COVID-19 Peritraumatic Distress and Loneliness

Subjects: Psychology

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Since the World Health Organization declared COVID-19 as a pandemic, the virus and the related restriction measures such as lockdown and social distancing have resulted in adverse psychological impacts. Research has reported an increase in depression and anxiety symptoms, as well as worry and stress during the pandemic.

Keywords: COVID-19 peritraumatic distress ; loneliness ; Chinese residents ; COVID-19 pandemic

1. Worry

Worry refers to the relatively uncontrollable occurrence of repeated ideas, thoughts, and images about uncertain and possibly adverse events [1][2]. As a fundamental cognitive feature of anxiety, worry negatively impacts well-being and mental health [3]. During the COVID-19 pandemic, it has been found that worry about health, financial consequences, and economic and political impacts of the pandemic was associated with lower life satisfaction, decreased self-rated health, increased loneliness, and higher psychological distress [4][5]. In addition, a higher level of reported worry about COVID-19 was significantly associated with depression, anxiety, and stress [6]. Additionally, worry about the dangerousness of COVID-19 was central to the COVID Stress Syndrome and related avoidance and self-protective behaviors [7].

The COVID-19 pandemic has elicited higher levels of fear and worry, coined “Coronaphobia” (i.e., anxiety felt toward contracting the virus) [8]. In a qualitative study, researchers identified fear of virus contraction or transmission as one of the major themes in COVID-19 distress among university students [9]. This contraction anxiety was especially directed toward family members who were at a higher risk of contraction. A heightened COVID-19 contraction risk perception was positively related with greater worry about COVID-19 and thus increased anxiety, depression, and negative mood [10]. Additionally, anxiety regarding contracting COVID-19 was positively associated with anxiety sensitivity [11], and concerns about contagion of COVID-19 for self and family were associated with an increased negative affect [12]. In light of these findings, the present study specifically examined the impact of viral contraction worry as a risk predictor for peritraumatic distress and loneliness in Chinese residents in North America.

2. Peritraumatic Distress

Peritraumatic distress refers to cognitive and emotional distress throughout and immediately following a traumatic event [13]. It is positively associated with post-traumatic stress disorder (PTSD) and other psychiatric outcomes such as anxiety, depression, sleep disturbances, and traumatic grief [14]. The COVID-19 pandemic can be considered a traumatic stressor, because although the pandemic is not listed as a trauma in the DSM-5, the COVID-19 pandemic has been shown to elicit PTSD-like symptoms and high levels of peritraumatic distress [15][16]. The COVID-19 pandemic has many of the characteristics of a mass traumatic event [17], and it has been shown to exacerbate other related mental health problems such as depression, anxiety, and psychosocial functioning [16]. Specifically, peritraumatic distress during COVID-19 also significantly predicted post-traumatic stress symptoms, generalized anxiety, and depression symptoms in all age groups [18]. Similarly, peritraumatic distress was associated with higher anxiety symptoms and lower resilience [19]. Therefore, there is a need for more research into the traumatic effect of the COVID-19 pandemic [17].

Peritraumatic distress has been associated with different risk factors during the COVID-19 pandemic, such as poor health, increased media use [15][19], increased levels of health worry [20], and increased levels of worry about the COVID-19 pandemic [18]. In a study conducted in South Korea, the perception of risk and fear of COVID-19 was associated with elevated levels of peritraumatic distress, negative emotions, and life threat [15].

3. Loneliness

Loneliness is the discrepancy between desired and actual levels of social relationships [21][22]. It is the unpleasant state when an individual senses that their social needs are not met and notices a difference between the desired and actual

amount and quality of social interaction available in the individual's environment [23]. Loneliness is associated with physical, psychiatric, and psychosocial risk factors such as depression, alcoholism, suicidal thoughts, social anxiety, obesity, and decreased immunity [23][24]. It is more likely to occur in populations who are at risk for social alienation, isolation, and separation [23].

During the COVID-19 pandemic, the rise of loneliness has been of specific concern, as it is one of the negative consequences of social distancing and quarantine measures, such as physical distancing from close individuals, feeling alienated, and hindered access to coping mechanisms for loneliness, such as social activities [25]. In fact, studies conducted during the pandemic have suggested that there has been an increase in loneliness [26], and higher reported levels of loneliness were associated with extended exposure to the pandemic [27]. In studies examining loneliness during COVID-19, people living alone, younger adults, people with chronic illness, and economically inactive individuals reported a higher level of loneliness compared to their counterpart groups [28][29]. Older Chinese adults in Canada may experience loneliness and social isolation due to risk factors such as intergenerational tension, living alone, language barriers, and limited social networks beyond family [30]. This is alarming because loneliness in family relationships is associated with worry, and loneliness in social relationships is associated with anxiety and depressive symptoms [31].

When Canada first initiated the stay-at-home order in March 2020, strict lockdown measures were implemented in response to the rapid spread of the virus, and these were found to be associated with greater health anxiety, financial worry, and loneliness [32]. Older adults identified confinement, restriction, concern for others, isolation, and loneliness as the most stressful during the pandemic [33]. In Norway, it was found that increased rumination and worry were associated with stronger loneliness [24]. Moreover, worry regarding COVID-19 was positively correlated with loneliness in college students, and the interaction between worry and loneliness was significantly associated with depression, anxiety, and stress [6].

4. Chinese Residents and COVID-19

Chinese residents have experienced unique mental health challenges during the COVID-19 pandemic [34][35]. Increased anti-Asian racism, feelings of double-unbelonging with regard to both host country and China, and disapproval of political criticism targeting China may pose challenges for Chinese oversea residents due to their cultural, social, and political ties to China [34]. Asian individuals in the United States and France have reported increased racially motivated hate crimes involving physical violence and harassment since the COVID-19 pandemic began [36][37]. In France, Chinese residents with French citizenship reported greater discrimination compared to Chinese residents without citizenship, and the experience of discrimination was exacerbated by media sources using terms such as "Chinese virus" or "Yellow Alert" [37]. It has brought to light that Asian immigrants have been treated as "forever foreigners" [38]. In the Netherlands, Chinese immigrants reported decreased mental health conditions associated with the rise of racism, social isolation, and distrust in Dutch COVID-19 information [39]. Furthermore, fear of the virus was significantly correlated with social isolation and racism in Chinese immigrants [39]. In this context, Lee and colleagues (2022) examined the association of COVID-19 contraction worry for self (i.e., self-contraction worry) and family (i.e., family contraction worry) with COVID-19 peritraumatic distress and loneliness in 943 Chinese adults living in North America through a cross-sectional online survey administered in January and February of 2021.The results showed that self-contraction worry, but not family-contraction worry, was significantly associated with both COVID-19 peritraumatic distress and loneliness [35].

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