


COVID-19 pandemic - Social isolation, socio-emotional repercussions and mental health effects

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ABSTRACT

It is known that the COVID-19 pandemic has affected several sectors, several individuals, in a

potentiating way, including the elderly, who have been the focus of worrying news, victims of this virus, because they are part of the risk zone, because of their comorbidities involved. In this work, the main object of study is to investigate the impact of social isolation among Brazilians during the COVID-19 pandemic period. To this end, we discuss the repercussions on socio-emotional feelings and the lifting of the effects of the COVID-19 pandemic on mental health. The study was qualitative, based on an exploratory qualitative theoretical perspective. Initially, we had the literature review, bringing authors on the theme presented here. The results showed that social isolation during the COVID-19 pandemic has aggravated problems that affect people's mental health, such as anxiety, depression, insecurity, insomnia. It is concluded, therefore, that the subjects deserve attention, even after the end of isolation, since the damages are real.

Keywords: COVID-19 pandemic, Social isolation, Socio-emotional feelings, Mental health.

1 INTRODUCTION

In return to the end of the year 2019 and beginning of 2020, we witnessed the impact of the health crisis that shook the world and generated such complexities for most of the members of planet Earth. We have experienced the COVID-19 pandemic, one of the greatest phenomena of worldwide occurrence in recent years, which has affected psychological, economic and social aspects worldwide. Faced with the absence of effective treatments and at first, of a vaccine that would prevent contagion, there was the inevitable *lockdown* and social isolation, as the main measures to contain the disease and efforts to prevent the increase in the number of infections. In the year 2021, we were advancing in attempts to combat the virus of high transmission rate and lethality of COVID-19 that, even in 2022, has been mutating.

In this scenario, many Brazilians had their routines suddenly changed and the fear of illness remained, even in the face of protection and hygiene measures, especially among risk groups. One of the main risk groups affected by the disease were the elderly, as many also have other diseases and comorbidities, such as diabetes and hypertension.

To this end, it was evidenced that in the months of 2020 the pandemic caused by COVID-19 severely transformed a good part of Brazilian citizens and the severity of the disease added to the protective and social isolation measures implemented to control the spread of the virus, had several consequences such as the death of many people in the world and especially in Brazil. These problems ended up affecting the population, both in their living conditions and mental health. Issues related to the symptoms of the COVID-19 disease to the entire political, economic and social context resulting from the coronavirus, have caused consequences for the mental health of countless individuals. For the Brazilian population, the pandemic period could cause worsening of anxiety and stress states due to the effect of atypical situations of the period and excess of negative and/or reliable information. In this way, we seek to understand and investigate the increase in anxious cases in Brazil in the context of the COVID-19 pandemic.

Thus, this research had the proposal of responding to the general objective of investigating the impact of social isolation among Brazilians during the COVID-19 pandemic period, the repercussion on socio-emotional feelings and the survey of the effects of the COVID-19 pandemic on mental health. In accordance with this proposal, it was essential to verify the concept of social isolation, to understand what scientific studies present about the relationship between the COVID-19 pandemic and social isolation and people's lives, as well as to verify the main socio-emotional factors resulting from social isolation during the period of the COVID-19 pandemic and affects mental health.

The methodology, the central north of the research as well as the key to answer the objective about the impact of social isolation during the COVID-19 pandemic among Brazilians and the socio-emotional repercussion in the pandemic scenario, consists of a descriptive bibliographic research of qualitative nature. Topics on the COVID-19 disease, the concept of social isolation and the main socio-emotional factors that emerged during the COVID-19 pandemic will be discussed. Given the above scenario, the following question was named as a problem situation: What are the socio-emotional factors impacting social isolation among Brazilians during the period of the COVID-19 pandemic? The question present in the study is justified, because it is understood that having many studies analyzed that epidemics generally strongly impact the mental health of individuals, it is considered that the number of people affected psychologically is greater than the number of people infected by the disease, which can reach one third of the population (CEPEDES, 2020; ORNELL et al., 2020). Lima (2020) exposes that the COVID-19 pandemic generates impacts not only social and economic, but also at the level of mental health. Based on the statement of these authors, the hypothesis is that the pandemic may be a triggering factor of shock to people's mental health and we continue the search for answers.

2 THE COVID-19 PANDEMIC AND THE REPERCUSSIONS ON THE LIVES OF MOST BRAZILIANS

2.1 THE COVID-19 PANDEMIC CONTEXT IN BRAZIL AND SOCIAL ISOLATION

The COVID-19 pandemic is a worldwide phenomenon that impacts economic and social aspects worldwide. Faced with the absence of effective treatments and a vaccine to prevent contagion, social isolation was the main measure to contain the disease, as an attempt to avoid the increase in the number of infections. In this scenario, many Brazilians, including the elderly, had their routines suddenly changed and the fear of illness remained even in the face of protection and hygiene measures, especially among risk groups, such as the elderly. In this sense, since the beginning of the COVID-19 pandemic in 2020, elderly people have been identified as belonging to a risk group and the recommendation in most countries was that they maintain as much isolation as possible, in addition to the use of masks and hygiene measures indicated for all.

Many seniors have been isolated for more than a year, without seeing or hugging their loved ones. Those who lived in shelters were unable to meet with their families. Many have come to live in a world without hugs, celebrations and online shopping, sometimes having to deal with social networks that they do not dominate. The difficulties are even more aggravated for those who do not have stable financial conditions.

With the COVID-19 pandemic, seniors have gained prominence, largely by exhibiting changes stemming from senescence or senility that make them more susceptible to infectious diseases like COVID-19, with social distancing actions and strategies specifically for them. Even though it is a reality, in relation to population aging, unfortunately there is little visibility and appreciation for the elderly public that continuously receives from much of society a prejudiced, stigmatized and stereotyped view. And with the actions to protect the elderly against COVID-19, the prejudices of society have been reinforced. If this happened to the elderly population in general, what about the homeless elderly, already so marginalized and stigmatized by their situation of vulnerability (ROMERO & SILVA, 2021).

For the general population, during the COVID-19 pandemic, Brazil experienced the new normal, with work in *home office* format, virtual classes such as Distance Learning (EAD), and even the shows were transformed into *online lives*, transmitted by digital and social media under the prevention and hygiene protocols issued by the World Health Organization (WHO), intending as little social contact as possible in the face of the virus that threatens global health. In companies it was no different and workers adapted to the new format of remote work.

Since January 2020, the WHO has held daily press conferences to present to the world population the situation of the new virus and clarify the first doubts. But it was in February that

communication began to intensify, shortly after the first notification of Sars-CoV-2 in China. According to information from Brito (2020), in Brazil, Carnival occurred without interruptions and without worries, registering a record audience of people in the main carnival cities such as Rio de Janeiro. At the end of the carnival, specifically on Ash Wednesday, on February 26, 2020, Brazil detected the first case of contracting the coronavirus, in a 61-year-old white man who had returned from a trip from Italy to the city of São Paulo, "being the first confirmed death, of a 57-year-old woman who was hospitalized in the municipal hospital in the capital of São Paulo on March 12," points out Verdélio (2020).

With the confirmation of the first deaths on March 18, 2020, the Chamber of Deputies passed a legislative decree to recognize the state of public calamity in the country. The social and economic problems faced as a result of the Covid-19 virus are different from all the health crises faced in recent years, in which dozens of protective measures were sanctioned, applied to reduce their impacts, and in Brazil, Law No. 13,979/2020 was enacted, with measures to address the public health emergency, with regulation of its operationalization in the Ministry of Health Ordinance No. 356/2020 and penalties for non-compliance of these measures in the Interministerial Ordinance MJSP (Ministry of Justice of the State of São Paulo / Ministry of Health (MS) n° 005/2020, aiming to protect Brazil from the unknown disease. From this perspective, it is possible to understand that social isolation was the best measure of containment of the coronavirus, because at the time there were no vaccines, being of paramount importance the use of masks in public places and large crowds, where the risk of contagion is greater. According to law No. 13,979 of February 6, 2020, then-President Jair Bolsonaro, sanctioned the following law that:

Art. 1 This Law provides for the measures that may be adopted to address the public health emergency of international importance arising from the coronavirus responsible for the 2019 outbreak.

§ 1 - The measures established in this Law aim at the protection of the community.

§ 2 Act of the Minister of State for Health shall provide for the duration of the public health emergency referred to in this Law. (See Decree No. 10,538 of 2020)

§ 3 - The period referred to in § 2 of this article may not be longer than that declared by the World Health Organization.

Art. 2 For the purposes of the provisions of this Law, it is considered:

I - Isolation: separation of sick or contaminated persons, or of affected baggage, means of transport, goods or postal parcels, from others, in order to avoid contamination or the spread of the coronavirus;

II - Quarantine: restriction of activities or separation of persons suspected of contamination from persons who are not sick, or of baggage, containers, animals, means of transport or goods suspected of contamination, in order to avoid the possible contamination or spread of the coronavirus.

Art. 3 To address the public health emergency of international importance referred to in this Law, the authorities may adopt, within the scope of their competences, among others, the following measures:

I - Isolation;

II - Quarantine;

I II-A – mandatory use of personal protective masks;

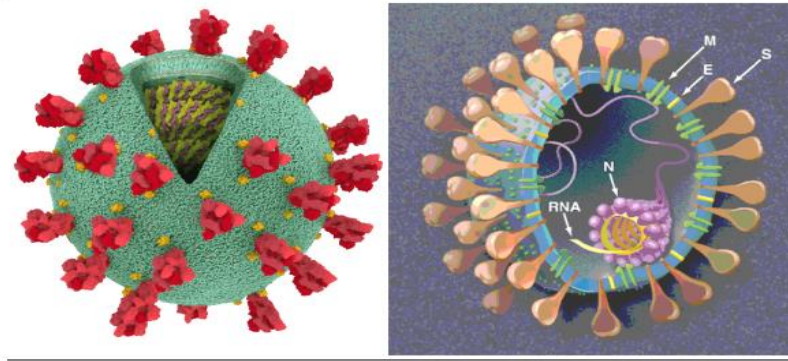
IV - Exceptional and temporary restriction, by roads, ports or airports

Scholars of the sciences, doctors, sanitarians, researchers and health professionals in general, have focused on reading, listening, investigating the most diverse communications about COVID-19. It is believed that the virus has a zoonotic origin, since the first confirmed cases had links mainly to the Wholesale Seafood Market of Huanan, where the commercialization of live animals was also carried out (MARTINS et al., 2020). Covid-19 infection is a disease caused by the SARS-COV-2 virus, having originated in Wuhan, China, in December 2019. The clinical picture of patients diagnosed with COVID-19 ranges from asymptomatic infections to severe respiratory infections, as well as causing several sequelae that are still being evaluated and studied. Regarding the treatment of such patients, the WHO mentions that some may require hospital care and others treatment for severe respiratory failure (MARTINS et al., 2020).

The agent responsible for the COVID-19 pandemic is a virus that belongs to the *Coronaviridae* family, called SARS-Cov-2, being a ribonucleic acid virus, in which the genetic material is represented by only one molecule of RNA+. Its genome is composed of approximately 30,000 nucleotides and each of them is formed by a ribose, a phosphoric acid and a nitrogenous base. We identified 29 viral proteins and the most relevant are the spike glycoprotein, recognized as protein S, and the N protein, of the nucleocapsid virus. Through the spike glycoprotein the virus is allowed to enter its host cell, which eventually binds to the cell receptor and fuses the membrane. It is through the nucleocapsid protein that the process of viral replication is developed (UZUNIAN, 2020).

The virus is classified as RNA+ due to its ability to be read directly by cellular structures. Still, it is considered as a messenger RNA, which when traversed by cellular ribosomes inducing the reproduction of viral proteins. Another characteristic and highlight is the presence of the enzyme replicase, which accompanies the virus or is produced by the infected cell, causing the production of RNA- to occur from the RNA+ that is typical of the virus. Thus, the transient RNA- molecule ends up serving as a model for the production of RNA+ molecules and each of them will descend from the virus that infected the cell, and its descendants will parasitize the cell and be produced inside it (UZUNIAN, 2020).

Figure 1 – Structure of the SARS-Cov-2 virus



Source: Uzunian (2020, p.1).

The synthesis of new molecules, as illustrated in Figure 1, is done inside the vesicular structures of the cell, in the endosomes. The production of viral proteins occurs with the participation of ribosomes that are attached to the rough endoplasmic reticulum in the presence of the Golgi complex. The binding of the virus with its target cell occurs with the aid of the S protein, which interacts directly with the cellular receptors (UZUNIAN, 2020).

The S protein, when it comes into contact with the protein cell receptor, represented by the enzyme angiotensin 2, which is present mainly in the lung cells. Through such a link, the virus ends up invading the cell (UZUNIAN, 2020). This protein comes into contact with the protein cell receptor, the angiotensin-converting enzyme 2 (ACE2), present mainly in lung cells. By binding both proteins, the virus can invade the cell. (UZUNIAN, 2020). Subsequently, the fusion of the proteins illustrated above, the next process is the fusion of the lipid membrane of the virus with the cellular plasma membrane, where the virus eventually conquers the cellular interior. After performing the introduction of the genetic material of the virus into its host cell, the cell vesicle is formed causing the virus to be retained and multiplied. Therefore, the RNA⁺ molecules that are generated by the endosomes are released and the synthesis of viral proteins happens (UZUNIAN, 2020). It is observed that the RNA-molecule is produced from the RNA⁺ molecule, being descendants of the genetic material of the virus that eventually invaded the cellular space. When the viral proteins have already been produced, the process of assembling the virions begins by including the RNA⁺ molecules in the protein capsids. As the virions approach the cell plasma membrane, which is in this totally worn stage, they are surrounded by a lipid bilayer, which was originated by the plasma membrane of the host cell, which at the end of the process opens releasing a large amount of the virus to the outside (UZUNIAN, 2020).

Thus, the severe acute respiratory syndrome caused by SARS-CoV-2 spread rapidly to all countries, causing numerous deaths, when the WHO declared a public health emergency of international concern.

Since the beginning of the pandemic in 2020, the number of infected individuals has increased greatly as the days have passed, mainly due to the high degree of transmission of the disease. Coupled with this, the absence of a vaccine and specific treatments in the early months of the pandemic led to the development of detection methods that presented greater sensitivity and specificity for the adoption of measures to mitigate the impact of the pandemic. Among the various aspects, social, economic, political, cultural and above all psychological, 2020 was an extraordinarily difficult year. Amid the alarming situation of population illness, due to the advent of the COVID-19 pandemic, social isolation was decreed as a way to slow the rates of contamination of the virus. Several measures of control and prevention of the disease were taken by the local health authorities in different administrative spheres (federal government, state and municipal governments).

These measures differed from one region to another of the country, however the most widespread measure by the authorities was the practice of social distancing, generally understood by the population and the media, as social isolation (FARIAS, 2020). In order to contain the spread of the virus, which quickly caused a strain on the health systems of numerous countries, the practice of isolation was widely adopted through voluntary social distancing of citizens to stay at home, or in the form of government lockdown mandates so that people would stay in their homes and only go out for essential services.

Social isolation is the act of separating people who are sick, or with signs of respiratory illnesses consistent with COVID-19, of non-patients. During the pandemic, people were told to stay only in their homes, living only with the people in their family who already lived there, without leaving. The measure of social isolation is also carried out in hospitals when the respiratory condition is more severe. It must be prescribed by a doctor or agent of epidemiological surveillance and has a maximum duration of 14 days, where after such a period, the health situation of the person is reviewed and is discharged or not for the case (SANAR, 2020). In this sense, social isolation is a medical recommendation for those people who have had contact with someone infected who has tested positive for COVID-19 or for those who are waiting for the result of tests that confirm or deny contamination by the new coronavirus. There are two types of isolations: the vertical adopted for those who belong to the risk group such as the elderly, and the horizontal adopted for people who can stay at home, such as workers in home office according to the measure of social distancing). Wilder-Smith & Freedman (2020) point out that community containment of the coronavirus has brought everyday terms into people's lives such as quarantine, social isolation and social distancing. These terms have been heard in the past during other ills, but historically they are considered significant for the balance of epidemics and for the control of non-pharmacological public health measures in the period of viral diseases that are concentrated under the absence of vaccines and medicines.

In addition, Wilder-Smith & Freedman (2020), assert that social distancing during the pandemic refers to the process of reducing the conviviality of a group, and/or a community, even if it is not sick, keeping away from people who may be affected by the infection not yet diagnosed and not separated. The same authors point out that the measures adopted, such as the closure of schools and work environments, are necessary social distancing procedures to avoid crowds and therefore reduce the transmission of the coronavirus. Social distancing measures are restrictions imposed privately on settings with community transmission.

However, Nicola et al. (2020) points out that not only in the area of health, but in other areas, it is necessary to reflect on the inevitable social, educational and economic impacts that the effectiveness of social isolation measures can really affect. During the review studies, on the shocks of social isolation, from the socioeconomic perspective, Nicola et al. (2020) show that social distancing, self-isolation and travel limitations already demonstrate results such as unemployment in various economic categories, routine overwork, worker overload and, the confinement of people, who are living massively with family members and children who are without face-to-face school, it already exposes daily cases of domestic violence in the physical, emotional and sexual spheres.

However, according to Wilder-Smith & Freedman (2020), social isolation is a method of separating sick people from people not infected by the coronavirus for the purpose of reducing the threat of transmission of COVID-19, however, the efficiency of social isolation, according to the authors cited, requires that the discovery of infectious cases be prior and that the viral spread of the asymptomatic be low. Smith & Freedman (2020) in their studies claim that, the incubation period of COVID-19 because it is longer in comparison with the incubation period of other viral diseases and the spread of the disease by asymptomatic beings is high, limits the efficiency of the isolation of cases of the disease as the only basic measure being necessary the implementation of other forms of control.

Wilder-Smith & Freedman (2020) point out that another measure of social distancing and restriction of virus contamination is quarantine, which restricts the activities or separation of people from a community, a state or city, who have presumably been exposed to a contagious disease but who are not sick, because they have not been infected or because they are in the incubation period. Quarantine can be applied at an individual level, such as: for a person returning from international travel or for close contacts of a suspected or confirmed case of coronavirus; or at the collective level, such as quarantine a ship, a neighborhood, or a city, and usually involves restriction to the domicile or other designated location. It can be voluntary or mandatory (MINISTRY OF HEALTH, 2020).

Wilder-Smith & Freedman (2020) reinforce that the most restrictive measure of social control is lockdown, used by state force when necessary. This means that if isolation and distancing measures are not respected, authorities intervene in the community to break up gatherings, close non-essential

service establishments and stop any activity that disrespects prevention measures. Therefore, it is the most restrictive action in which the freedom to come and go of people in a certain neighborhood/city or region is impeded due to the emergency. Only people authorized by the police and/or sanitary authorities may circulate, with isolation from the streets and checkpoints. *Lockdown* aims to take people out of circulation so that viral spread is minimised as much as possible and is used when there is an imminent risk of the health system not handling the number of sick people in that place.

The pandemic period prompted the creation of laws for emergency taking. Law 13.979/2020 was created to define the measures that the federal government would take to address the emergency. The purpose of the law is precisely to protect the whole society, that is, to offer means for the population to go through the pandemic so that the problems are alleviated. Law 13.979/2020 acted in a relevant way in the fight against the COVID-19 pandemic because it established measures to control the entry of infected people into the country, in addition to avoiding the large circulation of Brazilians themselves indoors, informing about the importance of the use of masks and alcohol gel. Federal Law No. 13,979, of February 6, 2020, provides for measures to address the public health emergency of international importance arising from the coronavirus responsible for the 2019 outbreak. Constitutional Amendment No. 106, of May 7, 2020 - Establishes an extraordinary fiscal, financial and contracting regime to deal with the national public calamity resulting from the pandemic. We also had Federal Law No. 14,020, of July 6, 2020 - Establishes the Emergency Program for the Maintenance of Employment and Income; provides for complementary measures to address the state of public calamity recognized by Legislative Decree No. 6 of March 20, 2020, and the public health emergency of international importance arising from the coronavirus (covid-19), which is addressed by Law No. 13,979 of February 6, 2020; amends Laws No. 8,213, of July 24, 1991, 10,101, of December 19, 2000, 12,546, of December 14, 2011, 10,865, of April 30, 2004, and 8,177, of March 1, 1991, and gives other measures. However, Federal Law 14,035, of August 11, 2020 - Amends Law No. 13,979, of February 6, 2020, to provide for procedures for the acquisition of goods, services and inputs intended to address the public health emergency of international importance arising from the coronavirus.

Federal Law No. 14,065, of September 30, 2020 - Authorizes advance payments in bids and contracts made within the scope of public administration; adjusts the limits of waiver of bidding; expands the use of the Differentiated Regime of Public Contracting (RDC) during the state of public calamity recognized by Legislative Decree No. 6 of March 20, 2020; and amends Law No. 13,979, of February 6, 2020. However, Federal Law No. 14,124, of March 10, 2021 - provides for exceptional measures relating to the acquisition of vaccines and supplies and the contracting of goods and services for logistics, information and communication technology, social and advertising communication and

training for vaccination against COVID-19 and the National Plan for the Operationalization of Vaccination against COVID-19.

As highlighted in previous works (MORAES, 2020), there was no single social distancing policy in the country, with significant variation in the degree of rigor and format of the measures adopted by states and municipalities. This occurred in a context in which the federal government did not adopt standardized criteria for social distancing, which led states and several municipalities to adopt policies autonomously. Without the direct coordination of the federal government, state governments and municipalities followed recommendations from the Ministry of Health (MoH), groups of scientists, international organizations or simply emulated the behavior of other governments.

The scenario pointed out that a modern coronavirus that propelled an infectious disease (COVID-19) and with a high contagious rate spread throughout the world (Vasconcelos et. al. 2020 apud Guo et al. 2020). The pathogenesis of the SARS-cov-2 virus of the coronavirus family has reached rapid transmission to many people reaching the category of pandemic, in which public health agencies have expanded the massive dissemination of clarifications and recommendations regarding health care, in the face of the unknown outbreak. However, the COVID-19 pandemic has posed a challenge to the world's population as a period marked by separation, and social distancing is the best measure to avoid the disease.

Santos and Nascimento (2014) describe that, the new disease and the rapid spread of the virus, advocated reflections and measures among health experts in order to retain the circulation of COVID-19 and the failure of health services by proposing the establishment of preventive measures, such as hand hygiene with soap and water, alcohol gel, mask-wearing, quarantine or the popular social isolation. Meanwhile Vasconcelos et. al., 2020 apud Smithe and Freedman, (2020), state that quarantine is represented as being a phase of control of movement of people possibly unprotected to a stipulated infectious agent. Although quarantine may seem to be synonymous with social isolation, Vasconcelos et al., 2020 apud Coomes et al. (2020) highlight that, are measures of restriction of movement of differentiated people in which quarantine is a way to mitigate the flow of people who may have had contact with the disease; Social isolation aims to separate people already infected with the coronavirus from asymptomatic people. These are apparently synonymous terms in order to inform the population in a generic way about the importance of distancing and the effort related to the reduction of contacts and physical approximation, aiming at containing the speed of contagion of the disease.

3 BRAZILIANS, THE IMPACT OF SOCIAL ISOLATION AND THE SOCIO-EMOTIONAL IMPLICATIONS

We will address in this part of the research the impact of social isolation and the repercussion on the socio-emotional feelings of the majority of the Brazilian public, taking into account the social context resulting from the COVID-19 pandemic and the survey of the effects on mental health. To this end, it was evidenced that in the months of 2020 the pandemic caused by COVID-19 severely transformed a good part of Brazilian citizens and the severity of the disease added to the protective and social isolation measures implemented to control the spread of the virus, had several consequences such as the death of many people in the world and especially in Brazil. These problems ended up affecting the population, both in their living conditions and mental health. Issues related to the symptoms of the COVID-19 disease to the entire political, economic and social context resulting from the coronavirus, have caused consequences for the mental health of countless individuals. For the Brazilian population, the pandemic period could cause worsening of anxiety and stress states due to the effect of atypical situations of the period and excess of negative and/or reliable information. In this way, we seek to understand and investigate the increase in anxious cases in Brazil in the context of the COVID-19 pandemic.

After the arrival of COVID-19 in Brazil, several measures of control and prevention of the disease were taken by the local health authorities in different administrative spheres (federal government, state and municipal governments). These measures differed from one region to another of the country, however the most widespread measure by the authorities was the practice of social distancing, generally understood by the population and the media, as social isolation (FARIAS, 2020).

In order to contain the spread of the virus, which quickly caused an overload in the health systems of numerous countries, the practice of distancing was widely adopted, through voluntary social isolation of citizens and by government mandates of confinement. In this sense, the guidance was that people only go out for essential survival services. However, in the face of alarm about social isolation, it can be mentioned that the reality of the pandemic ended up implying behavioral changes that affected part of society, where the expressive psychosocial impact, especially to the elderly public, evidenced the importance of mental health care, planning and alerting society to other possible situations of anguish.

At the end of 2019 and beginning of 2020, COVID-19 radically affected and transformed much of the world's society where, the severity of the disease and the protective measures taken to control the spread of the virus had several consequences caused by the loss of family and friends, unemployment, precariousness of the structure of medical care, measures of social isolation, bankruptcy of several companies, distance learning programs, hunger and other situations that have

caused great negative impact on many national sectors, such as health, education, social, economy, accessibility. The enigmatic situation involved by the pandemic, ended up affecting the population both in their living and health conditions and there was not only the issue related to the symptoms of the disease, but also to the political, economic and social context resulting from the disease, which caused consequences for the mental health of countless individuals. Among many emotional shocks, Barros (2020) points out that the main factors related to the negative psychological effects are the duration of quarantine, fear of infection, frustration, annoyance, financial losses and misinformation brought by the advent of the pandemic. The conjuncture of COVID19, brought a new way of living life based on solitude, uncertainty, confusion in the information established through the absence of reliable sources of communication, viral exposure, the immunobiological inexistence at first and a remedy for the domain of the disease, revealing the emotional instability, the psychic exhaustion of people exposing the great shock of the mental health of the Brazilian population, that long before the pandemic context was already publicized and known among most Brazilians, for the physical and mental symptoms linked to stress and depression suffered by the battle of everyday life.

The period before the COVID-19 pandemic years before 2019, already revealed some of the symptoms related to stress and depression, these symptoms, experienced by the man who currently lives in large urban centers and who present in their daily lives a natural reaction of signaling and alarm of the body as, the fight or flight response to work challenges, family problems, bills payable, long commutes with the presence of congested traffic, few hours of rest followed by poor diet, facts that result in stressful situations of exhaustion of the nervous system. Added to this constant routine of stressful life and the natural reaction of being connected to daily activities, almost in an automatic way, can cause serious consequences not only for health in general, but also for mental health. It can be carefully observed that, the Society goes through constant transformations, however it is still possible to verify that individuals, at some point in life, have mild depressive episodes, and these natural reactions are associated with bad and unpleasant events that happen in the daily routine. With this perception, it is possible to understand that mild depression is a natural component of human life and an adaptation factor, having a sense of recovery and learning, because these situations end up encouraging the search for improvement and improvement (SERSON, 2016). However, at the same time, several physical and mental symptoms, experienced by some people, are linked to stress and depression disorders, such as insomnia, lack or excess of appetite, nervousness, forgetfulness, guilt, shortness of breath, dizziness, infections, negative thoughts, among many others that are quite recurrent in globalized society.

In this context, mild anxiety reactions, such as stress and fear, serve to propel individuals to fight, persist, learn and evolve, promoting survival. The problem exists when these feelings are

excessive and end up harming mental and physical health, causing the individual to withdraw instead of using them to their advantage. Several times it is necessary to seek qualified help to treat the physical and mental symptoms, which will be mitigated through professional mental health care and medication. In addition, it is essential that the individual works to return to his normal life and without negative dependencies on drugs and therapies (SERSON, 2016).

Currently, in society, it is possible to verify several disorders of the mind that are quite recurrent, such as depression, anxiety, phobias, and compulsions, a result of the transformations that have occurred in recent decades, which have made society more accelerated, consumerist, globalized, materialistic and insensitive to the difficulties and ills of others. As Cury (2013, p.04) points out,

Without realizing it, modern society – consumerist, fast and stressful – has altered something that should be inviolable, the rhythm of construction of thoughts, generating very serious consequences for emotional health, the pleasure of living, the development of intelligence, creativity and the sustainability of social relations. We got sick collectively.

These psychic diseases cause changes in behavior, emotional state, compromise well-being, physical and mental health, generating repercussions in the fulfillment of daily tasks, impairing performance at work and in studies, causing physical symptoms and mainly, affecting the social relationship of the individual with others. As the WHO points out, more than 700 million people worldwide are affected by mental health problems, the most common being depression, which, according to the organization's estimates, should be the disease with the highest incidence by 2030.

Thus, it is possible to verify that this is a public health issue, due to the large size and impact caused by mental illnesses in the majority of society, because in addition to the consequences for the individual himself in the most diverse aspects of life, these disorders result in high economic cost for the Brazilian government, in which the indices indicate that mental and behavioral diseases, as depression and anxiety, already represent the third cause of absence from work and request for sickness benefit, as pointed out by the National Institute of Social Security (INSS).

Another major concern is that most people who suffer from any of these diseases do not seek professional help or end up taking too long to do so, aggravating the disease and preventing its improvement. Sometimes this occurs due to lack of information or even the refusal of the individual to accept that he is affected by a disease. As Serson (2016, p. 15) points out,

Both depression and anxiety can be or become chronic problems, a trend that we can reverse to some degree. This is not achieved only with medicines and psychotherapy. More than awareness, it takes the will and action to change, knowing that it is important to change. If well oriented, the patient can understand and thus try to modify certain things; or, conversely, knowing that you cannot change and process this fact within yourself, seeking to adapt and accept yourself.

Thus, the Brazilian Institute of Geography and Statistics (IBGE) (2016) warns about the high rate of mental illness, which every day becomes more noticeable that many people suffer from anxiety and stress, resulting from daily charges, pressure at work and studies, globalization of communication and standards imposed by society, as already mentioned, causing negative consequences to individuals and their families and friends, who suffer and accompany the daily challenges to overcome the disorder. In recent decades, Brazil has faced a process of accelerated urbanization, as well as large-scale scientific and technological advances. These aspects have directly influenced today's society, which has become competitive, with high rates of violence, poor employment and income conditions, lack of housing, inefficient transportation and a health system that does not meet the needs of the population. All this influenced the growth of cases of mental illnesses, which contribute to 18% of diseases in the country, impacting on functional capacity and quality of life (GRAEFF et al., 2012).

It is exposed that anxiety is one of the most recurrent diseases of the mind, which can be characterized as anguish and excessive worry, persistent and difficult to control, being accompanied by physical and psychological symptoms, which cause suffering and reduced performance in daily activities. It is a frequent disorder that is not properly diagnosed in many individuals. Some of the physical symptoms of this disease are: tachycardia, sweating, insomnia, tiredness, muscle aches and difficulty relaxing, which can even cause hypertension and heart problems. According to Magalhães and Camargo (2013, p. 53),

Pathological anxiety is, along with depression, the most common type of mental distress worldwide. On average, one in six people develops some problematic way of feeling and manifesting anxiety at some point in their life. This maladjustment can present itself in six different ways, according to the manuals of psychiatry adopted worldwide. That is, there are six different mental disorders in the anxiety group: panic disorder, specific phobias of situations, places, animals and objects, social phobia, generalized anxiety, post-traumatic stress disorder and obsessive-compulsive disorder, better known by the syllable OCD.

Each of these anxiety disorders has different symptoms and characteristics, but they all manifest themselves in the physical, emotional and behavioral spheres. Physical symptoms can be more severe, as in panic attacks, or milder, such as excessive sweating that is quite common in everyday life. In the mental context, symptoms appear through exaggerated and constant worries, difficulty relaxing, racing and negative thoughts. Behavior is also strongly influenced and anxious people avoid situations that make them nervous or uncomfortable. The picture Below is some of the ways in which anxiety can present itself.

Cury (2013) still describes vital anxiety as one in which the individual has full conviction of his thoughts, ideas and wills, being responsible for the healthy control of his life, when this control is lost, the individual begins to suffer from a pathological anxiety.

It is verified that often those who suffer from anxiety have other mental illnesses and emotional problems, about 60% of people who suffer from anxiety have concomitant depression, it is estimated that the aggravation of anxiety symptoms can result in more serious diseases, because they negatively affect the quality of life of the individual and end up influencing the occurrence of feelings of stress and depression. There is still no scientific proof that one disorder causes another or what the relationship between its causes and symptoms is, but its interaction occurs in several cases (MAGALHÃES AND CAMARGO, 2013). Sometimes individuals do not present evident mental and emotional symptoms, the problem presents itself through physical symptoms called psychosomatic disorders, such as headache, shortness of breath, tachycardia, muscle pain, among others. These patients are usually referred by other doctors for treatment of mental illnesses, as their symptoms are not the result of physical problems or illnesses.

Chart 1 - Anxiety disorders and their forms of presentation

Disorder of anxiety separation	The individual with separation anxiety disorder is apprehensive or anxious when the separation of attachment figures to a point where it is inappropriate for the developmental level. There is persistent fear or anxiety about the occurrence of damage to attachment figures and about events that could lead to loss or separation from such figures and reluctance to move away from them, as well as nightmares and physical symptoms of suffering. Although symptoms often develop in childhood, they can also be expressed during adulthood.
Selective mutism	Selective mutism is characterized by consistent failure to speak in social situations in which there is an expectation to speak (e.g., at school) even if the individual speaks in other situations. Failure to speak up has significant consequences in contexts of academic or professional achievement or interferes with other aspects of normal social communication.
Specific phobia	Individuals with specific phobia are apprehensive, anxious, or shy away from circumscribed objects or situations. A specific cognitive ideation is not characterized in this disorder as it is in other anxiety disorders. Fear, anxiety, or avoidance is almost always immediately induced by the phobic situation, to a point where it is persistently out of proportion to the actual risk that presents itself. There are several types of specific phobia: to animals, natural environments, blood-injection-injuries, situational and others.
Disorder from social anxiety	In social anxiety disorder (social phobia), the individual is fearful, anxious or avoidant of social interactions and situations that involve the possibility of being evaluated. This includes social situations such as meeting with people who are not familiar, situations in which the individual can be observed eating or drinking, and performance situations in front of other people. The associated cognitive ideation is that of being evaluated negatively by others, being embarrassed, being humiliated or rejected, or offending others.
Disorder from panic	In panic disorder, the individual experiences recurrent unexpected panic attacks and is persistently apprehensive or worried about the possibility of experiencing new panic attacks (e.g., avoidance of exercise or unfamiliar locations). Panic attacks are abrupt attacks of intense fear or intense discomfort that peak within minutes, accompanied by physical and/or cognitive symptoms. Panic attacks with limited symptoms include fewer than four symptoms. Attacks can be <i>expected</i> , such as in response to a normally feared object or situation, or <i>unexpected</i> , meaning that the attack does not occur for an apparent reason. They function as a marker and prognostic factor for diagnosis severity, course, and comorbidity with a range of disorders, including, but not limited to, anxiety disorders (e.g., substance use disorders, depressive and psychotic disorders). Panic attacks can therefore be used as a descriptive specifier for any anxiety disorder, often being avoided or requiring the presence of a companion.

Disorder of generalized anxiety	The main features of generalized anxiety disorder are persistent and excessive anxiety and worry about various domains, including work and school performance, which the individual finds difficult to control. In addition, physical symptoms are experienced, including restlessness or a feeling of "nerves to the flower of the skin"; fatigability; difficulty concentrating or "having whites"; irritability; muscle tension; and sleep disturbance.
Disorder substance/medication-induced anxiety	Substance/medication-induced anxiety disorder involves anxiety due to substance intoxication or withdrawal or to a drug treatment.
Agoraphobia	Individuals with agoraphobia are apprehensive and anxious about two or more of the following: using public transportation; being in open spaces; being indoors; standing in line or being in the middle of a crowd; or being out of the house alone in other situations. The individual fears these situations due to thoughts that it may be difficult to escape or that there may be no help available, chaos, panic-type symptoms, or other disabling or embarrassing symptoms. These situations almost always induce fear or anxiety and are often avoided or require the presence of a companion
Anxiety disorder due to another medical condition	In anxiety disorder due to another medical condition, anxiety symptoms are a physiological consequence of another medical condition.

Source: Rolim (2020)

Therefore, anxiety is considered a natural response of humanity to situations in which there is threat and fear, being an influencing factor of social evolution. Nowadays it is part of the natural process related to the struggles and challenges of life, causing individuals to react to certain situations and be prepared for future events. In contrast, these natural symptoms when related to conflicting social and biological factors, can result in mental diseases and disorders, the result of excess and risk factors to which society is exposed in this globalized world (MAGALHÃES & CAMARGO, 2013).

Despite portraying the natural and pathological emotional states experienced by the individual in their life journey, we contemplate that for the Brazilian population, the pandemic period may have caused worsening of the states of anxiety and stress as a consequence of the atypical situations of the period and excess of negative information.

In the last months of 2022, one of these factors of worsening mental health was the occurrence of the pandemic caused by COVID-19, which impacted social relations, the economy and politics, forcing the world population to reorganize and develop new measures for the control of the disease. These measures, while seeking to contain the spread of the virus, caused several economic and social problems, impacting the lives of the majority of the population and consequently worsening the emergence of emotional disorders.

Currently, authors such as Aquino et al. (2020), seek to develop research in relation to the psychic effects of the measure of social isolation seeking to understand what are the socio-emotional factors of psychological suffering. Amid the findings, it is emphasized that the biggest causes of mental suffering are the duration of the period of social isolation, the fear of being infected or of infecting other people, frustration, idleness, lack of supplies, unemployment, poverty and inadequate information about the disease (ZANON et al, 2020). Through comparative studies developed, it is observed that most of these factors are related to the symptoms of depression, stress, anxiety and

negative affects after the period of social isolation (ZANON et al, 2020). In addition, other adverse factors that were built in the midst of the period of social isolation are highlighted, such as financial losses. Financial losses were one of the major factors for the development of mental disorders in families with a low socioeconomic level. This factor stems from the impact that the loss of income represents for such families (ZANON et al., 2020).

As can be seen in other pandemics over the centuries, it is observed that the increase in symptoms of mental illness in individuals who have experienced a pandemic period and who have faced periods of social isolation may be related to fear and risk perception, the absence of vaccines and medicines to combat the disease effectively and, above all, the lack of reliable information (ZANON et al, 2020). Still dealing specifically with the case of the COVID-19 pandemic, it is observed that the news has constituted itself as a triggering factor of fear. Health status and history of chronic illness had a significant association for the presence of symptoms of stress, anxiety and depression (ZANON et al, 2020). Given this, it is understood that this pandemic will not only leave physical sequelae, but also in the mental health of the population. Therefore, it is difficult to find someone who did not feel distressed, fearful and depressed with all the situations suffered, be it the thousands of deaths, the financial difficulties, the hunger, the social isolation and the various restrictions for fraternizations and human interaction to which everyone was accustomed.

Research conducted during the pandemic shows that individuals who already have mental disorders are more likely to demonstrate higher levels of stress and distress during social isolation to contain COVID-19, as such a context is a driver for negative feelings and emotions. On the other hand, individuals who do not have previous mental disorders have a lower tendency to develop mental illnesses such as anxiety and depression. Thus, the observation of the incidence of stress, anxiety and depression during the pandemic among people with previous disorders and people who do not have such conditions is important to define appropriate prognoses and treatments for each group (BARROS, 2020).

When the individual is faced with this reality, it is necessary to propose strategies that return well-being to the passing situations and the proper professional accompaniment for the most severe cases. As Barros (2020, p. 02) points out,

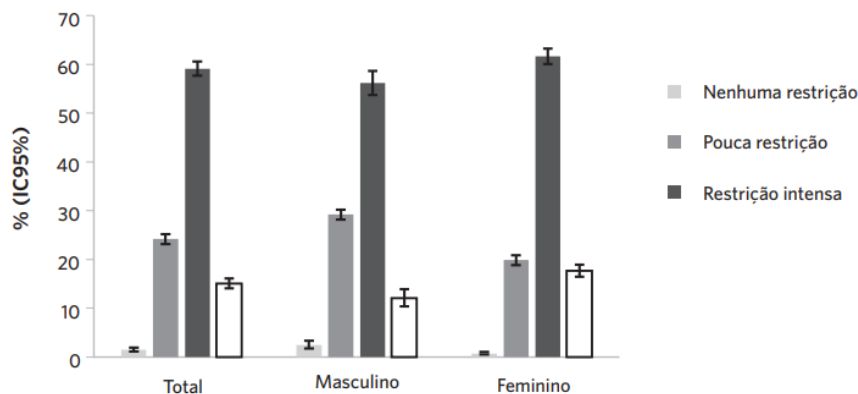
Given contexts such as the present, it is understandable that practical and scientific efforts are focused on the biological aspects of the disease in question. However, the pandemic context and the recommended control measures affect the population in many dimensions of living and health conditions, among them, significantly, the mental health component.

The panorama exposed above shows that the sudden changes in habits and routines that occurred during the COVID-19 pandemic period, such as social isolation, telework, school closures and reduced social interactions, which happened suddenly, were factors of great influence for the

increase in anxiety symptoms, and also other feelings such as fear and insecurity, Related to the diverse information disseminated about the disease, as well as the large number of sick and dead, caused a significant increase in cases of anxiety, depression and stress. It is perceived that the pandemic period caused a great impact on world society, both in the field of physical health and mental health, in which a large part of the population began to present symptoms of stress, depression and anxiety. Given the COVID-19 pandemic moment, it is necessary that there is also concern for the mental health of the population, which needs support and support in specialized care, where many people end up presenting symptoms of mental disorders and do not have the proper professional monitoring.

In a survey developed by Malta et al., (2020), on adherence to social distancing, 45,161 individuals were evaluated, where 45.7% of the studied population was between 18 and 39 years old; 34.0%, between 40 and 59 years; and 20.3%, 60 years of age or older. Regarding education, 72.4% of the participants had completed high school; 11.1%, incomplete elementary school; and 16.5%, complete higher education or more, it can be contemplated that, in relation to the intensity of social distancing during the study period, only 1.5% (95%CI 1.20 – 1.98) led a normal life, without any social restrictions; and 15.1% (95%CI 14.1 – 16.1) stayed strictly at home (MALTA et al., 2020), as shown in graph 1 below:

Graph 1 – Intensity of social distancing during the Covid-19 pandemic according to sex

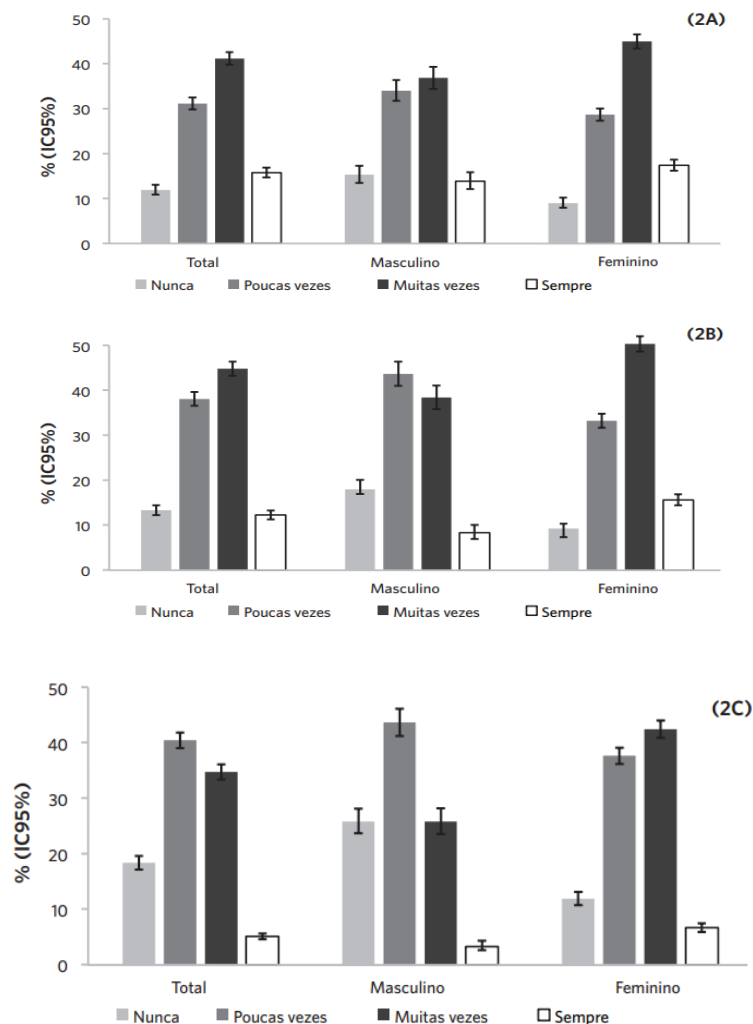


Source: Malta et al. (2020, p. 180).

Through graph 1 it is observed that a large part of the Brazilian population adhered to social distancing, leaving only to go to the supermarket and pharmacy or stayed strictly at home. In contrast, social distancing contributed to a negative impact on the mental health and lifestyles of Brazilians, with increased feelings of anxiety, isolation, sadness or depression according to the information in graph 2 (MALTA et al., 2020).

Regarding mood, the study presented as data that 41.2% (graph 2A), 41.3% (graph 2B) and 35.2% (graph 2C) of Brazilians felt isolated, anxious, and sad or depressed many times during this pandemic period (MALTA et al., 2020).

Graph 2 – How often you felt isolated (2A), anxious (2B), and sad or depressed (2C) during the Covid-19 pandemic according to sex



Source: Malta et al. (2020, p.181).

It should be noted that social isolation measures signal occurrences of psychological implications, such as anxiety, sadness and depression. The fear of being infected by a potentially fatal virus such as the coronavirus, coupled with concerns about financial losses, can affect the psychological well-being of many people by weakening mental health. Thus, in addition to the measures to cope with and contain the pandemic, it is necessary to guarantee the population an appropriate assistance in mental health, with actions that minimize mental suffering throughout this period of crisis. In addition, it is important to propose strategies to promote mental health and

psychosocial care in the short, medium and long term, in an attempt to reduce or prevent psychiatric and psychological problems (MALTA et al., 2020).

4 FINAL CONSIDERATIONS

This research, which had the proposal of responding to the general objective of investigating the impact of social isolation among Brazilians during the COVID-19 pandemic period, as well as the repercussion on socio-emotional feelings and the survey of the effects of the COVID-19 pandemic on mental health, showed that measures to mitigate the spread of the virus such as social isolation, It aggravates problems that affect the socio-emotional feelings and mental health of some people, such as anxiety, depression, insecurity, insomnia. Therefore, it is of paramount importance that measures are taken and aimed at the restoration of mental health.

In addition, it is understood that social isolation was the possible measure at the time to avoid contagion, since it was a little-known virus, but it is understood that the panic about it around the national population, as well as the lack of medical care, lack of physical activity and leisure, were also contributing factors to the emergence and/or worsening of diseases and weaknesses of mental health.

This study showed that although social isolation was an emergency solution so that the virus did not manifest itself further, the psychic damage is real. Therefore, it cannot be denied that some people in the Brazilian population need a more careful look, since the virus has led to fear for many. Another point that deserves to be highlighted is that even before the pandemic, many people already suffered from mental health in society, needing support, attention and care. The descriptions made on the theme of the impact of social isolation also showed that the social and economic context during the COVID-19 pandemic influenced the exponential growth of cases of mental disorders such as anxiety.

This study showed that the sudden changes in habits and routines that occurred during the COVID-19 pandemic period, such as social isolation, telework, school closures and reduced social interactions, which happened suddenly, were factors of great influence for the shock in socio-emotional feelings as well as for the increase in anxiety symptoms.

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