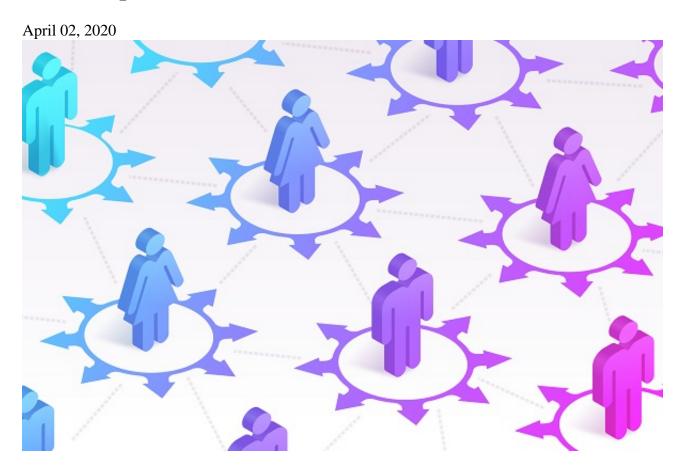
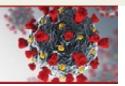
APS Backgrounder Series: Psychological Science and COVID-19: Social Impact on Adults



Human behavior is one of the most important factors dictating the severity of pandemics for both the spread of the disease and the psychological impacts it triggers, such as anxiety, isolation, and uncertainty. Through an ongoing series of backgrounders, the Association for Psychological Science (APS) is exploring many of the psychological factors that can help the public understand and collectively combat the spread of COVID-19. Each backgrounder features the assessments, research, and recommendations of a renowned subject expert in the field of psychological science. This content has not undergone separate peer review and is provided as a service to the public during this time of pandemic.

Visit APS's main COVID-19 page for more psychological science research and insights.



Expert commentary from Chris Segrin, department head and Steve and Nancy Lynn Professor of Communication at the University of Arizona. His research focuses on social skills, relationship development and satisfaction, and such problems as depression, anxiety, loneliness, and marital distress.

What does psychological science say about socializing and isolation?

Human beings are inherently social creatures. We are not solitary; we thrive in the presence of other people, and separation from other people is harmful to most humans. Short-term social distancing is probably not a major problem for most people. However, over time this can become bothersome and stressful for people who long for meaningful face-to-face contact.

How does the human need for socializing relate in times of epidemics?

The human need for connection with other people is probably what fuels a lot of disease transmission. One could think of this as the price we pay for our inherently social nature.

How does social distancing during the COVID-19 pandemic affect adults?

COVID-19 is increasingly requiring people to stay away from others, especially in settings where people normally congregate. Part of what makes the experience of a sporting event, seeing a concert or a movie in a theater, or eating at a restaurant meaningful is the presence of other people.

Even if we don't interact directly with them, their presence makes the event a more substantial experience. (For example, imagine the reaction of a crowd when a batter hits a home run at a baseball game—it wouldn't be the same if there was just one person in the stands.) Much of this is lost in the "stay at home" orders to slow the spread of COVID-19.

What are the 2-3 most relevant findings in your field that the public should know and understand?

When people's actual or achieved social contact falls below their desired level of social contact, they begin to feel lonely and loneliness is stressful.

The stress of loneliness degrades mental and physical health (e.g., cardiovascular fitness, immune fitness) through disruption of recuperative behaviors (e.g., sleep, leisure) and corruption of health behaviors (e.g., substance use, diet, exercise).

What should people be aware of as this crisis endures?

As short-term "social distancing" starts to become long term, people need to make adjustments in their communication behaviors in the service of their mental health. For those who are not well versed in the use of communication technologies, now would be a good time to learn how to use them.

If there is someone in your life (e.g., an elderly relative) who is not tech savvy, use "low-tech" means to communicate with them (e.g., the telephone) and perhaps try to coach them on using more advanced technologies that they might have available but just haven't learned (e.g., audio/video conferencing over

the computer or smart phone).

Make a conscious effort to check in with people in your social network who live alone. They are particularly vulnerable at times like these.

What is the one message people should know that psychological science teaches us?

Practice PHYSICAL distancing, not SOCIAL distancing. The term "social distancing" has an unfortunate connotation and is actually not an accurate descriptor of what public health officials are trying to achieve. Meaningful social contact can occur in the absence of close physical contact.

Are there any published articles that are particularly insightful on these topics?

Smith, S. G., Jackson, S. E., Kobayashi, L. C., & Steptoe, A. (2018). Social isolation, health literacy, and mortality risk: Findings from the English Longitudinal Study of Ageing. *Health Psychology*, 37(2), 160–169. https://doi.org/10.1037/hea0000541

Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, 8(2), 58–72. https://doi.org/10.1111/spc3.12087

Leigh-Hunt, N., Bagguley, D., Bash, K., Turner, V., Turnbull, S., Valtorta, N., & Caan, W. (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157–171. https://doi.org/10.1016/j.puhe.2017.07.035

Segrin, C. (2019). Indirect effects of social skills on health through stress and loneliness. *Health Communication*, 34(1), 118–124. https://doi.org/10.1080/10410236.2017.1384434

Segrin, C., & Domschke, T. (2011). Social support, loneliness, recuperative processes, and their direct and indirect effects on health. *Health Communication*, 26(3), 221–232. https://doi.org/10.1080/10410236.2010.546771

Segrin, C., & Passalacqua, S. A. (2010). Functions of loneliness, social support, health behaviors, and stress in association with poor health. *Health Communication*, 25(4), 312–322. https://doi.org/10.1080/10410231003773334

Segrin, C., & Burke, T.J. (2015). Loneliness and sleep quality: Dyadic effects and stress effects. *Behavioral Sleep Medicine*, 13, 241-254. https://doi.org/10.1080/15402002.2013.860897

Segrin, C., Badger, T., & Sikorskii, A. (2019). A dyadic analysis of loneliness and health-related quality of life in Latinas with breast cancer and their informal caregivers. *Journal of Psychosocial Oncology*, 37, 213-227. https://doi.org/10.1080/07347332.2018.1520778