Introduction

Psychological Effects of the COVID-19 Pandemic

Fear of falling sick or dying, feeling worried and helpless, and experiencing stigma, have been among the emotional effects experienced during the COVID-19 pandemic (Schimmenti et al., 2020). The emotional effects on individuals were further aggravated with the closure of schools and businesses, adding worries about endangered family members and economic survival (Bortel, 2016). Previous studies on the psychological effects of the SARS outbreak on non-infected people have revealed significant psychiatric problems associated with younger age and increased self-blame (Sim, 2010). This finding has gained further support in the current pandemic. Self-isolation and quarantine were specifically associated with elevated levels of anxiety, anger, and confusion (Schimmenti et al., 2020), depression, mood swings, irritability, insomnia, inattention, anger, and post-traumatic symptoms (Rubin, 2020). Our previous study on MD during the COVID-19 pandemic showed that individuals with MD experience an elevated level of depressive symptoms (Rubin, 2020). Anxiety, anger, and confusion (Schimmenti et al., 2020), depression, mood swings, irritability, insomnia, inattention, anger, and post-traumatic symptoms (Rubin, 2020). This finding has gained further support in the current pandemic. Self-isolation and quarantine were specifically associated with elevated levels of anxiety, anger, and confusion (Schimmenti et al., 2020), depression, mood swings, irritability, insomnia, inattention, anger, and post-traumatic symptoms (Rubin, 2020). Our previous study on MD during the COVID-19 pandemic showed that individuals with MD experience an elevated level of depressive symptoms (Rubin, 2020). Anxiety, anger, and confusion (Schimmenti et al., 2020), depression, mood swings, irritability, insomnia, inattention, anger, and post-traumatic symptoms (Rubin, 2020). This finding has gained further support in the current pandemic. Self-isolation and quarantine were specifically associated with elevated levels of anxiety, anger, and confusion (Schimmenti et al., 2020), depression, mood swings, irritability, insomnia, inattention, anger, and post-traumatic symptoms (Rubin, 2020).

Materials and Methods

Participant and Protocol

The sample comprised 1796 participants from various countries. After eliminating individuals with missing data, we focused our analyses on participants from countries with samples exceeding 100 respondents: the USA (n = 356), Italy (n = 365), Turkey (n = 268) and, the UK (n = 103). Participants’ educational level corresponded to an elementary/high school certificate, bachelor’s degree, or graduate/post-graduate degree. Moreover, the participants reported their gender, age, whether they were self-quarantined/isolation (Yes/No), and whether they had a diagnosed pre-existing depression assigned to them by a mental health professional (Yes/No). In addition to providing information on these factors, the participants completed a set of cross-culturally validated measures on maladaptive daydreaming, perceived stress, and personality administered to them in their native language.

Results

The analyses evaluated the model in the combined international sample. Model fit statistics suggested a good fit. The results of Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR) indices were within the acceptable limits of good model fit to the data ($2 / df$ = 7.5, p = .06, CFI = .96, TLI = .97, RMSEA = .039 [90% CI: 0.00, 0.08], SRMR = .021). The regression estimates (see Figure 2) showed that a past diagnosis of Major Depression, the employment of self-quarantine, a lower level of education, introversion, and emotional instability were associated significantly with the respondents’ perceived stress. Similarly, a past diagnosis of Major Depression, the employment of self-quarantine, a lower level of education, introversion, and emotional instability, and perceived stress were all associated significantly with MD. Our indirect effect analyses indicated that perceived stress mediated the associations between all measured independent variables and MD, as shown in Table 4.

Discussion & Conclusion

As expected, self-quarantine and a past diagnosis of depression were associated with MD, confirming previous research showing that individuals with probable MD who were subject to lockdown restrictions and those with pre-existing mental health condition reported had spent more time in intense fantasy (Somer et al. 2020). Many of our respondents who reported high MD levels, spontaneously wrote to inform us how the home confinement disrupted their routines and generated boredom, loneliness and sadness. Apparently, the uncontrollability of the situation and stimulus deprivations motivated many to regulate their distress by resorting to their mental addiction for the relief of stress associated with the adversities. In sum, individuals with lower education, previous depressive episodes, and specific traits such as introversion and emotional instability who experienced the pandemic and the ensuing social restrictions as stressful, might require closer clinical monitoring. These results confirm our first research hypothesis and indicate that lockdown-related hardships may affect individuals with different personalities in different ways and degrees. This outcome might be important for tailoring the interventions during the current pandemic and other mass emergencies.

Keywords

COVID-19, maladaptive daydreaming, fantasy, social distancing, self-isolation, quarantine