

Beyond the virus: the effects of social isolation on mental health

Más allá del virus: los efectos del aislamiento social en la salud mental Além do vírus: os efeitos do isolamento social na saúde mental

Abstract

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Chief Editor: Caroliny dos Santos Guimarães da Fonseca Executive Editor: Kátia dos Santos Armada de Oliveira Responsible Editor: Rafael Rodrigues Polakiewicz

Submission: 05-04-2022 Approval: 07-30-2022 This article is a reflection study on the effect of social isolation on the mental health of Brazilians, with the main objective of reflecting on the psychosocial damages of isolation in the light of Emerson Merhy's theory of "live work in action". Three categories of analysis were established, history, the COVID-19 pandemic and live work in action, which demonstrate other pandemics throughout history and their proven effects, characterization of the social framework experienced by the Brazilian population during the pandemic and its effects on the mental health of individuals and description of "live work in action" and its relationship with the direction of health and the context of the pandemic. It was concluded that the need to institute severe measures of prevention and social isolation, in order to protect the physical health of individuals, generated psychosocial damage in Brazilian society, mainly anxiety and depression, since it caused drastic changes in lifestyle. , financial losses, feeling of fear and uncertainty.

Descriptors: COVID-19; Social Isolation; Pandemic; Psychiatry; Mental Health.

Resumén

Este artículo es un estudio de reflexión sobre el efecto del aislamiento social en la salud mental de los brasileños, con el objetivo principal de reflexionar sobre los daños psicosociales del aislamiento a la luz de la teoría del "trabajo vivo en acción" de Emerson Merhy. Fueron establecidas tres categorías de análisis, historia, pandemia de COVID-19 y obra viva en acción, que evidencian otras pandemias a lo largo de la historia y sus efectos probados, caracterización del entramado social vivido por la población brasileña durante la pandemia y sus efectos en la salud mental de los individuos y descripción del "trabajo vivo en acción" y su relación con la dirección de salud y el contexto de la pandemia. Se concluyó que la necesidad de instituir medidas severas de prevención y aislamiento social, con el fin de proteger la salud física de las personas, generó daños psicosociales en la sociedad brasileña, principalmente ansiedad y depresión, ya que ocasionó cambios drásticos en el estilo de vida, pérdidas financieras, sensación de miedo e incertidumbre.

Descriptores: COVID-19; Aislamiento Social; Pandemia; Psiquiatría; Salud Mental.

Resumo

O presente artigo trata de um estudo de reflexão sobre o efeito do isolamento social na saúde mental dos brasileiros, tendo como objetivo principal refletir sobre os danos psicossociais do isolamento à luz da teoria do "trabalho vivo em ato" de Emerson Merhy. Estabeleceu-se três categorias de análises, histórico, a pandemia de COVID-19 e trabalho vivo em ato, tais quais demonstram outras pandemias ao longo da história e seus efeitos comprovados, caracterização do quadro social vivido pela população brasileira durante a pandemia e seus efeitos na saúde mental dos indivíduos e descrição do "trabalho vivo em ato" e sua relação com os rumos da saúde e com o contexto da pandemia. Concluiu-se que a necessidade de instituir medidas severas de prevenção e isolamento social, com o intuito de proteger a saúde física dos indivíduos, gerou na sociedade brasileira danos psicossociais, principalmente de ansiedade e depressão, posto que ocasionou em mudanças drásticas no estilo de vida, perdas financeiras, sentimento de medo e incerteza.

Descritores: COVID-19; Isolamento Social; Pandemias; Psiquiatria; Saúde Mental.



Introduction

At the end of 2019, the World Health Organization registered the first case of pneumonia with an unknown cause in Wuhan, China. A week later, in the month of January 2020, the authorities in China confirmed that it was a new type of virus, which was named SARS-CoV-2. Also in January 2020, the WHO issued an emergency alert, as the disease continued to expand uncontrollably, posing a risk to public health¹.

The symptoms of COVID-19 are varied, the main ones being high fever, cough and dyspnea, which can occur from a milder to a more severe form, requiring hospitalization. The disease can also affect the lower respiratory tract, causing a more serious condition. The virus is transmitted from person to person, through droplets of saliva, phlegm, sneezing, coughing, respiratory droplets and direct contact with an infected person, such as shaking hands followed by touching the eyes, nose or mouth^{2,3}.

On March 11, 2020, the WHO declared COVID-19 a pandemic, because of the high rate of transmission of the virus and its spread worldwide. Throughout history, the world has experienced other pandemics, such as the black plague, cholera and Spanish flu. These scenarios are marked by their global distribution, rapid spread, fear of the population of being contaminated, many deaths and social desolation^{4,5}.

Due to the characteristics of COVID-19 and the absence of curative medication, the global public health recommendation is based on social distancing measures, wearing masks and strengthening hygiene measures. The need for social distancing entails significant changes in contemporary society, forcing a need to readjust the individual and collective routine. These measures are essential to slow the spread of the disease, however, they reduce access and contact with basic tasks, such as work, education, leisure, family and friends. Thus, social distancing has generated negative impacts on the population, especially on emotional and health in general⁶⁻⁸.

It is known that in outbreak situations, there is a wide and variable increase in the manifestations of mental illness. The incidence of mental disorders in people with no history increases, the conditions of those with pre-existing mental illness worsen, in addition to making family members and friends of those infected more susceptible. In situations such as the pandemic caused by COVID-19, the focus of research, health services and the media is on the biological aspects of the disease. However, attention to psychosocial problems is extremely important, since previous outbreaks have shown that the impacts on mental health can be more prolonged and have a higher prevalence than the epidemic itself. Therefore, it is a consensus that the pandemic caused by COVID-19 affects not only physical health, but also people's mental health and well-being, leading to an increase in morbidity and mortality secondary to mental health impairment, may overcome that directly related to the infection⁸⁻¹⁰.

In addition, it is important to analyze that, in this scenario; there are other factors that harm mental health. The excess of not always reliable information, the fear of

Pagung LB, Simões LEC, Freitas JBRL, Pena BB, Carmo ALN, Andrade NV, Silveira MM, Santos Filho TG, Machado TL, Silva EC contracting the disease, the large number of deaths and the experiences of bereavement are examples of characteristics of this moment that contribute, even more, to mental illness⁸.

Despite the difficulty in listing the main damages to mental health, recent studies show that even without direct exposure to infection, social isolation generates anxiety, anger, hopelessness, fear of becoming infected and dying, fear of losing loved ones, insomnia , feelings of helplessness and even guilt for someone's illness⁸.

Considering the gap due to the lack of studies that show the real impact of the pandemic, the objective was to reflect on the mental health of individuals after social isolation, under the pandemic context of SARS-CoV-2 and in light of Emerson Merhy's theory of "living work in act".

Methodology

This is a reflection study, carried out in April 2022, which will discuss existing knowledge, supported by scientific evidence, with the main object of study to reflect on the mental health of Brazilians after social isolation, under the pandemic context of the pandemic. SARS-CoV-2 and in light of Emerson Merhy's "live work in act" theory.

Results and Discussion

Historic

Many other epidemics and pandemics are present in Brazilian culture, being described in several passages in the literature, since antiquity¹⁰.

For a better understanding of the scientifictechnological evolution and the economic and social political impact, from the past to the present epidemics/pandemics were experienced, such as: the Plague of Athens, Plague of Antonina, Plague of Justinian, Leprosy, Black Death, Syphilis, Smallpox , Malaria, Yellow Fever, Measles of the Americas, Tuberculosis, Cholera, Bubonic Plague, Spanish Flu, Dengue, Zika, Ebola, HIV, especially in the face of the same perplexity as the COVID-19 pandemic. Were deadlier than any wartime weaponry¹¹.

They result in experiences that are simultaneously individual and collective, express feelings that are transversal to human existence such as ignorance, surprise, fear, distrust of the other. Man-made vulnerabilities make the nature and extent of repercussions¹¹.

According to a study¹², the Spanish flu, in 1918 and 1919, was a flu pandemic that killed around 20 million people, mainly affected the poorest sectors of society, the adoption of social distancing, the stoppage of productive activities and the suspension of ceremonies funerals. It reached the youngest population between 20 and 40 years old and the main cause of death was due to the pulmonary hemorrhage caused by the virus, and in the long term, there was a reduced educational performance, increased rates of physical disability, with lower income and lower socioeconomic level, and post-traumatic stress disorder (PTSD).

It is possible to observe that pandemics occur regularly over time with disastrous consequences, because we are immersed in globalization, the spread of pathological



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agents around the world has become more susceptible, being them increasingly complex, with great political, economic and psychosocial impact. Studies have shown widespread fear with disproportionate reactions in the general population¹³.

With the evolution of COVID-19, as in past pandemics, strict social isolation measures were adopted, a quarantine, in order to reduce the spread of the disease, people were prevented from going to work, going to school, college, gyms, plans were postponed or interrupted. Isolation affects not only a person's physical health but also psychological health, and the well-being of the population, whether infected or not. When analyzing the psychological impact of social isolation, as in previous epidemics, it appears that the impacts are negative¹⁴.

The COVID-19 pandemic

After the significant increase in cases of infection with the SARS-CoV-2 virus in the world, Brazil sanctioned, on February 6, 2020, the first law related to emergency coping measures, Law No. the extraordinary measures that could be adopted during the international state of emergency such as isolation, quarantine, epidemiological study, exceptional and temporary restriction of entry and exit from the country and other measures¹⁵.

On February 26, 2020, the Ministry of Health registered the first confirmed case of COVID-19 in Brazil, since then states have established measures according to the epidemiological situation recorded.

The State of Minas Gerais registered, on March 12, 2020, the first Decree No. 113, in which it declared a public health emergency, among the main measures adopted, the possibility of compulsory laboratory tests , medical examinations, among others, and exemption from the bidding process in the acquisition of goods, services and supplies related to the emergency situation in public health. Subsequently, on March 20, 2020, it published Decree No. 47,891, which declared a state of public calamity, which has great social relevance, since it made it possible to carry out actions such as temporary restriction of non-essential activities and events of potential agglomeration and suspension of face-to-face school education activities¹⁶.

In São Paulo, Decrees No. 64.864 and No. 64.881, published on March 16 and March 22, 2020, respectively, effected a ban on events with agglomerations, in any number, in-person functioning of schools, in-person attendance to the public in commercial establishments and service providers and local consumption in bars, restaurants, bakeries and supermarkets¹⁷.

The autonomy granted to the states enabled the elaboration of specific legislation to meet the needs of each region. In this sense, the exemplification of the measures established in the states of Minas Gerais and São Paulo, as states of great economic and demographic relevance, demonstrates the social situation experienced by Brazilian society.

The COVID-19 pandemic has drastically changed the social, economic and psychological reality of Brazilians. Restrictions on the operation of shops, food and leisure

armo ALN, Andrade NV, Silveira MM, Santos Filho TG, Machado TL, Silva EC establishments, cultural events, sports and social gatherings have altered the social relationship between individuals, in addition to causing severe economic damage to entrepreneurs, informal and self-employed workers and national economic damage. Economic damages are factors often cited as motivating the development of mental illness¹⁸.

The suspension of face-to-face educational activities represented a significant change in the daily lives of Brazilian families and caused pedagogical and psychosocial damages in children and adolescents, since teachers and educational institutions drastically and urgently altered school dynamics in the social inclusion of students. According to the literature, there was a significant increase in cases of anxiety, depression and occurrence of violence and aggressive behavior by adolescents^{19,20}.

With regard to psychosocial damage, the feeling of uncertainty is one of the motivators for the development of pathological anxiety, since COVID-19 is a complex disease, without a vaccine or proven treatment, which, in the most serious cases, presents fever and difficulty breathing. Allied to this, the difficulty of the Brazilian public health system in providing the necessary care was widely publicized. Another relevant factor is the dissemination of exacerbated and often wrong information on social media, generating insecurity²¹.

Considering the high number of cases and deaths, according to data released by the Ministry of Health in 2022, about 30 million cases were confirmed and an average of 662 thousand deaths, which generates a fear of death or loss of a family member, causing in feelings of anguish, sadness and anxiety and can be a precursor of anxiety and depression disorder^{20,21}.

This element becomes even more visible when observed in professionals who have experienced the care of COVID-19 cases, combined with work exhaustion, since among them the number of cases of severe or moderately severe depression is 66%. While among other research participants, 30% had symptoms of positive depression and about 50% had symptoms of anxiety²².

Based on the literature and the factors mentioned above, it is possible to observe the negative effects of the pandemic and social isolation in Brazilian society, mainly intensifying anxiety, which can even cause pathological damage.

Live work in action

All human activity is a productive act performed together; its organization makes it possible to understand the society in which we live, as it affects our way of acting and thinking. The forms of social organization and work change through changes in society over time, work is a producer of values of use and exchange, adapting to new needs²³.

The object of work acquires meaning through the action of the worker, who organizes himself and uses tools such as his knowledge, ability to communicate and machine tools, to achieve a certain end. Each work is distinguished from the other, as it requires different techniques and raw



materials, combining the work in action with the consumption of products already prepared²².

After the beginning of the COVID-19 pandemic, the world reacted by adopting extraordinary measures to deal with emergencies that changed the social, economic and psychological reality of all, making it necessary to reformulate the ways of organizing the production of services based on of a certain arrangement of knowledge from different areas. These changes are capable of improving the health situation of the user, individual and collective, given the complexity of health problems¹⁵.

The wide variability of symptoms related to COVID-19, high rate of contamination, absence of curative medication, need for social distancing, use of masks and increased demand for mechanical ventilators required the reformulation of policies and techniques to reduce negative impacts generated. Many of these measures had a direct impact on the physical and mental health of citizens, thus giving rise to new challenges¹⁶.

It is inferred that living work in action involves the workforce in which the ability to work is put into action for the achievement of a particular product; dead work, on the other hand, consists of all the products-means involved in the work process and that are the results of previous human work, that is, that are already structured, crystallized. From this point of view, live work in action has two important factors: its product-building action and its purpose - use value -; in addition to the worker's relationship with other workers, his productive act, his products and the users of his products^{22,25}.

According to Art. 196 of the Federal Constitution of 1988, "Health is everyone's right and a duty of the State".

Pagung LB, Simões LEC, Freitas JBRL, Pena BB, Carmo ALN, Andrade NV, Silveira MM, Santos Filho TG, Machado TL, Silva EC work in action with the dy prepared²². Thus, live work in action is configured as a way of producing health, being performed collectively for the production of care, whether in management or assistance. This highlights the importance of the multiprofessional team, in addition to the doctor, in the care work, thus increasing the problemsolving capacity of the services, enhancing the live work in action, building progress without disregarding the order^{25,26}.

Conclusion

Through the analysis of the literature available so far, the present work came to the conclusion that, in fact, pandemics in general need adequate and rigorous social isolation. It is also necessary to have hygiene measures, the use of masks and correct practices of these prevention measures, which can contribute to effectively reducing the spread of the disease. In this way, it is a fact that the pandemic brought physical damage to those infected. However, in addition to the physical damage caused by the disease, mainly due to social isolation, many were psychologically affected.

However, we live in an era of speed and instantaneity, as we receive information in seconds from anywhere in the world. With this, we have that social isolation and the range of information exposed on the internet, which are often from dubious sources, directly affect the individual's psychic. Thus, we have that the pandemic brought serious damage to the population, which in addition to being physical, was psychological, having a great psychosocial impact, which strongly worsened depression and anxiety, both in infected and non-infected individuals.

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