

ABC March 2020

## Our Social Responsibilities in this Time of Crisis

Research has demonstrated that 90% of us will experience at least one major trauma event during our lives – a violent crime, domestic violence, a serious auto accident, the unexpected death of a loved one, or, as we are experiencing now, a debilitating disease or virus. Traumatic events throw our lives into turmoil in unpredictable ways. No two people will respond to them in exactly the same way. Most of us will find ways to meet the challenges and continue our lives. While we may feel stressed for a time after the ordeal, we will bounce back and carry on – much as though it never occurred. However, there are three particular groups who are at elevated levels of risk for whom we should be attentive and supportive throughout this ordeal. It is on those groups, and our responsibilities for their well-being, that I would like to focus our attention.

### People with Weakened Immune Systems

Through the news, this is the group with which we all have the greatest familiarity. In every country, the group most affected by the virus are the elderly, comprising more than 80% of those who succumb to the virus. Importantly, the data shows that relatively few people die FROM the virus but rather die WITH it. In that regard, the data suggests that men (7 to 1) who are smokers, did not get a flu shot (likely reflective of reluctance to undertake other preventative health measures as well), suffered from hypertension, have blood type A (type O is apparently the most resistive), were deficient in vitamin D, and had at least two other underlying pathologies were at the greatest risk - although I prefer to look at all of this data as being more correlative than causative.

Another important statistic relative to the country of Italy is that it has a disproportionately larger percentage of people who are elderly. While that by itself could provide some explanation for Italy's higher death toll, it is also important to note that relative to other countries in the world Italians on average have greater and far more frequent contact with the elderly. It is more common in Italy that grandparents provide some degree of caregiving for the children of working parents or, if not, they tend to live relatively close by.

The data also shows that about 80% or more of those testing positive for the virus show no symptoms and are not likely to show any in the future. However, it is not clear as to whether they are more or less likely to spread the virus to others who are more receptive.

For this reason, we all need to take precautions to make sure that we do not take unnecessary risks that may then expose those more elderly in our families to the virus. To this end, we encourage you to follow the suggestions of health providers the world over. Remember, your mindful attention to these guidelines may be far, far more important to the health and well-being of your loved ones than to yours:

- Wash your hands frequently
- Maintain social distancing
- Avoid touching eyes, nose and mouth
- Practice respiratory hygiene
- If you have fever, cough and difficulty breathing, seek medical care early
- If at all possible, stay home until the risk passes (This is the most difficult one)

### **People in (Exaggerated) Fear of the Virus**

This second group in many cases may be far less obvious as they are not virus recipients but rather are reacting to the mere existence of the virus around them. To those most sensitive amongst us, the fear of the virus (or its social or economic or financial consequences), can have significant effects on their physical and mental well-being. While we all experience these concerns, those of us who are more sensitive could have a far stronger, more debilitating, reaction.

In such cases, the brain sees the virus as a real threat to survival. That threat can be physical – as in, “if I get it, I will not survive it” -- or social, in the form of a feared loss of status from the virus’s financial impacts. Viewed as such a threat, the brain's System 1 fight or flight reaction will kick in, with the good intention to protect us from the danger. In the majority of us, the brain’s more rational System 2 neural pathways (via the prefrontal cortex) will activate, impose more rational explanations for the fears being experienced, and stifle that System 1 fight-or-flight reaction. In severe cases, however, this System 1 reaction is so strong that it literally shuts down the prefrontal cortex. In such cases, the person would become completely motivated by a perceived need, an urgency, for self-preservation or survival. Decisions become more impulsive; the person will exhibit strong emotions, dramatic swings in mood, anxiety, anger, sadness, depression, and, in the worst cases, even tend towards suicide. In fact, in the United States, more than 5,000 deaths have been attributed to suicide as those people reacted to the financial crisis of 2008.

Without the guidance of System 2’s critical thinking, they will focus attention on information that confirms their interpretation that the threat is real and imminent. Elevated and continuous stress levels often manifest in stomach upsets and diarrhea, overeating, insomnia, decreased interest in physical activities, and anxiety and depression. Worse, it also can weaken the immune system, making them more receptive to all forms of illness, including the coronavirus. The fear can become constricting and even paralyzing.

While the fear in this case is attributable to the uncertainty and unknown characteristics of the virus, directing a person toward more realistic information about the virus is typically unhelpful. Initially, it is far more beneficial to undertake efforts to dampen the emotion with the expectation that System 2 may then regain a voice in the critical thinking and decision-making mental, emotional, and physiological processes in the brain. If you suspect someone is having such a reaction to the coronavirus, or if you feel (as we all do on occasion) that you yourself are beginning to show such a level of concern, consider the following suggestions to make the situation more manageable either for that person or for yourself. At the very onset, let us emphasize that if the person or you is having significant difficulties, we strongly encourage you to contact a health professional for guidance and assistance:

- Provide social support to assist in managing the emotions (Relabel); or, reach out for it
- Encourage mindfulness, meditation, or prayer (Revalue); or, practice it
- Be a role model; or, seek a role model
- Encourage a physical fitness and strengthening regiment; or, develop one
- Encourage a learning environment to discipline the brain; or, develop one
- Encourage positive self-talk (Reframe); or, practice it
- Encourage cognitive reappraisal (Reappraisal); or, practice it
- Encourage a positive vision of the future; or, develop one

### **People Feeling the Effects of Social Isolation and Loneliness**

With the growing number of people affected by quarantines, lockdowns, and social distancing, the social isolation or loneliness they can engender can also bring about a serious public health threat. This the third group about whom we should be concerned. Although the science community is rushing to understand how the coronavirus works and how it might be cured, researchers have long understood the consequences that social isolation and loneliness can have on our physical and mental well-being. Research has shown



that individuals who do not feel connected to others are far more likely to catch a cold, experience depression, develop heart disease, have lower cognitive function, and live a shorter life. The long-term harm caused by loneliness is very similar to the health consequences of smoking, obesity, or other serious risk factors. Often attributed to technology, loneliness was beginning to reach epidemic portions with far more than 50% of the population (almost 80 percent of Gen Zers) reporting feeling lonely even before the coronavirus. Although social isolation may be the correct response to the coronavirus pandemic, we actually need the exact opposite in response to the loneliness epidemic.

We encourage you to take a moment on a regular basis during this period of social isolation to assess your own sense of loneliness, an emotion that we should all expect to encounter from time to time given the circumstances in which we now find ourselves. At the same time, consider those around you who may be suffering in the same way. Place particular attention on the elderly who, unfortunately, can often be forgotten during these difficult times. It is also important to note, that a person living with others who may not be family members may be as, or even more, lonely for family and friends than people living by themselves. Here are some suggestions on how you can combat your loneliness and that of others. Again, given the risk factors associated with loneliness, we encourage you to enlist professional assistance if the sense of loneliness in you or that you observe in others is becoming severe and debilitating:

- Video conversations (as opposed to emails by themselves)
- Digital aperitif, lunches or dinners
- Send a kind word, expression of gratitude, or a genuine compliment to others
- Join or create a digital community or support group
- Get in touch with old friends or colleagues
- Explore and consider the various apps and social networks designed to assist online interactions with family and friends (there are several anti-loneliness available)
- in any case, make a plan to interact on a regular, predictable basis with others

While the news has certainly made it clear that human connection can spread illness, let us not lose sight of the fact that human connection also promotes mental and physical well-being. Let us take this challenging opportunity to recognize the importance of our social relationships, we are wired to be social, and reach out to the important others in our lives for both their well-being and ours.