



Quarantine and Social Isolation: Neuropsychological Effects According to Polyvagal Theory and Psychotraumatological Theory

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Introduction

While the COVID-19 crisis still challenges the fabric of our society, let's examine through our psychological science how this global trauma has affected and is affecting our mental and physical health, the way we perceive the world and the way we interact with the others. This contribution is part of the scientific landscape as an aid for understanding the social impact, aimed at interpreting the outcomes of the pandemic and creating models for predicting the psychosocial consequences it entails on the world scene. Many countries have applied quarantine measures for the containment of COVID-19, with more or less rigid protocols. The aim has been to protect our health and curb the contagion rate. The word quarantine (Venetian form for forty) describes the period of forced isolation used to limit the spread of an epidemic, which was used for the first time by the Venetian republic in relation to the crews of ships arriving from possessions in Dalmatia. This special decree was issued to contain the black plague epidemic that raged in Europe and Asia in the fourteenth century. In fact, this provision required new arrivals to the lagoon city to spend a period of isolation in a place with limited access for the duration of forty days. If for all of us this is a new and painful experience, the drastic containment measures have already been implemented many times in different historical periods.

An interesting article shows how the COVID-19 event has moved into a survival / attack response type by activating the sympathetic nervous system and has blocked the social engagement because it has been compromised by the viral spread and the danger of contagion beyond that from media coverage sometimes alarming or partial. The feeling can be that of not being able to trust and feeling trapped with a corresponding, not always proportionate, activation of distrust, fear

and anguish, as well as anger to be seen by others as a "cause" of the spread of the virus. When a person cannot resolve a threat through combat or escape (he cannot physically escape or fight a virus) or establish a social connection to help him self calm down, he enters a state of dissociation, and it is the work of the vagal nervous network dorsal, producing psycho-emotional consequences such as the sense of helplessness, feeling hopeless, depressed.

During the quarantine period this negative psychological effect is not surprising, but the evidence that a psychological quarantine effect can still be detected months or years later, as shown by a small number of studies - is more worrying and suggests the need to ensure that effective psychological trauma mitigation measures are put in place as part of the isolation and post-isolation planning process. According to recent research we must be willing to navigate the middle of the resilience process. Communities and individuals facing different adversities such as war, famine, poverty, disease or death do this by exploiting coherent categories of resilience resources. It is time to strengthen our mental health system in preparation for the inevitable challenges triggered by the COVID-19 pandemic. So, let's try to be proactive, also because resilience is not something innate (or in any case only in part) but is the result of deliberate action.

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