



COVID-19 Pandemic: A Perilous Personal Journey

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The Covid-19 is a worldwide pandemic that was first reported in Wuhan, China and began to spreading rapidly through several countries [4]. Persons infected with Covid-19 impacts the physical and psychological health of not only the person who is infected, but also is near and dear ones, who share many of the characteristic of the infected person. This may mean they are also labelled, stereotyped, discriminated against treated separately, and experience loss of status because of perceived link with the disease. It is evident that persons infected with Covid-19 will have mental health issues which need to be addressed [2]. The fear of transmission of the illness has created lot of fear, anxiety, insecurity, and depressive disorders, among family members of person infected with Covid-19 [1]. The rapid increase in reported infection, and increased mortality rate associated with the pandemic being unscientifically projected in the media, also has added up to the underlying condition. Nuclear families, small houses, enmeshed social relationships, and social interactions are deliberately put on hold to check the transmission.

The Covid-19 pandemic has for good or worst ushered new sources of socialization, which were not known or practiced hither to. The new sources of socialization during Covid era are virtual in nature, minimizing in person interaction. All the religious rituals, social gatherings, community meetings have displaced face to face contacts. Invitations for marriages, naming ceremony, birthday celebrations, wishing for born voyage, condolences, obituary columns, have been through what's app, Face book, Instagram and other social media platforms. There can be mourning by what's

group or Zoom [3], the yaga's, yagna's, and homa's can also be held online.

Social media will become social the support and replace in person gathering. Families are calling up priest on what's app call to complete the late rights, handling of the funeral functions. Homage to a departed soul, by lighting a virtual lamp, shower flowers, lay a wreath, light a virtual agarbatti, and leave a message. This change in social behaviour has both positives and negatives in nature. The positive aspects of new sources of socialization are being connected, able to talk, see the loved ones, able to attend the live streaming of the function. This also has negative side of it, like no personal warmth, ineffective and less intensive in nature. A warm hug, a pat on the back, a kiss on the cheek, is worth a million words. This increased use of smart phone has also let to behavioural addictions, hindering learning ability. People who are not tech savvy and those who can't afford electronic gadget are left in the margins.

New hygiene rules are emerging, like frequent hand washing, use of sanitizers, use of masks, face shield, hand gloves. Which have both positive and negative effects. The positive effects are stay safety, healthy, prevention from infection. Whereas the negative effects are, increase labour in nature, increasing resource utilization, financial constraints, dermatitis issues, skin indentations, erosion's, irritant contact dermatitis, also impacts on the mental health disorders like obsessive compulsive disorder, anxiety, phobia. New hygiene rules also have the impact on family dynamics, and lead to interpersonal relationship issues among family members. These paraphernalia have given rise to inhibition, avoidance of social

contact, and respect may be due to difficulty in facial recognition. The elderly may experience distortion in recognizing people with mask. People with respiratory diseases will feel suffocated by using mask. Due to the purported contagious nature of the virus, hospital rules prohibit family access to the deceased. For those dying in overwhelmed facilities, bodies may not be treated with the dignity they would ordinarily receive. With staff under pressure quickly making beds available for new patients, dead bodies may end up being piled in corridors or trucks and disposed of without the family getting to see them. Family members may not have the opportunity to achieve closure by resolving “unfinished business” of seeing the face of the dead ones. They explained about the pain and guilt of not physically seeing or being with their loved ones during their suffering exacerbates the grief. They have mentioned that lack of social recognition with impaired support system along with the absence of last rites results in a state of “disenfranchised grief” and likely to result in a prolonged grief disorder, a condition which imperils the physical and psychological wellbeing of an individual.

The new outdoor commensality practices which have been followed in the pubs, restaurants, bars, parks with pre-designated seating arrangements, restricted visiting hours, frequent temperature checking, maintain social distancing, following all the Covid-19 safety precautions, check in and checkout rules have formalized social relationships, diluting social bonding and intimacy. The new indoor commensality practices which have been in vogue, is counterproductive for socialization. We understand the various manifestations of new hygiene rules and its effect on the human body and the notion of the person.

Plan of action

- To provide an insight about new hygiene rules and need to adopt to the social transformation.
- Need to study the social and mental health outcomes among persons infected with Covid-19, also to understand the social and cultural differences in the effected diverse population.
- Qualitative research needs to be carried out to explore the lived experiences (belief, attitude, stigma, social behaviour) of the persons infected with Covid-19, and also recovered persons infected with Covid-19.
- As social and relational restrictions are there due to the pandemic, there is an urgent need to develop and disseminate Internet-based Prolonged Grief Disorder interventions [4].

- There is a broader scope to conduct a comparative study on bereaved belonging to rural and urban areas which will help in understanding the different influences of COVID-19 on the death practices and mourning in the rural and urban areas.
- Multi-disciplinary team approach is need of the hour, by involving mental health professionals like psychiatrist, clinical psychologists, and psychiatric social workers to provide mental health and psycho-social interventions to the infected and their family members.
- Non-government organizations should be involved at various levels, for dissemination of information and building up social and community support for persons infected with Covid-19.

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Conflict of Interest

None.

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