Review Article

Psychosocial effects of social distancing during coronavirus infections: integrative review

Efeitos psicossociais do distanciamento social durante as infecções por coronavírus: revisão integrativa

Efectos psicosociales del distanciamiento social durante las infecciones por coronavirus: revisión integradora

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Abstract

Objective: To analyze the literature regarding the psychosocial effects of isolation and social distancing measures adopted as strategy for the prevention and control of coronavirus infections.

Methods: Integrative review of the literature based on the theoretical framework proposed by Whittemore and Knafl and conducted on seven databases: MEDLINE, SCOPUS, Embase, Web of Science, LILACS, IBECS and BDENF. The sample consisted of 14 primary studies, with no time or language restriction and the analysis was descriptive. The level of evidence classification was used to characterize the studies.

Results: Psychosocial repercussions of isolation and social distancing measures were frequent in different countries, with a negative impact on mental health and quality of life. Psychological impairments included mood instability, high levels of anxiety, stress, frustration, loneliness, anger and altered sleep patterns. Factors related to the prolonged duration of the measure, possibilities of contagion, economic instability, lack of knowledge and the uncertainties related to the disease were associated with psychological distress.

Conclusion: Isolation and social distancing measures contribute to the epidemiological control of outbreaks, epidemics and pandemics of coronavirus; however, they compromise the population's mental health. The duration of the measure, the possibilities of contagion, fear and financial instability were determining factors for the degree of psychological distress.

Resumo

Objetivo: Analisar na literatura os efeitos psicossociais do isolamento e do distanciamento social adotados como estratégia para prevenção e controle das infecções por coronavírus.

Métodos: Revisão integrativa fundamentada no referencial teórico proposto por *Whittemore* e *Knafl* e executada em sete recursos informacionais: MEDLINE, SCOPUS, Embase, Web of Science, LILACS, IBECS e BDENF. A amostra foi constituída por 14 estudos primários, sem delimitação temporal ou de idioma e a análise foi realizada de forma descritiva. Utilizou-se a classificação do nível de evidência para caracterização das produções.

Resultados: As repercussões psicossociais decorrentes das medidas de isolamento e distanciamento social foram frequentes em diferentes países, indicando impactos negativos na saúde mental e na qualidade de vida. Os comprometimentos psicológicos foram expressos por instabilidades de humor, níveis elevados de ansiedade, situação de estresse, frustração, solidão, raiva e alteração de padrão de sono. Fatores associados à duração prolongada da medida, às possibilidades de contágio, às instabilidades econômicas, ao desconhecimento e às incertezas que permeiam a doença foram determinantes para o grau de sofrimento psíquico.

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Conflicts of interest: none to declare.

Conclusão: As medidas de distanciamento e isolamento social apesar de contribuírem para o controle epidemiológico em surtos, epidemias e pandemia por coronavírus, geraram comprometimentos na saúde mental da população, em que a duração da medida, as possibilidades de contágio, o medo e as instabilidades financeiras foram determinantes para o grau de sofrimento psíquico.

Resumen

Objetivo: Analizar en la literatura los efectos psicosociales del aislamiento y del distanciamiento social adoptados como estrategia de prevención y control de las infecciones por coronavirus.

Métodos: Revisión integradora fundamentada en el marco referencial teórico propuesto por *Whittemore* y *Knafl* y ejecutada en siete recursos informativos: MEDLINE, SCOPUS, Embase, Web of Science, LILACS, IBECS y BDENF. La muestra estuvo compuesta por 14 estudios primarios, sin delimitación temporal ni de idioma, y el análisis se realizó de forma descriptiva. Se utilizó la clasificación del nivel de evidencia para la caracterización de las producciones.

Resultados: Las repercusiones psicosociales resultantes de las medidas de aislamiento y distanciamiento social fueron frecuentes en diferentes países e indicaron impactos negativos en la salud mental y en la calidad de vida. Las consecuencias psicológicas expresadas fueron humor inestable, niveles elevados de ansiedad, situación de estrés, frustración, soledad, enojo y cambios en el patrón de sueño. Factores asociados a la duración prolongada de la medida, a las posibilidades de contagio, a la inestabilidad económica, al desconocimiento y a la incertidumbre que provoca la enfermedad fueron determinantes para el nivel de sufrimiento psíquico.

Conclusión: Las medidas de distanciamiento y aislamiento social, a pesar de contribuir con el control epidemiológico en brotes, epidemias y pandemia por coronavirus, generan consecuencias en la salud mental de la población; y la duración prolongada de la medida, las posibilidades de contagio, el miedo y la inestabilidad económica fueron determinantes para el nivel de sufrimiento psíquico.

Introduction

The last 30 years have been marked by the rise of emerging and reemerging diseases that represent a threat to public health worldwide, due to their potential for global dissemination. In this context, from 2002 to 2010, epidemic outbreaks caused by the coronavirus and characterized by respiratory syndromes had an important epidemiological, economic, labor, social and health impact.[1,2]

In 2019 a new coronavirus pneumonia identified in the city of Wuhan, China was named as COVID-19 by the World Health Organization (WHO). It became a problem of high magnitude when it was recognized as a pandemic and when it showed repercussions on mental health, requiring the restructuring of care delivery in different contexts and levels of care.[2,3]

COVID-19 has been described as a human infection and the prevention and control strategies have become a constant challenge during the globalization process. The means of propagation and the epidemiological characteristics of the disease are already known, but there are still numerous gaps that have been the target of investigation, mostly involving physical and mental consequences, diagnostic methods and therapeutic resources.[4,5]

Despite being considered a progressive infection with a high potential for dissemination, COVID-19 has low pathogenicity, and the mortality is higher among people with deficiencies or decreased immune response, either due to the aging process or due to pre-existing conditions, which make them high risk groups.[6]

In this context, among the resources reported in the literature and adopted by low-, middle- and high-income countries to flatten the epidemic curve and prevent the collapse of health systems, isolation and social distancing stood out. These are effective methods to minimize morbidity and mortality indicators, as the permanence and restriction of the population to the home environment can delay the virus spread.[7-10]

In this context, psychosocial effects may arise or escalate in the home environment and severely affect mental health, family functioning and structure. These are economic, social and psychological repercussions that may lead to loss of productivity, worse perception of global health and decreased quality of life. Thus, different stressors resulting from emotional instability, dissemination of false information and loss of income can be experienced and represent a risk situation, which requires supportive measures and care management.[2,10]

Considering the gaps in knowledge related to dysfunctions in mental health and the significant increase in psychopathological comorbidities during the pandemic, as well as the need for comprehensive care approaches, this study aims to analyze the literature regarding the psychosocial effects

of isolation and social distancing measures adopted as strategy for the prevention and control of coronavirus infections.

Methods

Integrative review of literature based on the theoretical framework proposed by Whittemore and Knafl and conducted in six stages of investigation: definition of the research question; literature search and definition of the sample; definition of the information to be extracted from the selected articles; critical appraisal of the included studies; interpretation of results; synthesis of knowledge and presentation of the review.[11]

The research question was defined using the acronym PICO, with isolation and social distancing as the problem, psychosocial repercussions as the phenomenon of interest, and coronavirus infection as the context.[12] Thus, this investigation was conducted with the following question: What are the psychosocial effects of isolation and social distancing measures adopted as strategy for the prevention and control of coronavirus infections?

The searches were carried out in March and April 2020 in the Medical Literature Analysis and Retrieval System online (MEDLINE via PubMed®), SCOPUS, Embase, Web of Science™, Latin American & Caribbean Health Sciences Literature (LILACS), Spanish Bibliographic Index of Health Sciences (IBECS) and Nursing Database (BDENF) via Virtual Health Library.

For the search, controlled and uncontrolled descriptors were selected from the Health Sciences Descriptors (DeCS) and Medical Subject Headings (MESH). Chart 1 describes the strategy used in each information resource consulted. The terms were combined using the Boolean operators OR and AND.

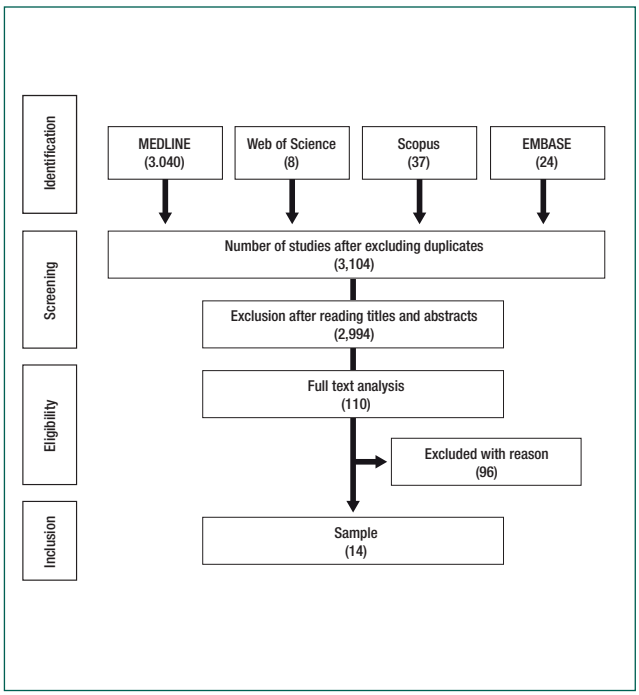
Primary studies that investigated the relationship between psychosocial repercussions and isolation and social distancing measures used to prevent and control infections associated with the coronavirus or as a support measure for other severe respiratory syndromes, with no time or language limitation, were included. Duplicates, editorials, thesis, dissertations and review studies were excluded.

Chart 1. Search expressions used in the information resources analyzed.

Database	Search expressions
MEDLINE	(((((("Social Isolation"[Mesh]) OR (Social Isolation)) OR (Social detachment)) OR (Detachment)) OR (Quarantine)) OR (Community restraint)) AND ((((((((((“Cost of Illness”[Mesh]) OR “Mental Health”[Mesh]) OR (Mental Health)) OR (Cost of Illness)) OR (Burden of Illness)) OR (Cost of Disease)) OR (Cost of Sickness)) OR (Costs of Disease)) OR (Disease Cost)) OR (Disease Costs)) OR (Sickness Cost))) AND ((((((“Coronavirus Infections”[Mesh]) OR (Coronavirus Infections)) OR (Infections, Coronavirus)) OR (MERS (Middle East Respiratory Syndrome))) OR (Middle East Respiratory Syndrome)) OR (COVID-19))
SCOPUS	(TITLE-ABS-KEY (social AND isolation) OR TITLE-ABS-KEY (social AND detachment) OR TITLE-ABS-KEY (detachment) OR TITLE-ABS-KEY (quarantine) OR TITLE-ABS-KEY (community AND restraint)) AND (TITLE-ABS-KEY (cost AND of AND illness) OR TITLE-ABS-KEY (mental AND health) OR TITLE-ABS-KEY (burden AND of AND illness) OR TITLE-ABS-KEY (cost AND of AND disease) OR TITLE-ABS-KEY (cost AND of AND sickness) OR TITLE-ABS-KEY (costs AND of AND disease) OR TITLE-ABS-KEY (disease AND cost) OR TITLE-ABS-KEY (disease AND costs) OR TITLE-ABS-KEY (sickness AND cost)) AND (TITLE-ABS-KEY (coronavirus AND infections) OR TITLE-ABS-KEY (mers) OR TITLE-ABS-KEY (middle AND east AND respiratory AND syndrome) OR TITLE-ABS-KEY (covid-19))
Embase	(social AND isolation OR (social AND detachment) OR detachment OR quarantine OR (community AND restraint)) AND (cost AND of AND illness OR (mental AND health) OR (burden AND of AND illness) OR (cost AND of AND disease) OR (cost AND of AND sickness) OR (costs AND of AND disease) OR (disease AND cost) OR (disease AND costs) OR (sickness AND cost)) AND (coronavirus AND infections OR (infections, AND coronavirus) OR (mers AND middle AND east AND respiratory AND syndrome) OR (middle AND east AND respiratory AND syndrome) OR ‘covid 19’)
Web of Science	TS=((Social Isolation) OR (Social detachment) OR (Detachment) OR (Quarantine) OR (Community restraint)) AND TS=((Cost of Illness) OR (Mental Health) OR (Burden of Illness) OR (Cost of Disease) OR (Cost of Sickness) OR (Costs of Disease) OR (Disease Cost) OR (Disease Costs) OR (Sickness Cost)) AND TS=((Coronavirus Infections) OR (Infections, Coronavirus) OR (MERS (Middle East Respiratory Syndrome)) OR (Middle East Respiratory Syndrome) OR (COVID-19))
LILACS, BDENF and IBECS	(mh:(Isolamento Social OR Distanciamento social OR Distanciamento OR Quarentena OR Contenção comunitária)) AND (mh:(Efeitos Psicossociais da Doença OR Saúde Mental OR Carga da Doença OR Custo da Doença OR Fardo da Doença OR Ônus da Doença)) AND (mh:(Infecções por Coronavirus OR COVID-19 OR Doença por Coronavírus 2019-nCoV OR Infecção pelo Coronavírus 2019-nCoV OR Infecções por Coronavírus))

The search and inclusion of studies were carried out by two independent reviewers with a result agreement rate greater than 80%. Disagreements (n=62) were managed by a third reviewer who issued an opinion on inclusion.

The search found 3,109 studies and after applying the eligibility criteria, a sample of 14 articles was obtained. It should be noted that no studies were found on the databases LILACS, IBECS and BDENF. Thus, these were not considered for data collection purposes. The path taken for identification, selection, eligibility, inclusion and definition of the sample followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyzes (PRISMA), as shown in figure 1.[13]



Source: Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 2009;6(7):e1000097. [13]

Figure 1. Path of selection of primary studies

A validated instrument was adapted for data extraction, considering the studies' identification variables (Leading author, objective, study location and year of publication), methodological aspects (design and level of evidence), main results and conclusions.[14]

The recommendations proposed by the Oxford Centre for Evidence-based Medicine were used to classify the level of evidence, considering: 1A - systematic review of randomized controlled clinical trials; 1B - randomized controlled trial with narrow confidence interval; 1C – "all or none" therapeutic outcomes; 2A - systematic review of cohort studies; 2B - cohort study (including randomized clinical trial of lesser quality); 2C - observation of therapeutic outcomes or ecological studies; 3A - systematic review of case-control studies; 3B - case-control study; 4 - case-series (including poor quality cohort and case-control studies); 5 - expert opinion.[15]

The analysis and synthesis of the results were examined descriptively and presented in a table according to the variables of interest for this study. To this end, the evidence was grouped into two categories: Psychosocial effects of isolation, social distancing and factors associated with the psychosocial effects of isolation and distancing.

Results

Among the articles included, all were published in English and the studies were developed in different countries, such as China, South Korea and Canada, which experienced outbreaks, epidemics and pandemics related to coronaviruses. Studies developed in 2020 (50%) predominated and most studies had analytical observational designs and level of evidence 2C (85.71%).

The psychosocial repercussions experienced or escalated during isolation and social distancing measures related to outbreaks of coronavirus were frequent realities among population segments in different countries and were expressed, most of the time, by mood instability and psychosomatic symptoms of anxiety. Other events experienced that compromised the population's mental health were associated with fear, stressful situations, frustration, loneliness, anger and altered sleep patterns.

Different factors influence the mental health impairment, such as the prolonged duration of the measure, the lack of knowledge and uncertainties involving the disease, the possibilities of contagion, and the financial impacts that can lead to the reduction of family income, eating restrictions and economic instability. It is worth noting that the presence of symptoms in the clinical picture of the infection was also one of the predictors of the development of emotional reactions.

The synthesis and distribution of the studies included are shown in chart 2, according to the objective of the study, year and place of publication, design and Level of Evidence (LE), psychosocial effects resulting from the isolation and social distancing measures, as well as the associated factors.

Chart 2. Synthesis of studies included in the review (n=14)

Leading author, year and location	Objective	Design and LE	Psychosocial effects and associated factors
Xiao H[16] 2020 China	To investigate the effects of social capital on sleep quality and the mechanisms involved in people who self-isolated during the COVID-19 epidemic.	Quantitative 2C	Anxiety, stress and altered sleep pattern Financial impact.
Wang Y[17] 2020 China	To assess psychological states and related factors during the COVID-19 epidemic	Cohort 2B	Anxiety and depression Fear of contagion
Roy D[18] 2020 India	To assess knowledge, attitude, anxiety and mental healthcare needs during the coronavirus pandemic.	Observational 2C	Anxiety, insomnia and paranoia Little knowledge about the disease, concern and fear due to the information published on social media.
Lei L[19] 2020 China	Assess the prevalence and associated factors of anxiety and depression during the COVID-19 quarantine.	Observational 2C	High level of anxiety and depression Fear of contagion, low income and education, lack of psychological support and concern about being infected.
Yuan S[20] 2020 China	To compare the emotional state, somatic responses, sleep quality and behavior of people during social isolation	Observational 2C	Anxiety, poor sleep quality and stress.
Koolaee AK[21] 2020 Iran	To analyze the psychological experiences of university students in domestic quarantine.	Qualitative 2C	Obsessive-compulsive behaviors and negative emotions. Fear of contamination, financial and social concerns and concert with family health.
Lee SM[22] 2018 South Korea	To assess the immediate stress and psychological impact experienced in quarantine during the Middle East Respiratory Syndrome (MERS).	Quantitative 2C	Symptoms of post-traumatic stress disorder. Fear of contamination and high mortality.
Kim HC[23] 2018 South Korea	To assess psychiatric complications or risk factors for depression in patients quarantined with MERS.	Observational 2C	Depression and other psychiatric symptoms. Lack of knowledge about the disease and financial losses.
Jeong H[24] 2016 South Korea	To examine the prevalence of anxiety and anger symptoms in self-isolated people during the MERS epidemic	Quantitative 2C	Anxiety and anger Prolonged isolation, insufficient food supplies, financial losses, and a history of psychiatric illnesses.
Yoon MK[25] 2016 South Korea	To report the case of a proactive community-based intervention in South Korea.	Case report 4	Psychological difficulties and emotional instabilities. Prolonged quarantine.
Mihashi M[26] 2009 Japan	To investigate strategies for broad mass isolation during outbreaks of infectious diseases.	Quantitative 2C	Emotional instability Income reduction, eating restrictions, restriction of social life and clinical symptoms.
Hawryluck L[27] 2004 Canada	To understand the psychological effects in people quarantined during recent SARS outbreaks.	Quantitative 2C	Symptoms of post-traumatic stress disorder. Long duration of the measure, little knowledge about the disease and direct exposure to someone with a diagnosis.
Robertson E[28] 2004 Canada	To examine the psychosocial effects on health workers quarantined due to SARS.	Qualitative 2C	Fear and frustration Loss of intimacy and social contact, conflict resulting from simultaneous roles, fear of infecting vulnerable family members and friends.
Maunder R[29] 2003 Canada	To describe the psychological and occupational impact of the SARS outbreak in a large hospital in the first 4 weeks.	Observational 2C	Anxiety, insomnia, fear, loneliness, boredom and anger. Fear of spreading the disease to family and friends, presence of clinical symptoms, uncertainty and stigma.

Discussion

In this review, concentration of studies in the year 2020 shows the growing interest of researchers in alternatives to manage the psychosocial repercussions of COVID-19, as, since the state of pandemic was declared, it has disrupted social, economic and health contexts worldwide.

Psychosocial effects of isolation and social distancing

The course and severity of outbreaks, epidemics or pandemics of coronavirus infections required health organizations to implement effective, sustainable and evidence-based interventions as a primary mechanism to curb transmission, reduce social burden and minimize morbidity and mortality rates.[8,9]

Despite causing changes in the life standards of the world population and affecting the economic, political, cultural and psychosocial dynamics, governmental responses to coronaviruses were directed, above all, to strategies for social distancing and isolation as promising measures for the epidemiological control of the disease.[22,23]

In this sense, coronavirus control is a priority for health care networks. The attention to the psychological impairment of people with psychi-

atric disorders and those with mental disorders arising from the isolation and social distancing required by the pandemic remains in the background.[19]

This category shows that psychosocial repercussions are frequent during measures of isolation and social distancing, which are determining factors for the impairments experienced and, in most studies, are associated with the development or escalation of symptoms of anxiety and depression.[16-20,22,24,29]

Considered the major causes of emotional distress and decreased quality of life, anxiety symptoms represent the most incident changes in the general population. These symptoms are adaptive responses to signs of danger or threats and are expressed by physiological, behavioral and cognitive alterations. These alterations are considered pathological when the level of activation or duration is disproportionate to the situation experienced.[18,19]

In a depressive disorder, the state of mental disturbance manifested by sadness, loss of interest and pleasure, feelings of guilt, low self-esteem and sleep disturbances may represent a greater risk when associated with suicidal behavior. Despite being avoidable, it is still a universal, complex, multifaceted, recognized and predictable phenomenon with high mortality indicators.[23,30]

Other events observed in the studied populations involved stress, anger, paranoia and compulsive behaviors characterized by recurrent thoughts, impulses or mental acts, especially related to hygiene measures. These events are recognized for their chronic course, their impact in the family environment and the decreased self-esteem and subjective well-being.[16,20,21,24,29]

The prevalence of mental and behavioral disorders in the general population is high, requiring clinical reassessments for therapeutic maintenance. However, outpatient care, a type of specialized assistance, is suspended due to quarantine measures, making access to health systems difficult and contributing to the recurrence of crises, emotional reactions, and situations of conflict and violence.[25,26]

Another study showed that health professionals also developed psychopathological comorbidities when subjected to isolation measures due to illness in the work environment, with frequent symptoms of post-traumatic stress and high levels of anxiety during and after the outbreak, requiring immediate and continuous psychiatric intervention.[22,28]

Thus, the repercussions of social distancing and isolation are common in the general population and may have psychosocial impact and compromise the quality of life in different contexts. Therefore, it is necessary to develop care strategies and public policies that seek a comprehensive care and value psychological functioning.[23]

Factors associated with the psychosocial effects of isolation and social distancing

According to the analysis carried out, the factors associated with the psychosocial effects of isolation and social distancing were financial impact and financial losses, eating restrictions, aspects related to the infection such as lack of knowledge, fear of contagion of friends and family, concern due to the reports released on social media, and history of psychiatric illnesses.

The financial impact was experienced in different countries, showing that during coronavirus infections, economic difficulties become frequent problems that can affect family functioning and mental health.[16] With the closure of non-essential services such as stores, restaurants and civil construction, people had to interrupt their work activities without prior planning or economic reserves, resulting in financial loss, which is considered an important risk factor for the development of psychological symptoms.[26,31]

A study carried out during the COVID-19 pandemic in southeastern China also showed that low family income was a determinant of psychological distress, since unemployment led to economic risks and required governmental support.[19] Other studies revealed that at the end of the crisis caused by coronavirus infections, the return to normality took months, socioeconomic problems became evident and unemployment rates and self-employment increase.[23,24]

In Brazil, measures for financial assistance and release of employment time guarantee funds, both on an emergency basis, were adopted as support measures during the COVID-19 pandemic to combat not only the economic crisis, but also the psychological risks of financial instability.

Fear of contagion was also a factor associated with the psychosocial effects of isolation measures,[17] since concerns about the possibility of being infected or the contamination of family and friends were conditions that generate morbidity. In addition, the emotional instabilities resulting from feelings of anger and revolt were related to the lack of coordination, transparency and incongruities of the State and the dissemination in social media of security measures, mortality indicators and the high rate of dissemination.[26-29]

The political, economic, social and health context of Brazil is complex and may reflect the discussions in the media and the spread of fake news and information with no scientific evidence. In this sense, the definitions of fake news is restructured to express, in most cases, erroneous concepts related to unchecked information, rumors, defamation, lack of authenticity and even intentional deceiving.[32] Thus, in this study, the media may represent a factor associated with reduced mental health and increased symptoms of anxiety, fear and panic by extremism.[18,19,23,27]

A history of psychiatric illness was also decisive for mental health since the predisposition to situations of emotional instability can intensify crises and predict risk factors. Recommendations for staying in quarantine do not include guidelines for psychological well-being. This factor added to feelings of embarrassment for presenting psychological disorders and the low adherence to treatment in this population can increase the indicators of psychological distress.[19,20]

A study published in 2016 revealed that, in other coronavirus epidemics, people who were infected or in the process of recovery demonstrated emotional instability resulting from the experience of grief. Thus, family members of people who died from these diseases had serious psychological symptoms after the sudden loss. This reinforces the importance of preparing mental health services, with adequate accessibility and effective systems for early recognition and proper management of risk situations.[25]

Still on the discussion on factors associated with psychosocial effects, eating restrictions or restriction of basic life resources were associated factors. These factors may also extend to access to medications and cleaning products that interfere with comfort and quality of life.[24] In this context, a culture of social solidarity was developed and strengthened in different countries, and was adopted as a strategy to meet the basic needs of the population and minimize the repercussions of social distancing and isolation.

The literature highlights that feelings of fear, uncertainties regarding the duration of social distancing and the economic, political and health consequences can put people with mental suffering at risk for contamination by the new coronavirus, since signs and psychosomatic symptoms resulting from anxiety and panic levels are common and increase the search for emergency services.

A limitation of this study was the prevalence of studies with observational designs, level of evidence 2C, which do not establish cause and effect relationships between the research variables. However, this method represents a fundamental resource for clinical practice, as it is unexpensive and fast, favors the understanding of phenomena under investigation, and is constantly used to indicate prognosis and risk factors and health protection factors.[33]

Conclusion

The social distancing and isolation measures adopted for epidemiological control in outbreaks, epidemics and pandemics of coronavirus had a negative impact on the mental health of the population, causing mood instability and psychosomatic anxiety symptoms. Factors associated with the duration of the measure, possibilities of contagion, fear, financial instability and eating restrictions were associated with these symptoms. Studies of this na-

ture can favor a real understanding of the physical, epidemiological, emotional, and financial impact of coronavirus infections, demonstrating the need for public policies and nursing care practices to be developed by managers, health leaders and nursing professionals to provide quality of life, prevention and adequate management of risk factors.

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