Technology-mediated communication by smart devices versus direct communication to preadolescents and adolescents during pandemic isolation

Physical isolation - triggering factor of social anxiety and depressive tendencies in young people in the Romanian school

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Martin Luther King said that "people hate each other because they are afraid, they are afraid because they do not know each other and do not know each other because they do not communicate!"

What does communication mean in a world where advanced technology unites peoples and continents from diametrically opposed parts of the globe?

What does it mean to communicate in this century, decade and especially, in the last two years, since, on a planetary level, the outbreak of the Covid pandemic has kept us all in our homes and radically transformed our usual way of relating?

Direct, face-to-face, authentic communication, based on the mimic and gestural perception of each other's emotions and intentions, say mental health specialists, is the key to healthy human relationships.

The lack of direct communication has pushed people into an area of mental fragility, insecurisant and anguish. The symptomatology with which adults and children present themselves in the psychological offices since the outbreak of the pandemic, described in the clinical trials during the last two years, confirms the hypothesis of this article, according to which, the isolation has determined the increase of the general anxiety among the Romanian population.

The present article is a research that draws attention to a widespread social phenomenon among young people in România, preadolescents and adolescents who developed anxiety-depressive symptoms during pandemic isolation, as a result of restrictions that changed the relationship dynamics of all, especially those mentioned above, in a transformative stage of life, with personalities being structured, without sufficient resources to regain a psycho-emotional balance necessary to adapt to significant global situations, such as the crisis of the spread of SARS-COV-19.

The children underwent a series of psycho-emotional changes during the pandemic period, when they could not be in physical contact with their loved ones, and these changes were analyzed through the application of a questionnaire, online whose answers were recorded and study in this research, in order to improve the psycho-social services provided to this age risky due to permeability and big influence from environmental factors.

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The research tool was the questionnaire, sent by messenger to a group of preadolescents and adolescents known in the educational environment as opinion leaders with whom we disseminated information and asked other children to complete the questionnaire. All children were invited to answer the questionnaire anonymously.
The study investigated the emotional redundancies of the subjects, 25 (31.3%) male respondents and 55 (68%) feminin respondents, and we optain 80 responses the ability to cope with unforeseen situations, resilience to imminent life changes, whether they lived in a psycho-affective climate full of safety, or, on the contrary, were victims or the protagonists of abuses of all kinds, during the mentioned period, the Covid pandemic.
At the same time, through its questions, the questionnaire also investigated the support network of these children, people they invested with confidence and to whom they can tell about what they feel and experienced physically and emotionally during mentioned times, creating support networks with them.
Keywords: anxiety, depression, isolation, resilience, support strategies, government programs.

INTRODUCTION

Social anxiety in children and adolescents can be described as their heightened fear of certain social situations and is accompanied by significant emotional discomfort. Those suffering from this condition are constantly afraid that their actions and behaviours will be judged by others and thus try to reduce their interactions with them as much as possible.
Social anxiety is also called social phobia and is one of the most common mental illnesses, according to statistics.
This condition becomes a medical problem when the child, young person or adult dramatically reduces their social interactions because they cause them excessive fear, experience strong feelings of shame, guilt and adopt avoidant behaviors that interrupt the natural course of daily life.
The most common causes of the occurrence of anxiety disorder in children are: family conflicts, physical, emotional, sexual harassment or abuse, or a chemical imbalance of serotonin-known as the happiness hormone.
Symptomatology involves the appearance of palpitations, redness, sweating and abdominal pain, muscle tension, nausea, shaking , feeling faint, breathing fast, state of confusion, feelings of self-doubt, negative thoughts that the person would embarrass himself and there is a great desire to escape from the social situation that generates his anxiety.
Other relevant emotional symptoms of social anxiety in children and adolescents may be: fear of ridicule, hence the avoidance of public speaking, selective mutism, low self-esteem, lack of assertiveness and underdeveloped social skills, negative thoughts about themselfs. Behaviors will take the appearance of addictions of all kinds to deal with anxiety caused by stressful social situations, isolation from family, colleagues, friends, reluctance to leave the house, difficulties in forming and maintaining relationships with others, suicidal thoughts and / or attempts and depression.
Although social phobia appears in childhood as shyness, shame towards adults with an educational role and fear of the negative evaluation of these authorities, it is different and invalidates the person. As he delves into this type of distorted thinking, he becomes unable to act according to his needs.
Social anxiety occurs differently in children and adolescents who have introverted temperaments, those who exhibit closure in themselves and a low need to make known their thoughts, interactions and actions to a large crowd of people (manifests avoidant behaviors). For them, in appearance, pandemic isolation would accompany their behaviors of withdrawal, rejection of the outside and spend time with themselves, in the previously self-imposed solitude. But this isolation would strengthen those inappropriate behaviors, avoid social interaction and it would be much harder than students with extraverted temperamental structures, to return to the requirements formulated by the school social environment, to communicate assertively, to relate positively, to return to school/high school, after the long period of pandemic isolation.
in any other period of adult life.

An important element of adapting to the imminent changes of life is the resilience of us. Resilience means our ability to respond positively to a situation that happens in our lives, no matter how hostile or unwanted it may seam to us. Change is something that cannot be avoided, and because of this, the right strategy is not to avoid all new situations or changes, but to learn to adapt and respond constructively when they arise. Resilience is something we can learn and we can teach our children.

The most important benefits of increasing resilience in children, understood in psychological terms as the ability to get through difficult times, and have a strong psyche that can do in the face of thoughts, negative feelings and difficult situations consist of greater self-confidence of resilient children, lower doses of perfectionism and the attribution of the success of personal qualities and the failure of external circumstances, uncontrollable by children, like present pandemic situation.

In order to help school-age children who face the specific symptoms of social anxiety, which can lead to deep depression, not intervening in time, after a year of pandemic, in Romania, on 31.05.2021, a project was launched, which aims at an intervention strategy in the form of a National Support Program called "Caring for Children". This program is intended to support children emotionally affected by the pandemic and is coordinated by Mrs. Madalina Turza, the State Councilor from the Chancellery of the Prime Minister of Romania, together with several specialists in the field of education. The program is government-supported and aims to prepare teachers, starting with the fall of this year and until 2024, to actively intervene, providing emotional support to students. They will be empowered through specific courses to help students psycho-emotionally affected by pandemic isolation to learn breathing techniques, develop their emotional intelligence, prevent abuse and learn better emotional control (emotional management).

MATERIALS AND METHODS

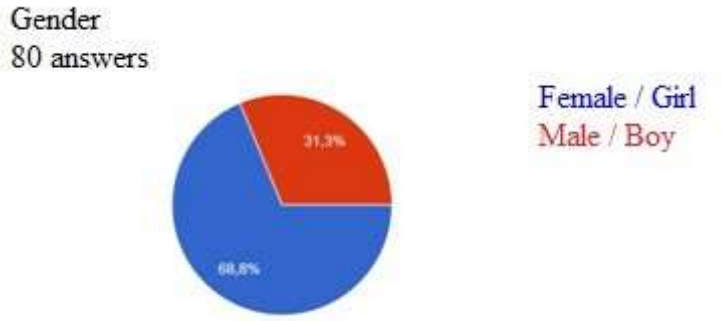
The questionnaire as a sociological method of obtaining statistical information and data, quantitative and qualitative data alike asked the subjects to answer honestly, in just 5 minutes and under anonymity, a number of questions regarding the emotional and physical changes they went through during the isolation, the behaviors manifested and whether they were victims of abuse of other people, if they also felt safe and if they could talk to other familiar people about their experiences.

The questions in the questionnaire focused on the following difficult experiences that they might have experienced during the pandemic period: lack of meetings with dear family members they did not live with and friends, lack of participation in school, the appearance of tensions in the family and the worsening of the relations between the family members. Feelings of insecurity versus security during the pandemic and isolation period, anxiety and depressive symptoms that may have been experienced during this time, as well as physical symptoms were explored. They were asked about what they missed the most during this period and to whom they could share what they felt and experienced during all this time, in addition to completing this questionnaire anonymously.

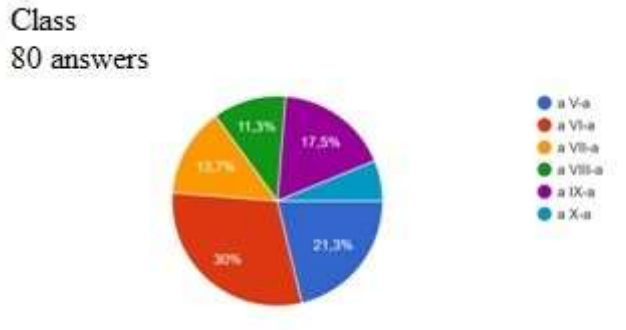
Most of the questions had multiple answers, the range of feelings, emotions being quite wide and adapted to their level of understanding and identification: happiness, sadness, worry, anger, irritation, fear, calm, indifference, nervousness, thoughts about death, suicide.

RESULTS

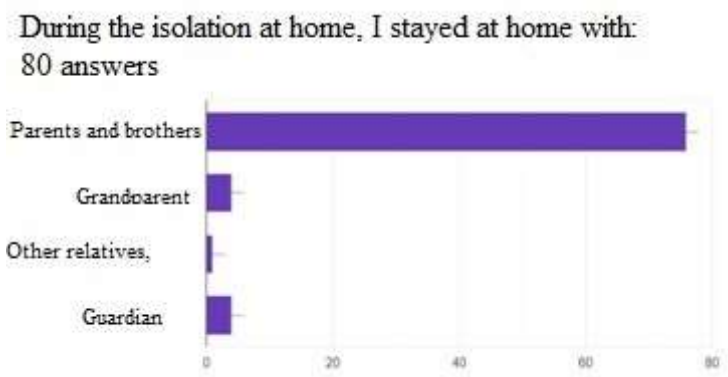
The answers to each question were analysed.



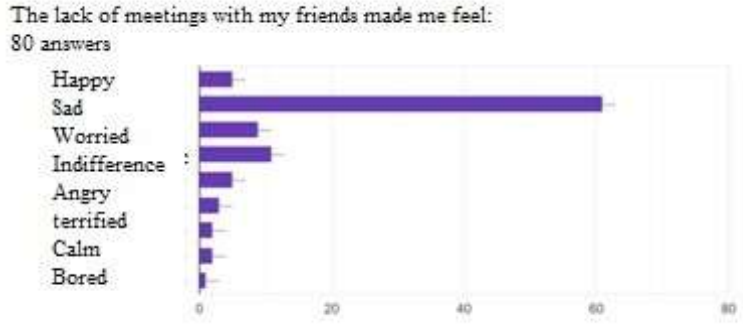
We had a number of **25** male respondents **(31.3%)** and **55** female respondents **(68%)**



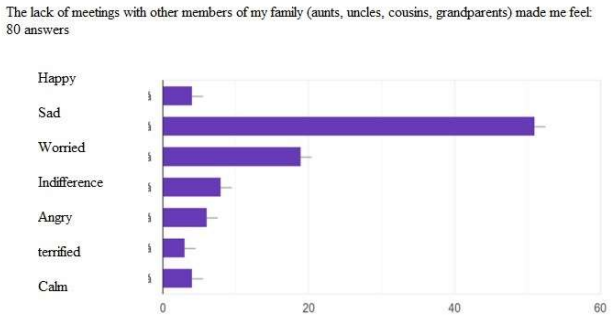
We had **17 (21.3%)5th grade** respondents, **24 (30%)6th grade** respondents, **11 (13.7%)** respondents of the **7th** grade, **9 (11.3%)** respondents of the **8th** grade, **14 (17.5%)ninth grade** respondents and **5 (6.3%)10th** grade respondents.



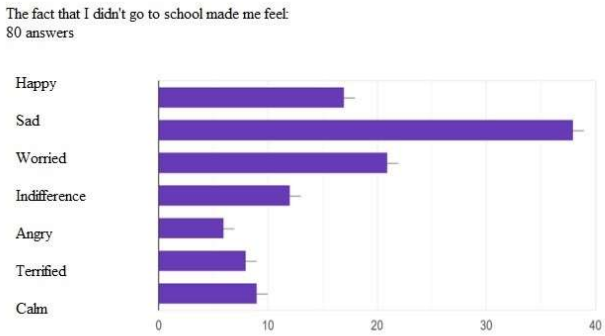
During pandemic isolation: 76 respondents stayed at home with parents and siblings (95%), 4 respondents with grandparents (5%), one children stay with other relatives (1.3%) and 4 respondents with tutors (5%).



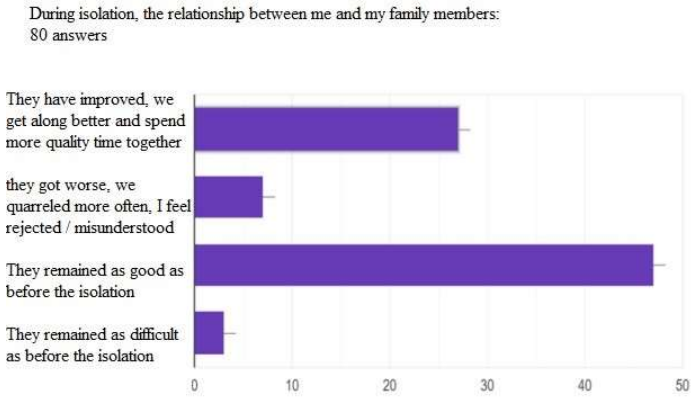
The feelings and emotions experienced by students, due to the lack of meetings with friends were: happyness for **5 (6.3%)** of them; sadness for 61 respondents **(76.3%);** concern for **9 (11.3%);** indifference for **11 (13.8%);** fury for **5 (6.3%)** of them; fear for **3 (3.8%);** quiet, peace for **2 (2.5%);** boredom for **1 (1.3%).**



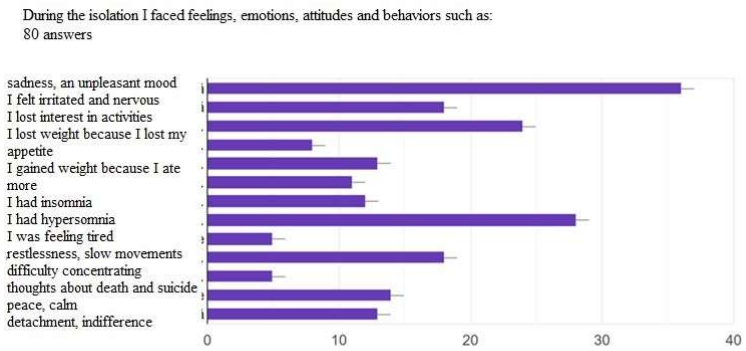
The feelings and emotions experienced by the preadolescents and the responding adolescents, due to the lack of meetings with other family members were:**fortunately** for **4**respondents **(5%);sadness** for **51** respondents **(63.7%)**; **concern** for **19** respondents **(23.8%);indifference** for **8** respondents **(10%);fury** for **6 (7.5%);fear** for **3 (3.8%);peace, quiet** for **4** respondents **(5%);boredom** for **1** respondent **(1.3%).**



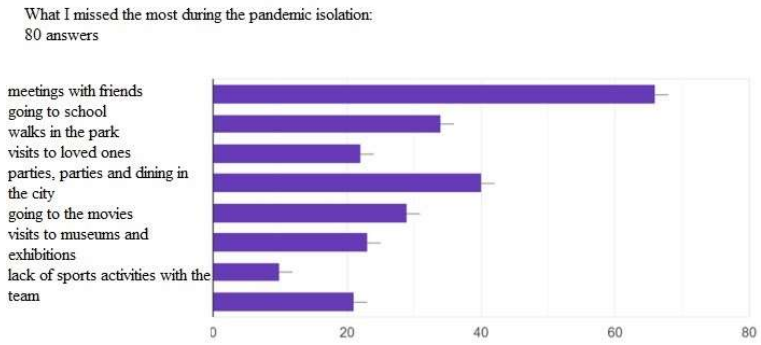
The feelings and emotions experienced by preadolescents and responding adolescents, due to the lack of participation in classes, physically, in schools and high schools, were:
fortunately for **17** respondents **(21.3%);sadness** for **38** respondents**(47.5%);**
concern for **21(26.3%); indifference** for **12(15%)**; **fury** for **6(7.5%);fear** for **8(10%)** and **peace** for **9(11.3%).**



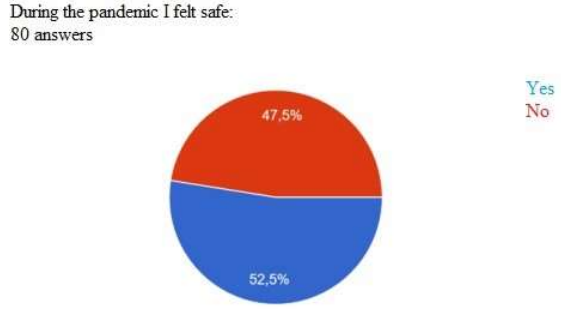
As a result of the pandemic isolation with family members, for most students, relations with them remained **as good as before the pandemic**, according to the response of **47** children **(58.8%).** For **27** of them **(33.8%)they improved** as a result of spending more time together, and for a number of **5** respondents **(6.3%)these relationships worsened** by spending more time together.
Only **one** respondent **(1.3%)** says that even before the pandemic, and during it, relations with members of his family **remained just as difficult**.



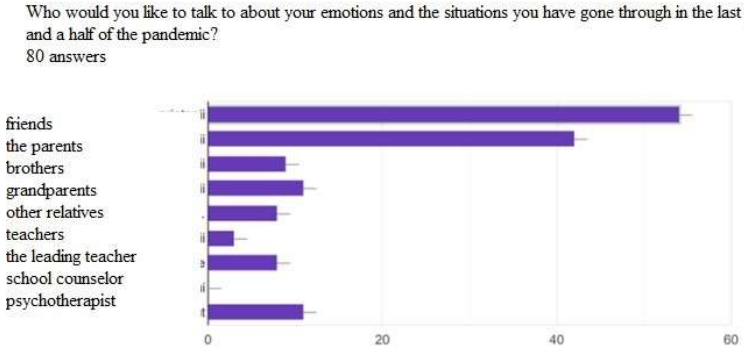
During the isolation, the children experienced intense feelings and emotions as: **- 36 (45%)** of them **sadness** and **bad mood**; **18 (22.5%) - irritation, nervousness**; **24 (30%) - lack ofinterestin pleasant activities** another time; **8 (10%) - lack of appetite** that led to **weightloss**; **13 (16.3%) - gained weight** due to **excessive appetite**; **11 (13.8%) - sleep problems**, difficulty falling asleep and **easy waking up** to environmental factors **(insomnia)**; **12 (15%) - sleep disorders**,**hypersomnia**; **28 (35%) - fatigue, loss of energy**; **5 (6.3%) - restlessness**, slow movements; **18 (22.5%) -** had **difficulty concentrating and making decisions**; **5(6.3%) -** experienced **cognitive thoughts about death** and / or **suicide**; **14 (17.5%) - felt calmer** throughout the isolation period; **13 (16.3%) - felt detachment and indifference**.



The students surveyed answered that what they lacked the most during the pandemic isolation were:**meetings with friends**, for **66 (82.5%)** of them; **going to classes, physically**, for **34(42.5%)** students; **walks in the park**, for **22 (27.5%)** of them;**visits to relatives / loved ones**, for **40 (50%);parties** and **meals** taken **in the city**, for **29 (36.3%);movies** watched at the **Cinema**, for **23 (28.7%);visiting museums**, **exhibitions** or **other cultural attractions**, for **10 (12.5%);lack of physical activity**, in an organized way, in **gyms**, **outdoors**, or **inteams**, for **21 (26.3%)** of preadolescents and respondent adolescents.



A percentage of **47.5%,** ie **38** of the respondents stated that they did not feel safe during the pandemic isolation, and a percentage of **52.5%** of those surveyed, **42** respondents say they felt safe. These very close percentages between safety and insecurity lead to a single conclusion, that during the isolation period, the information that young people came in contact with through multi-Media channels, as well as the anxious attitude of the parentss / loved ones, considered being their role models, their confidence in the social environment decreased, their emotional and physical security being greatly affected.



54 (68.4%) of the students said that **friends** are the ones with whom they would discuss what they felt in the pandemic isolation.They can be the most important confessors of children, because they can easily mirror their feelings to each other, in these stages of age, when the need to belong to a group of friends is increased and similar life experiences can bring them very close, creating mental comfort, necessary for personal self-disclosure.
42 (53.2%) would share the same thing with their **parents**.This is gratifying because it shows that a large part of the children surveyed have created strong, secure attachments to those who gave them life, raised, cared for and educated them.
11 (13.9%) would discuss this with **grandparents**, and **9 (11.4%)** would tell the **brothers**. **Remote relatives** would tell **8 (10.1%)** of the children, the same percentage as in the case of those who would talk to the **leading teacher: 8 (10, 1%).Psychological services** provided by **psychotherapists,11 (13.9%)** of those surveyed. This choice, agreed by of respondents, expresses the fact that our students want to externalize their feelings in a secure environment in which they can express themselves without fear of criticism and judgment.
School / high school teachers for **3 (3.8%)** respondents.
No respondent would talk to a **school counselor** in the psycho-pedagogical care offices at his or her school.

DISCUSSION
Among the countries of the world, the United Kingdom is the first to launch a government program to investigate the effects of the pandemic crisis on children's psyche and support them to reduce the effects of isolation, in mid-May, seconded by Romania at the end of the same month, with the National Government Program called *"Caring for children!"*.
The need to implement such a program arose from the receipt of numerous statistics from *Save the Children* Romania, which showed worrying effects of the pandemic on children, including anxiety, school anxiety, behavioral disorders, depression and sleep disorders.
Statistics show that 1 of 3 children suffer from anxiety and 50% of adolescents had suicidal thoughts during pandemic isolation.

CONCLUSION

As the largest share of the respondent group states that what they missed the most were meetings with friends, they felt sad, worried and angry,without meeting them and the isolation changed many of them, the physical symptoms and negative emotions being varied.The conclusion is that there are strong anxious tendencies among respondents, deprivation of meetings with the group of friends could jeopardize their need membership, very high in these age groups that can cause feelings of insecurity and abandonment.

The questionnaire used does not have the virtues of a clinical scale to understand the intensity of these anxiety and depressive tendencies, as well, and the sample of respondents is small, with multiple variables that could influence the answers, but the phenomenon must be further investigated, having Given that the effects of these types of deprivation can only be traced after a longer time than the isolation of the pandemic onset.

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