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#### **Original** Article

# Feelings of Loneliness, Learned Helplessness and Depression during COVID-19 forced lockdown in Pakistan

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### ABSTRACT

Due to the fast-spreading Coronavirus all over the world, Pakistan Government announced forced lockdown and all other businesses, shopping malls, restaurants, and educational institutions were closed to avoid the risk of spreading the virus in such crowded places. This study was conducted to find if social isolation would cause feelings of loneliness, helplessness, and depression in the people of Pakistan. For this purpose, an online survey through Google forms was conducted and data from 204 participants was collected. After statistical analysis done by Statistical Package for the Social Sciences, version 25, results showed a significant positive correlation among loneliness, learned helplessness, and depression. There was no statistically significant difference between males and females in loneliness, learned helplessness, and depression. Similarly, there were statistically no significant differences in people living in joint or nuclear family systems. Public Officials should take necessary measures so that people who are in quarantine do not experience adverse effects of social isolation.

Key Words: COVID-19; Social Isolation; Depression; Loneliness; Learned Helplessness; Lockdown; Pakistan

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## INTRODUCTION

Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is a rapidly spreading disease throughout the world. Initially, in December 2019, this pandemic broke out in "Wuhan City" of China. It is often referred to as the novel Coronavirus and because of the year in which it broke out, it was named Coronavirus Disease 2019 (COVID-19) (Holshue et al., 2020). According to WHO, the virus spreads due to close contact between people mostly through sneezing, coughing, talking, and touching. Doctors and specialists recommend these measures to prevent oneself from getting infected which include washing hands regularly, using sanitizers, gloves, and mask when going out and avoiding physical contact (WHO, 2020).

On 26th February, 2020, Dr. Zafar Mirza, the Prime Minister's Special Assistant on Health confirmed the first two cases of Coronavirus in Pakistan and soon the Government of Pakistan announced nationwide forced Lockdown and asked its citizens to self-quarantine (Government of Pakistan, 2020). The lockdown situation resulted in social isolation.

Lockdown caused social distancing which leads to feelings of loneliness, learned helplessness, and depression. Loneliness negatively affects physical and mental well being while loneliness is sometimes referred to as a state of mind rather than being alone (Tiwari, 2013). It is the feeling of disconnectedness and distance from relationships, a person perceives himself to be left alone that he lacks companionship.

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depressive

cognitive

People in their old age feel the loneliest and are at greater risk of developing depression thus proper interventions should be introduced so that people especially elderly persons don't have to go through the adversaries of pathological loneliness, (Tiwari, 2013).

Larry Dossey (2020) wrote in the article about research conducted to explore the effects of isolation on brain cells. The results concluded that complete isolation from the outside world caused certain brain parts to shrink. In the same article, the authors wrote what Lyall Watson discussed in his book "Beyond Supernature" that in isolation an individual can not be procreative or motivated. Other contributions by Lyall Watson have been discussed that how much emphasis he paid on the social life of human beings and living together is a factor that helps mammals to live, (Dossey, 2020).Forced Lockdown causes feelings of helplessness. Cherry described Learned Helplessness as a phenomenon that is observed both in humans and other animals when they perceive that they have no control over their environment. In other words, they feel powerless to change their condition. Martin Seligman was the first person who studied phenomenon by chance. this Thev experimented on dogs but the results which were concluded were applicable on Human beings too. Learned Helplessness leads to the feelings of depression and anxiety (Cherry, 2014).

Depression is a state of mind when a being is continuously feeling sad, pressed down or blue, clinical psychologist use a word dysphoria for such state and when such symptoms like sleeplessness, restlessness, fatigue, loss of appetite or excessive eating

## **METHODS**

### **Research Design**

This study's research design is crosssectional. Google forms was used to collect data from participants. A random sampling strategy was used to draw samples for this study. All those people who had internet

from MDD i.e major depressive disorder (APA, 2013). According to research, over 120 million people suffer from this disorder all over the globe, (Hammer-Helmich et al., 2018). Quarantine aims to protect people from the pandemic but there are some adverse effects. Also, the studies show that those people who were quarantined showed post-traumatic stress later in their lives. Much researches have been conducted regarding this issue. Considering the mental implications of quarantine, authorities should take such measures that ensure people's good mental and physical health, (Hossain et al., 2020). **Hypothesis** The hypothesis for the present study are as follow: 1. There is a positive correlation between the variables such as feelings of loneliness, helplessness, and depression

weeks.

symptoms,

during COVID-19 forced lockdown in Pakistan.2. Social isolation would cause more levels of loneliness and fewer levels of Helplessness and Depression in male

are found in an individual for several

symptoms that have a critical relation with

functional impairment of a person suffering

there are

these

also

Alongside

respondents. Social isolation would cause fewer levels of loneliness and high levels of Helplessness and Depression in female respondents.

3. The people living in the nuclear family type would face more feelings of loneliness, learned helplessness, and depression.

access had an equal chance of participating in this research.

## **Participants**

Data were collected from 204 participants including both males and females who were currently living in Pakistan during lockdown due to COVID-19. Most people who participated were from Bahawalpur, Lodhran, Karachi, Islamabad, Multan, and few other cities. Participants with age older than 14 were allowed to participate in this study.

# Inclusion/Exclusion Criteria

Criteria for exclusion were that people under age 14 years and those without internet access were not included in this research. The inclusion criteria were age ranging from 15 years and above.

## Measures

## **Loneliness Scale**

UCLA Three-Item Loneliness Scale was used which consists of the following item; "How often do you feel that you lack companionship?","How often do you feel left out?","How often do you feel isolated from others?"Participants were asked to rate the statement on a three-point Likert Scale, which has the following options, (a)Hardly Ever (b)Some of the time (c) Often. The scoring of this scale ranged from 3-9 scores where participants lying in 3-5 range were considered not lonely and those who lie in 6-9 range were considered lonely. The alpha coefficient of reliability is 0.72 for UCLA 3 items loneliness scale (Hughes et al., 2004).

## Learned Helplessness Scale

For assessing learned helplessness in respondents, we used a 5-item helplessness subscale of The Rheumatology Attitudes Index (RAI). The items of the scale are; "My condition is controlling my life", "I would feel helpless if I couldn't rely on other people with my condition", "No matter what I do or how hard I try", "I can't seem to get relief from my situation", "I'm coping effectively with my condition", "It seems as though fate and other factors beyond my control affect my condition". Participants were asked to select the most suitable option from a 5-point Likert scale of options ranging from Strongly to disagree to Strongly Agree. The fourth item of this Scale is reversed scored. Scoring of Helplessness scale was done as follows; Low helplessness =5-10, Moderate =11-19,

High =20-25. The alpha coefficient of reliability is a= 0.73 for this helplessness scale (DeVellis & Callahan, 1993).

# **Depression Scale**

To measure the level of depression developed as a result of loneliness and feelings of helplessness in a lockdown situation, 7 items were used from DASS-21 which measure depression symptoms. The alpha coefficient of reliability is 0.81 for the subscale of depression in DASS-21. These items were: I couldn't seem to experience any positive feeling at all, I found it difficult to work up the initiative to do things, I felt that I had nothing to look forward to, I felt down-hearted and blue, I was unable to become enthusiastic about anything, I felt I wasn't worth much as a person. I felt that life was meaningless. Respondents selected the suitable option for their condition from a four-point Likert Scale which has the following options; Did not apply to me at all - NEVER, Applied to me to some degree, or some of the time SOMETIMES, Applied to me to a considerable degree, or a good part of the time - OFTEN, Applied to me very much, or most of the time - ALMOST ALWAYS. Scoring for Depression scale was; Normal =0-4, Mild=5-6, moderate=7-10, severe 11-13, Extremely Severe,14+ (Lovibond & Lovibond, 1995).

# Procedure

To collect data from participants, due to the lockdown, online survey on Google forms was used. People could access this study to participate on various social media platforms such as facebook, Whatsapp etc. The participants were asked to fill the form containing fifteen items and questions related to demographic information within 10-15 minutes in a single sitting. In three weeks, more than 204 people had filled the form. Statistical Package for the Social Sciences, version 25, was used for data analysis.

## **Ethical Considerations**

There was no ethical issue regarding this research. Informed consent was taken from the participants and confidentiality of the data gained from research participants was maintained.

#### RESULTS Table 1

Frequency Distrib	ution of Demograp	hic Varial	bles ( $N=204$ )
Demographic	Characteristics	F	%
Variables			
Age	15-20	55	27.0
	21-25	113	55.4
	26-30	14	6.9
	31-40	15	7.4
	41-50	7	3.4
Gender	Male	81	39.7
	Female	123	60.3
Education	Matric or Less	11	5.4
	Inter	31	15.2
	Bachelors	115	56.4
	Masters	36	17.6
	MPhil/PhD	11	5.4
<b>Marital Status</b>	Single	161	78.9
	Married	42	20.6
	Divorced	1	.5
Family Type	Joint	112	54.9
	Nuclear	92	45.1

Table 1 describes the demographic characteristics of participants. There were 204 participants. The majority of them (82%) belonged to adolescence or early adult years (15-25 years). There were 40% males whereas 60% were females. Around

56% of participants had a bachelor's education followed by around 18% having a master's education. Almost 79% were single. The majority (55%) lived in a joint family system compared with 45% living in the nuclear family system.

## Table 2

Correlations among Loneliness, Learned Helplessness, and Depression

Variables	n	Μ	SD	1	2	3	
Loneliness	204	5.0588	1.78015	-			
Learned	204	13.1863	3.88310	.309**	-		
Helplessness							
Depression	204	12.6667	5.26787	.338**	$.209^{**}$	-	

Table 2 describes the correlations for testing a relationship among loneliness, learned helplessness, and depression. The results are statistically significant for all three variables. There is a linear relationship among all the relationships. The increase in loneliness increase learned helplessness and an increase in learned helplessness increases depression and vice versa.

Gender	M (n=81)		F (n=123)			
Variables	Μ	SD	Μ	SD	<i>t</i> ( <b>df</b> )	Sig.
Loneliness	5.2346	1.95110	4.9431	1.65609	1.145(202)	.254
Learned	13.0494	3.78451	13.2764	3.95943	408(202)	.684
Helplessness						
Depression	12.4074	5.24113	12.8374	5.29982	569(202)	.570
Family Type	Joint (n=	112)	Nuclear (	n=92)		
Variables	3.6	<b>GD</b>	3.6	<b>GD</b>	(10)	<b>a</b> •
v al lables	M	SD	M	SD	<i>t</i> (df)	Sig.
Loneliness	<u>M</u> 5.0811	<b>SD</b> 1.86905	<u>M</u> 5.0543	<b>SD</b> 1.67308	<i>t</i> (df) .106(201)	Sıg. .915
Loneliness Learned	M 5.0811 13.2252	<b>SD</b> 1.86905 3.88630	M 5.0543 13.1304	<b>SD</b> 1.67308 3.92013	<i>t</i> (df) .106(201) .172(201)	.915 .863
Loneliness Learned Helplessness	5.0811 13.2252	<b>SD</b> 1.86905 3.88630	M 5.0543 13.1304	<b>SD</b> 1.67308 3.92013	<i>t</i> (df) .106(201) .172(201)	.915 .863

 Table 3

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Table 3 gives the results of t-tests conducted to see gender and family type group differences for loneliness, learned helplessness, and depression. The results tell us that there was no statistically significant difference between males and

## DISCUSSION

COVID-19 led to the forced lockdown in Pakistan. The problem of social isolation and its effects was the area of interest in this study. In the situation of lockdown, it was hypothesized that social isolation would cause an increase in feelings of loneliness, learned helplessness, and depression. After the survey being conducted and data analyzed, the result of the present study showed that there was a significant positive correlation between loneliness, learned helplessness, and depression which means increased social isolation leads to greater levels of loneliness, helplessness, and depression, and vice versa. In other words, if an individual feels lonelier, then he/she will experience a higher level helplessness and depression or the other way round. The underlying reason for this could be a loss of connectivity with friends and relatives. As a result, a person perceives himself alone (Tiwari, 2013). As they feel helpless in the matter of having no control over their social life or restricted control, they undergo the feelings of depression. Other researches show that such individuals who are socially disconnected from their females in loneliness, learned helplessness, and depression. Similarly, there were statistically no significant differences in people living in joint or nuclear family systems.

friends and family have higher symptoms of depression and their mental being is at greater risk (Ge et al., 2017).

The results also showed that there was no significant difference between the groups like genders and family systems, regarding loneliness, learned helplessness and depression which suggested that both types experienced feelings of groups of loneliness. learned helplessness, and depression almost equally. This could be the reason why those who live in a joint family system also experienced feelings of loneliness, learned helplessness, and depression because they perceived themselves to be alone as they were distant from their friends in a lockdown situation. In a lockdown situation, it is hard to connect with people so individual develops depression and when an individual spends time in isolation, there are chances of degradation of his mental health. According to a case study conducted in India, a 52 years old man was brought to emergency in a hospital who attempted suicide by shooting himself in the upper part of his left abdomen. After going through his history, researchers came to know that he had no record of any mental illness until three weeks earlier when he met his friend who came from abroad in a get-together. Three days later, he came to know that his friend was Coronavirus positive. He started worrying that he might have also been infected and may spread the infection to his family members. He isolated himself immediately and spent two weeks in quarantine. During this period, he started to develop depressive symptoms bv constantly worrying about his death, although he had no COVID-19 symptoms. As a result of spending most of his time anxiously thinking that he was about to die due to Coronavirus, he ended up shooting himself. Fortunately, he was saved in time and his psychotherapeutic treatment was afterwards. In isolation. started an individual lacks motivation which directly affects his mental health (Sahoo et al., 2020).

Social isolation isn't good for individuals as it is said that there is no productivity in being isolated (Dossey, 2020). It has been shown in researches that social isolation is connected with poor health which includes depression, restlessness, poor sleep quality, etc., (Hawkley & Capitanio, 2015). Even mental health care professionals who were separated from their families and were forced to work show the symptoms of depression, anxiety, and insomnia, (Papa et al., 2020). Similarly, another research conducted on the mental health of doctors working on the frontlines reports that 43% of the frontline physicians and doctors experience the symptoms of depression and anxiety (Amin et al., 2020). Recent research on the psychological aspects of COVID-19 describes the social and economic consequences of lockdown and suggests that necessary psychological interventions like counseling and first aid should be introduced by the Health Care Centers of government (Varshney et al., 2020). China was the first country to eliminate Coronavirus while treating the patients of Coronavirus, the Government of China administered psychological measures such

as telephonic counseling for the suspected Corona patients living in quarantine and also on-site Psychological aid for the Corona patients in Isolation Centers, to protect the psychological well-being of its citizens (Li et al., 2020).

## Recommendations

The government should ensure that media should not overstate COVID-19 situations as it produces distress in public while the public should also be advised to avoid unnecessary media exposure.

Victims of Coronavirus and those who are in quarantine should be regularly contacted by Public Health Care Officials and telephonic counseling should be given in such a situation.

The government should direct researchers to study the psychological consequences of this pandemic and be prepared for any future calamity.

# Limitations

In this research, we have not studied loneliness across age groups. In some people, the symptoms of loneliness, learned helplessness and depression may persist even before the enforcement of lockdown.

Using a quantitative cross-sectional research design, data collected from 204 participants through an online survey may not entirely represent the whole population of Pakistan.

Data could not be collected from people who had no internet access. The seriousness of the participants may also affect the results of the study.

## Conclusion

The current study concludes that all of the three variables were correlated because of the pandemic COVID-19 in Pakistan social isolation as a result of lockdown. There were no significant gender and family type group differences in loneliness, learned helplessness, and depression.

## **CONFLICT OF INTEREST**

The authors declare no conflict of interest.

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The authors received no funding.

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