Touch-Hunger: An Unexplored Consequence of the COVID-19 Pandemic

Sir,

While the impact of the COVID-19 pandemic has widely been discussed in the context of physical and mental health, there appears to be a dearth of literature on the negative psychological impacts of what may be described as “touch hunger” which tends to occur when individuals experience reduced/lack of physical contact, or touch. An integral feature of the lockdown observed in most nations, including India, involves recommended/mandatory practices of social distancing, which has prevented millions of people from interacting and experiencing tactile contact with each other. Aside from being an innate tendency, the behavior of touch serves important developmental functions (especially for children) and further provides a sense of reassurance and comfort in times of distress. Numerous studies have described the various negative effects of experiencing a lack of touch, including aggressive behaviors, impairment in speech and communication, lowered self-esteem, and increasing anxiety, depression, self-injurious behavior, and eating disorders. Further, touch has also been linked to an increased sense of bonding and intimacy between romantic partners, and unsurprisingly, a recent study reported that over 30% of people involved in romantic relationships had experienced relational conflicts with their partners due to the pandemic. Touch is commonly used by medical professionals (including psychotherapists and nurses) during treatment as well, as it serves to increase comfort, provide a sense of empathy, and help the patient overcome inhibitions.

However, due to the social distancing norms implemented, even with the ever-rising cases of medical and psychological problems, touch as a healing tool has not found space in treatment centers, hospitals, and clinics. In India, while the pandemic has resulted in increased levels of electronic device usage, there are nonetheless reports of individuals feeling excessively lonely. A possible reason is that even though there is frequent and near-regular engagement with others over the screen and via social media platforms, most individuals are experiencing touch hunger from not being able to physically socialize with friends, family, and colleagues. While numerous studies have noted the alarmingly rising rates of mental health concerns, research needs to further explore the role of touch, and more importantly, its lack of occurrence, as yet another important consequence of the COVID-19 pandemic.

A popular alternative to help reduce touch hunger that several individuals have adopted during the lockdown period includes adopting pets, which serves as a source of emotional comfort and helps reduce loneliness. Studies also highlight how it is extremely important for professionals to realize and acknowledge touch hunger as a common yet distressing experience for individuals during times of social isolation and distancing. While more research needs to be done to empirically test and develop suitable means of dealing with touch hunger, some more commonly used practices involve using heavy blankets, giving the self intense massages, enjoying nail/hair spas, and spending time hugging/sitting close to loved ones (whenever possible and safe to do so in these times). Researchers have recently begun to document and take note of the numerous physiological, psychological, affective, and developmental functions that touch serves, highlighting a need for greater discussion pertaining to studying and integrating this practice into nursing, medical, and psychotherapeutic interventions. This will have important implications for the medical profession, especially during a global pandemic, and will encourage a dialogue surrounding the limitations of using touch during interaction with patients, from the safety and social-distancing perspective.

In conclusion, an underrated and relatively unexplored consequence of the novel COVID-19 pandemic is the phenomenon of touch hunger, which has increasingly emerged among individuals and may be contributing to other more observable psychological and psychiatric manifestations of distress and illness. Like any other phenomenon or ailment, this issue cannot adequately be dealt with by medical professionals before it is fully acknowledged and further studied, which calls for an urgent yet comprehensive evaluation of this experience and its impacts. Aside from the general population, certain sections of the society (such as elderly persons or those who have a disability) are at an increased risk for social isolation during the pandemic, which has been shown to have harmful consequences for their psychosocial and emotional well-being. Hence, the implications of touch hunger as experienced by these subpopulations require sufficient attention as well. When greater attention is awarded to this issue, it will not only have beneficial consequences for all individuals in terms of helping them understand their state of being, but it will also promote useful and economical ways of helping combat this issue—in the present as well as in times to come.

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New Onset COVID-Related Delusional Disorder in a Patient with Health Anxiety: A Case Report

To the editor

Health anxiety, a common phenomenon, may cause misinterpretation of benign or normal bodily sensations as signs of infection during a pandemic. The increased anxiety caused by the coronavirus disease (COVID-19) pandemic has increased the risk of developing mental illness and caused the deterioration of mental state among the mentally unwell. Here, we present a case of a patient with anxiety disorder who developed delusions during the pandemic. This being first of its kind, we feel the need to highlight this case.

Case Report

A 25-year-old unmarried man was presented to the psychiatry clinic in May 2020 with a three-month history of excessive concern about having contracted COVID-19 and fear of infecting other people. He had a family history of paranoid illness and was diagnosed with an anxiety disorder seven years ago, which precipitated after witnessing a seizure episode. He was treated with Escitalopram 10 mg for three years following which he improved and later discontinued the treatment. He functioned well despite intermittent mild episodes of anxiety.

He resigned from his job in February 2020 believing he had COVID-19 as he felt “uncomfortable” and he could feel mucous running from his nose into his throat. He reported to a COVID designated hospital where he was admitted for three days and tested negative for the virus. He was assessed by doctors and family members.

He was admitted in our hospital with a recent negative COVID report. He denied having pervasive sadness, anhedonia, and irrational unwanted thoughts...