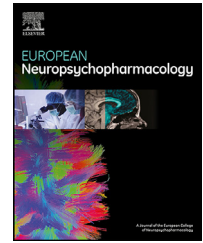




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INSIGHTS

Well-being, resilience and post-traumatic growth in the era of Covid-19 pandemic



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In early 2020, the world was rocked by an explosion that echoed worldwide in the following months, ushering the global emergence of an aggressive virus with lethal consequences. No institution or government in any country was remotely prepared to face the pandemic, in spite of repeated warnings by healthcare experts of a potentially deadly pandemic with catastrophic consequences. The COVID-19 pandemic brought about an unprecedented worldwide situation, quickly revealing and amplifying the weaknesses of organized healthcare. In a short time, experts started to realize that battling the physical symptoms of the disease is only part of the treatment. What became more concerning were the longer lasting psychological scars and emotional wounds of the disease, hitting in a world where depression has already been predicted to become the most debilitating illness with the highest socioeconomic burden on individuals and societies.

Both the pandemic and the implemented measures such as social distancing and stay-at-home orders put in place for long periods of time have disrupted the lives and well-being of people in many countries across the globe (Alghamdi et al., 2021). Daily activities and rhythms were

disrupted, social and interpersonal roles that contribute to maintaining identities and well-being of humans were rattled, and personal freedoms were deprived and replaced with seclusion and isolation. This resulted in profound increases in stress, anxiety, depression, and psychosomatic problems that compounded the economic burden of the pandemic with higher unemployment rate and loss of productivity. Varying figures with approximately 40% of adults in western countries reported symptoms of insomnia, depression and anxiety, distressing in themselves but also contributing as risk factors for the evolution of more severe mental health problems. Adults with pre-existing mental illness experienced rapid relapse of their conditions and emergence of their symptoms, increases in alcohol consumption and substance use, and elevations in suicidal ideation due to stress and worry over the pandemic. Lockdowns contributed to feelings of loneliness, irritability, restlessness, and nervousness (Saladino et al., 2020), although, paradoxically, newer studies have shown that negative affect decreased rather than increased during lockdowns (Foa et al., 2020; Recchi et al., 2020), an effect that could be exploited later for maintaining, restoring or even promoting mental health. Moreover, the pandemic contributed to existential fears of infection and death; the unknown nature of the illness and the associated severe symptoms also diminished our faith in the omnipotence of modern healthcare. Reports of enduring post-COVID symptoms lasting far beyond the resolution of the active

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infection raised feelings of profound uncertainty regarding our physical and mental well-being. All of the above contributed to feelings of powerlessness, helplessness and hopelessness; long-known factors underlying the pathophysiology of depression and other psychiatric disorders.

In light of this pandemic, several important questions emerged, which will reshape our understanding of physical and mental health. First, what is well-being and happiness? Is sadness or loneliness the opposite of well-being and happiness? Is there an increase, decrease or no change in subjective well-being during different phases of the pandemic and lockdown? What are the interacting factors, such as personality dimensions, coping strategies, modifiable or non-modifiable internal and external resources, which uniquely characterize every individual? What measures should be used to stratify people based on their well-being to identify the most vulnerable and offer them urgent support before rapid deterioration of their conditions? What actions should be implemented, perhaps at the level of governments and policy makers, to promote resilience and post-traumatic growth not only in the most vulnerable but also in the population at large?

Several sectors of society appeared to endure the heavy burden of this crisis. Frontline healthcare professionals suffered all types of acute and prolonged negative mental health outcomes. Individuals with preexisting physical and mental health conditions, or with underprivileged backgrounds or access to healthcare, as well as the elderly were also prominent targets of this pandemic and experienced traumatic events both physically and mentally. In case of younger people, the profound alterations in their lifestyle interfered with phases of personality and interpersonal development in a way that might exert long-term ramifications on their well-being and happiness in adulthood.

Yet, and in spite of its heavy physical and mental toll, we are adapting to the COVID-19 situation with developments that improve mental health. We have witnessed, in a very short time, an unprecedented amount of research focusing on COVID-19's etiology, diagnosis and treatment. Advances in technology became indispensable tools in our expanding armamentarium to combat the pandemic. Telepsychiatry and telepsychology helped us to reach larger numbers of patients in remote locations, and to provide them with much-needed physical and mental health support at a time when personal meetings with healthcare professionals were unattainable. Developing several effective vaccines was the apex of relentless efforts by the pharmaceutical industry to develop the most powerful weapons to combat the virus in a warp-speed operation.

Our understanding of crisis psychiatry deepened thanks to this incredible fieldwork opportunity. We are increasingly aware of the needs of those exposed to the virus and their struggles to cope with the long aftermath. We now better understand the needs of those at high risk,

especially of healthcare workers, the consequences of stress they face on daily basis, and the necessity to equip them with practical strategies to lessen the effects of acute and prolonged stressors and traumas. We have shifted our ongoing and future efforts to focus on the physical and mental post-COVID-19 symptoms (Llach and Vieta, 2021). At the same time, we remain optimistic that the tides will turn, and in the aftermath of the pandemic we will achieve post-traumatic growth by promoting well-being, happiness, and improving resilience (Vinkers et al., 2020). Therefore, going forward, besides focusing on the negative consequences, our research should also focus on identifying those within- or between-individual factors and environmental contributors which play a crucial role in these processes (Hyun et al., 2021; Yan et al., 2021), and develop prevention and intervention measures targeting them on the road to thriving for not only damage-mitigation but also positive outcomes.

Declaration of Competing Interest

None of the authors have any conflict of interest to report in relationship with the present manuscript.

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