the organization; while attitudinal barriers relate to considerations about vaccines, trust and perceptions that act on the willingness of individuals to seek vaccination services. In this case, the confidence of the population in health agencies and public institutions assumes a decisive importance in the success of an adequate vaccination campaign. The importance of adequate vaccine safety information, if needed, was confirmed in a large group of participants from a Finnish study by Linda Karlsson's group of the Department of Psychology, Åbo Akademi University, Finland. This study concluded that the emphasis on the negative health effects of COVID-19 for infected people influences positively the decision to vaccinate by acting on the cost / benefit balance. In this study, it was observed that about 3/4 of the respondents said they would take a vaccine against COVID-19 if such a vaccine was available and recommended by the authorities. Informing the public about the safety of an upcoming vaccine is of paramount importance to health authorities planning to carry out large-scale vaccinations in the near future. Highlighting the fact that COVID-19 can have harmful health consequences for infected people can also positively influence the absorption of the vaccine, although the magnitude of this effect may be minor. Avoiding stigmatizing concerns about the administration of the vaccine means understanding the reasons submerged by natural fears and anxieties but it is the duty of healthcare professionals and political forces to implement all the communication tools and professional and legal strategies to try to increase the percentage of the vaccinated population. Fears and anxieties are part of human nature but the intellectual and decision-making capacity of human beings must be the engine of the social growth of each of us. The fear of our monster could take over and lead us to make unconscious choices, temporarily satisfying, but destructive to society. Fortunately, we have the intellect.

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Francesco Franza: conception and preparation of the manuscript;

Barbara Solomita: contribution to writing and to bibliographic research;

Giuseppe Tavormina: revision of the manuscript.

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