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RESEARCH ARTICLE

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ALTRUISM AND SUBJECTIVE WELL-BEING IN THE CONTEXT OF COVID-19 PANDEMIC: A SOCIAL COGNITION RESEARCH

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ABSTRACT

This article was based on studies on beliefs in altruism and subjective well-being in the context of pandemics, in the context of Social Cognition. This constitutes a field of studies that investigates psychic processes and mental contents in the context of social interactions. The following question was defined as a problem to guide this article: what relationships can be established between beliefs in altruism and in the subjective well-being of people in the context of the COVID-19 pandemic? From there, the following objectives were established: to analyze the concept of social cognition and beliefs; to study the theme of altruism as an agent of subjective well-being in times of the Covid-19 pandemic and to carry out empirical research on the relationship between beliefs in altruism and subjective well-being. Methodologically, it is an empirical, quantitative, descriptive research, carried out with 303 Brazilians who responded to the altruism scales; subjective well-being through positive and negative affects and life satisfaction, whose results revealed that there was a significant correlation of weak intensity between subjective well-being, related to life satisfaction, and altruism, related to well-being of the next.

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INTRODUCTION

This article sought to answer the following question: In the context of the COVID-19, what relations can be established between beliefs in altruism and in the subjective well-being of people. Thereafter, the objective was to understand, through empirical investigation, possible relations between beliefs about altruism as triggers of subjective well-being, in the context of the COVID-19 pandemic. As specific goals, we sought to analyze the concept of Social Cognition; to study the theme of altruism as an agent of subjective well-being in times of the COVID-19 pandemic; and, lastly, to carry out empirical research on the relation between beliefs in altruism and the subjective well-being of people in the context of COVID-19 (Santana *et al.*, 2021a). The interest in this investigation arises after several years of work by one of the authors of this article, who works as a teacher, psychologist, educational psychologist and coordinator of social works in the city of Rio de Janeiro. This experience provided observations regarding the behavior and attitudes of many people, which were mostly characterized by lower subjective well-being, difficulty in exercising

empathy, low self-esteem, apathy and motivation difficulties to carry out actions that could help to fulfill the meanings in life, insecurity, sense of abandonment and existential frustrations. These behaviors seem to reflect a model of attitudes in response to a social context, mostly stimulated by external criteria of values contained in today's society, which encourage the appreciation of prestige, success, the value of material things, brands, consumption, to a life driven by pleasures, ending up influencing the personal and social model; however, hard to be reached by most people. This relation between the ideal and the real, which is experienced by people, possibly can explain these behaviors, in general, lacking superior values that better supply the direction of a more fulfilling life. These assumptions stimulated researchers to focus this work on the concepts of altruism and subjective well-being. Thus, motivated by these findings of daily professional life, the article is justified in order to bring theoretical and empirical contributions on the subject. Methodologically, an empirical, quantitative, correlational and descriptive investigation was chosen. The research intends to be relevant to students and professionals in the areas of Psychology, Sociology, Social Welfare,

Philosophy and related areas from an academic point of view, assuming to contribute with reflections on the investigated topic in order to expand knowledge and enable their applicability in your professional areas.

Social Cognition: Social Cognition is the ability to receive, interpret and act in accordance with the information received within the social environment, arising from interaction with third parties, in other words, it is the understanding of the knowledge that human beings have about themselves and about others in the context of social interaction. According to Adolph (1999), the Social Cognition is nothing more than the study of information processing capability. However, for Fiske e Taylor (2008), is the study of how people form inferences or impressions based on social information provided by the environment.

Social cognition consists of a mental transaction, which is at the base of social functioning, involving the human capacity to perceive the intention and disposition of the other in a given context. This includes skills in the areas of social perception, attribution and empathy and reflects the influence of social context (Penn *et al.*, 1997; Couture *et al.*, 2006 *apud* Monteiro & Neto, 2010, p. 58).

The concept emerged in the 70s with the aim of understanding and studying the perception of individuals with themselves and with others; and, also, how this perception could explain and (or) predict social interaction and behavior (Fiske & Taylor, 2008). This theme emerged from the interest of Social Psychology authors to study the products of social interaction, using cognitive approaching models and concepts. It is important to understand the relation between the concepts of Social Cognition and the so-called social representation. Duveen, to present his work *The Phenom of Social Representation*, from Moscovici (2003), refers to the distinction made by Durkheim between individual representations (the object of psychology) and collective representations (the object of sociology), which are the origin of some of the difficulty in defining Social Psychology as a science and also of a certain inability of psychologists to consider the social dimension present in individual acts. This is why Duveen considers Durkheim a “ambiguous ancestor” (Moscovici, 2003, p. 13). When Moscovici proposes his new concept, Duveen continues, he wants not only to distance himself from his master, but also to “explore the variation and diversity of collective ideas in modern societies” (Oliveira, 2004, p. 183). The concept of social representation is, therefore, fed by the face-to-face relationships of everyday life, in addition to integrating and ordering ideological, cognitive, evaluative, informative and imagnetic elements in a view of the total world, guiding attitudes towards aspects of life. It's a way to get even closer to the concept of Social Cognition (Santana & Zanatta, 2021). In addition, it is also possible to talk about social identity, as it: (1) promotes self-concept, derived from group identification and belonging; (2) it allows people to be motivated to maintain a positive self-esteem; (3) makes people establish a positive social identity by comparing their own group (in-group) favorably with other social groups (out-groups). This conceptual relationship is very important for a deeper understanding of the relationship between self-esteem and altruism, which is the main focus of this research. Social Psychology uses the concept of social cognition to provide a counterpoint to the behaviorist theory, as it emphasizes environmental contingencies only, to the detriment of mental processes in behavior (Skinner, 1974). Social Cognition, on the other hand, studies the interference of emotions, thoughts, interactions and the social environment in the conception and behavior of human beings.

According to Butman and Allegri (2001, p. 276), Social Cognition is the neurobiological process that allows both humans and animals to properly interpret social signs and, consequently, respond to them appropriately. Another definition could correspond to the cognitive process, which elaborates adequate behavior in response to other individuals of the same species, specifically, those higher cognitive processes that support extremely diverse and flexible social behaviors. Within this same perspective, one can think that a subject

externalizes his *individual self*, making it objectified in society, while internalizing from society, the other individual selves already objectified in it, in a continuous movement of social interiorization (which can be clearly related to Social Cognition). The concept of interiorization concerns the immediate apprehension or interpretation of an objective event as endowed with meaning, that is, as a manifestation of the subjective processes of another, which in this way becomes subjectively significant for other people (Santana *et al.*, 2021b). It is noteworthy that the subjectivity of any manifestation can be objectively accessible to an individual and become endowed with meaning for that person, whether or not there is congruence between their subjective processes and the manifestation. In a more general sense, interiorization constitutes the first basis for understanding others and, secondly, for apprehending the world as a social reality endowed with meaning, that is, with a Social Cognition (Berger & Luckmann, 1978, p. 178). For the study of Social Cognition, it is necessary to understand the concepts of beliefs, self-concept, stereotypes and schemas, among others, related to the social environment.

Beliefs are determinant in behavior and behavior, and influence the way people establish relationships throughout life and convince them of how they justify their behavior. Beliefs are born from personal experiences. Mainly, the psychological processes of a cognitive order (perception), however, give rise to psychological products. Beliefs have four basic characteristics that, according to Kruger (1986), are accepted by the person; they are subjectively admitted according to different levels of convictions; subject to observation, when declared; they are present in cognitive processes, influencing the perception of facts, identity formation, interpersonal relationships and collective social processes. Self-concept is the conception that the individual has about himself and for Rodrigues, Assmar and Jablonski (2009), self-concept is formed largely by comparison with other people, that is, through social interaction. Self-concept has a great influence on how a person behaves in social situations. The concept of stereotype was introduced by Lippmann (1922), defined as mental images that would help the individual in processing information coming from the social environment. These mental images would work through generalization in order to organize information in a more simplified way. Initially proposed by Aaron Beck (2014), schemas are cognitive structures that analyze and interpret the perception of situations, environments and interactions, generating a pattern of perception of reality that, if inflexible, can be dysfunctional for the individual. Through dysfunctional schemas, the individual can create a pattern of behavior and thinking in different situations. According to Bartlett (1932), schemes are thought structures that allow perceiving people, objects, facts and scenarios in an organized and intelligible way. In studies on Social Cognition, schemes are formed from personal experiences (Santana *et al.*, 2021c) which are part of specific social and cultural conditions.

The relation between altruism and in the subjective well-being of people in times of covid-19 pandemic: Altruism can be understood as a motivational state in which the focus is on the well-being of the other, and would be at the heart of cooperative behavior (Sánchez & Cuesta, 2005). In this dimension, the literature has demonstrated the importance of personal values, beliefs and norms for the understanding of behaviors (Thompson & Barthon, 1994). Behaviors motivated by the search for benefits for the individual, or his/her close ones, are considered to be characteristically selfish. In turn, motivations centered on benefits for the other, or for society as a whole, as well as for the environment and the biosphere, would be altruistic. Altruistic behavior is clearly based on social interactions that the subject builds throughout his life and, according to Batson (2011), is closely related to empathy. According to the author, empathy is characterized by the attitude manifested when a subject understands the emotional state of the other, including their emotions and thoughts. However, this definition is surrounded by uncertainties, as the subject may be projecting their own thoughts and feelings on the other, based on their own social experience. Batson (2011) also states that this empathetic concern with the other comes precisely from what the subject considers his or her peer to need. This

perception, however, may or may not be adequate, depending on what the subject considers necessary to the other. In periods of pandemic, this definition of empathy and its relationship to altruistic behavior is extremely relevant to the present discussion, as the social world depends on a context in which subjects can act altruistically towards others and from this way, generate solutions for the various problems that arise from this. Pereira *et al.* (2020), when formulating the article on the COVID-19 pandemic, they deal with social isolation and consequences on mental health from the point of view of coping strategies. In addition to the general understanding of altruistic behavior during the pandemic. The authors strongly emphasize the issue of stress and anxiety caused by the social crisis resulting from the pandemic. Patients diagnosed with COVID-19 or suspected of being infected may experience intense emotions and behavioral reactions, in addition to guilt, fear, melancholy, anger, loneliness, anxiety, insomnia, etc. These states can progress to disorders such as panic attacks, Post Traumatic Stress Disorder (PTSD), psychotic symptoms, depression and suicide. Especially prevalent in IS patients, in which stress tends to be the most prevalent (Shigemura *et al.*, 2020; Brooks *et al.*, 2020). In the same line, Stroebe *et al.* (2007) state that not being able to support and be with family members, regardless of the severity of their health status, can become a trigger for the emergence of feelings of guilt and sadness. As well as, there are people who are unable to express their feelings and when they do not verbalize their emotions, they are prone to high levels of stress, with signs of PTSD appearing, becoming a potential factor for the onset of depression (Bortel *et al.*, *apud* Pereira *et al.*, 2020, p. 7).

The vulnerability caused, in addition to all the stressors, directly influences the subject's subjective well-being, as well as the ability to emit altruistic behaviors, as many people need to deal with primitive issues such as job loss, financial difficulties, and issues of illness in the family. The authors also emphasize the frustration and feeling of powerlessness related to the fact that, during the pandemic, patients need to be isolated from their families, which causes even more stress and depressive feelings. Although altruistic behavior is present, the subjects are unable to help their peers due to the issue of isolation.

According to Wang *et al.* (2020) 53,8% of the Chinese populationsuffered psychological impacts due to the COVID-19 pandemic, obtaining a moderate to severe rating. It also emphasizes that these individuals considered to be in a state of vulnerability, especially those who were part of the following risk groups: diagnosed people, family members of these individuals, subjects diagnosed with mental disorders and health professionals. Both were referred to psychological support services offered by the Chinese government (Shigemura *et al.*, 2020). Johnson *et al.* (2020) carried out a study on the importance of knowing the risks for the emergence of mental disorders, in addition to providing adaptive and dynamic psychotherapeutic intervention programs throughout the pandemic. The psychological support offered by China was initially aimed at reducing the consequences of COVID-19 on the mental health of its population and served as a model for the rest of the world (Pereira *et al.*, 2020, p. 14).

It is precisely from this support network that subjects can find sources for the development and maintenance of subjective well-being. Within this context, altruistic behaviors are present and members of society can help each other, in a large support network. To Pfefferbaum *et al.* (2020), the various stressors such as uncertain prognoses, scarce resources for testing and treating the coronavirus, as well as the various problems involved in the social context such as loss of financial resources, job loss and all the uncertainties involved are cited by researchers as the main stressors and contributors to regarding possible psychological and psychiatric disorders associated with COVID-19. Social isolation is one of the main reasons for the appearance of insecurities, anxiety, emotional isolation, mental confusion and depression, according to Pfefferbaum *et al.* (2020). The authors also say that the financial loss, the closing of schools and businesses, and the deficiency in the distribution of essential goods to the population cause a variety of negative behaviors such as stress and

psychiatric conditions, such as even substance use. Obviously, there are many studies linking emotional stress with devastating consequences in the population. However, not all people are affected. On the contrary, many of them find strength and resilience to help family, friends and society as a whole.

After disasters, most people are resilient and do not succumb to psychopathology. In fact, some people find new virtues. Still, in conventional natural disasters, technological accidents and intentional acts of mass destruction, the main concern is the issue of post-traumatic stress arising as a consequence of exposure to trauma. Medical conditions arising from natural causes, such as a life-threatening viral infection, do not meet the requirements for diagnosing post-traumatic stress disorder, but may be related to other psychopathologies such as depression and anxiety disorders. (Pfefferbaum *et al.*, 2020, p. 511)

What then happens to groups that find strength and resilience to help others? Talking about resilience is indeed essential with regard to the issue of pandemics, natural disasters or even death. Herrman *et al.* (2011), when reviewing the concept of resilience, they cite several definitions among them that, "fundamentally, resilience refers to positive adaptation, or the ability to maintain or reactivate mental health, despite experiencing adversity". (Herrman *et al.*, 2011, p. 259)

Caring for a family member with a serious illness is often stressful, distressing and can lead to changes in family dynamics, since, in most cases, the entire family is directly or indirectly involved in the care process, in instrumental support and/ or emotional. (Delalibera *et al.*, 2015, p. 1120).

In the same way, the family structure will be of fundamental importance so that mourning is elaborated and that family members can go on with their lives and overcome barriers and challenges - not only emotional, but also financial and structural - in a functional way, as it is the case of many family members in the context of the pandemic, when members of the family unit succumb to the virus.

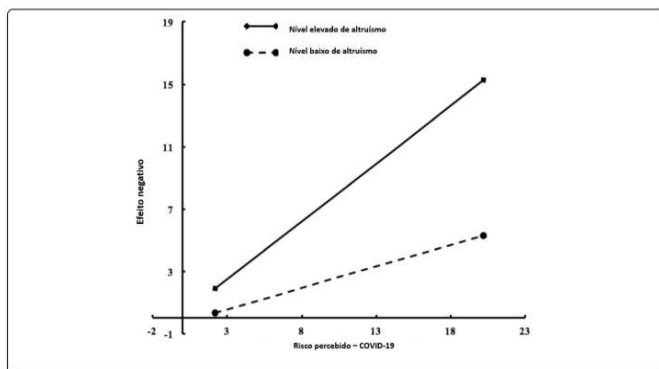
According to Kramer *et al.*, little research has been done on how family conflict and end-of-life caregiving experiences can influence the grieving process of family caregivers. Grief - a natural and expected reaction to the loss of a loved one - is experienced both individually and in the family context, and a loss can influence the functioning and dynamics of a family, since the family is seen as an integrated system of relationships that is changed forever and its members are forced to reorganize. (Delalibera *et al.*, 2015, p. 1120).

What can be stated, based on the various studies on the pandemic, is how members of society experience death and mourning, as well as the situations that COVID-19 impose, such as social and emotional isolation, in completely different ways. Some have the ability to get over and elaborate faster, others need more time and elaboration so they can get on with their lives effectively (Santana *et al.*, 2021a). A very interesting point comes from the research by Feng *et al.* (2020) on the impact of COVID-19 on people who have a high level of altruistic behavior. According to the authors, these people may have suffered even more from the pandemic period because, due to all the measures of social isolation, they were unable to emit altruistic behavior and help other individuals. According to the researchers,

compared to individuals with low levels of altruistic behavior, those with high altruism may feel more anxious due to the empathy they have for infected patients and more depressed due to the feeling of powerlessness they feel towards others. However, previous researches do not seem to have provided directions regarding the psychological responses of altruistic subjects in situations like these (Feng *et al.*, 2020, p. 18).

The impacts of a pandemic such as COVID-19 on the mental health of individuals were studied by several psychologists, sociologists and psychiatrists so that preventive measures could be implemented in cases like these (Santana *et al.*, 2021a). To Gullen, Gulati e Kelly

(2020), the main reason why the pandemic brought several negative consequences in terms of mental health was the fact that, due to the urgency of prioritizing the testing phase, reducing the transmission of the virus and patients who are in critical stages, all psychological needs and psychiatric disorders took a back seat during pandemic management. The authors exemplified this with a field survey that was conducted in China between January and February 2020. It was a study with 1210 participants from 194 cities across the country. The findings showed that 54% of the participants considered that the psychological impacts resulting from the COVID-19 pandemic were severe or moderate; 29% responded that they had severe or moderate anxiety symptoms, while 17% had depressive symptoms of the same magnitude (Gullen *et al.*, 2020, p. 311). These findings demonstrate how a major and unprecedented pandemic such as this can affect the mental health of subjects, including those who would normally emit altruistic behavior towards others. The researches made by Feng *et al.* (2020), about the impacts of COVID-19 on people with a high degree of altruistic behavior are essential for understanding the subject. According to the authors, people with a high degree of altruism suffer a considerably greater negative impact on their mental health as the risk of COVID-19 is also greater. However, people with lower altruism content do not experience this same increase. Studies have shown a correlation between the degree of altruism in the subject and its impact on mental health during COVID-19 in China. Feng *et al.* (2020) clarify that the increase in anxiety and depression symptoms was incredibly high when people perceived a higher risk of contracting the virus. The conclusion reached by the authors was that altruism, therefore, can act negatively in cases of pandemics such as these, as the subjects are unable to offer help and this causes the levels of negative emotions to increase, bringing drastic consequences for the mental health of individuals. The diagram below, taken from the studies by Feng *et al.* (2020) shows precisely this interaction between the risk of COVID-19 and the negative effects of this in people with high levels of altruistic behavior.



Source: Feng *et al.*, 2020, p. 21

Figure 1. Interaction between the perception of COVID-19 and altruism

The implications of such an impact are diverse. The COVID-19 pandemic presented an imminent risk to global health. Feng *et al.* (2020) state that many people (Santana *et al.*, 2021c) perceived this threat in areas that were considered to be of low risk; and those on the front lines, such as health professionals. In addition, those people who were observed to have a higher risk of contamination had important consequences with regard to increased levels of anxiety and depression. Linked to this, the authors highlighted the issue of altruism as an important protective factor for mental health in studies in the past, but few studies emphasized the negative impact in circumstances such as those imposed by the COVID-19 pandemic (Santana *et al.*, 2021a). Obviously, the studies cited were punctual and the variables considered may be specific to the country in question. However, the psychological health data used to understand how people respond to the COVID-19 threat were essential for understanding the associated symptoms of anxiety and depression, especially in individuals with a high degree of altruistic behavior.

The negative influence of the perceived risk of COVID-19 and altruism on the subject's mental health suggests that mental health is highly influenced by the perceived risk and that the protective effect of altruism requires specific conditions. Contrary to previous theories, the results suggest that altruistic behavior was not responsible for an improvement in mental health during the pandemic and, on the contrary, exacerbated symptoms such as anxiety and depression, which contribute significantly to altruistic theories studied to date (Feng *et al.*, 2020, p. 25).

It is noteworthy that, despite the research having considered a considerable sample, further research needs to be done to analyze the relationship between altruism and subjective well-being, for example. In the same way that many subjects perceived a negative impact of altruistic behavior during the pandemic, many people were able to react positively and resiliently in the same context.

The Research: The theme was enriched by field research, quantitative, correlational and descriptive and the investigated sample consisted of 303 people, composed of ages ranging between 18 and 40 years ($M = 29,18$ e $DP = 6,99$). Regarding the variables researched in the sociodemographic questionnaire, with regard to the item gender, the sample was composed of 73.4% females, 26.2% males and 0.3% "Others". Of this total, 72.1% declare that they carry out paid work and 27.9% declare that they do not. Among the types of Voluntary Activity Practice, 43.2% describe that they do not practice any type of voluntary help, 29.2% practice voluntary help in person and 27.6% practice only financial help. Most participants are from Rio de Janeiro (80.1% e $N = 241$), followed by respondents from the State of São Paulo (14% and $N = 42$) and Federal District (1.7% and $N = 5$). The rest of the states together represent less than 4% of the sample. Participants consider the role of religion in their lives with: 25.9% ($N = 78$) Extremely important; 24.9% ($N = 75$) Not very important; 22.3% ($N = 67$) Important; 14% ($N = 42$) Very important and 13% ($N = 39$) Not at all important. Regarding participation in religious ceremonies in the last month, 58.8% ($N = 177$) did not participate in any ceremony; 19.6% ($N = 59$) participated more than 5 times; 13.3% ($N = 40$) 1 or 2 times and 8.3% ($N = 25$) 3 to 4 times. Four instruments were used in data collection: (1) sociodemographic surveys, (2) Altruism Scale created by Rushton *et al.* (1981, *apud* Hutz, 2016) and to assess the subjective well-being construct (which involves affective component and component cognitive impairment, according to Gorenstein *et al.* 2016) we used (3) the Positive and Negative Effects Scale (PANAS), created by Watson and Clark (1994 *apud* Hutz, 2016), which assesses the affective component and the (4) Scale of Life Satisfaction created by Pavot and Diener (1993, *apud* Hutz, 2016), which assesses the cognitive component. The data collection process took place after the project was approved by the Research Ethics Committee of the Catholic University of Petrópolis and was carried out online, considering the impossibility of in-person collection at the time of the COVID-19 pandemic, through the tool *google forms*, upon signing the Informed Consent Form (TCLE) by the participants.

The results were organized from Analysis of Variables, Normality Tests, Hypotheses and Inferential Statistics and used the programs IBM, SPSS (version 21) of Microsoft Excel 365. To obtain a correlational analysis of the responses between the Altruism Scale and the Subjective Well-Being Scale, the Pearson correlation coefficient was used, in addition to other statistical resources such as mean, standard deviation, among others applicable in this research that could allow an analysis of the variables in relation to the chosen sociodemographic data. Regarding the results related to the Altruism Scale, the researched sample showed average results, even when the participants experienced an adverse situation typical of a pandemic. In other words, the pandemic did not minimize or exacerbate the altruistic behavior of people whose results were very close to the original sample, which validated the Altruism Scale in Brazil (Hutz, 2016). As for the results against the Positive and Negative Affect Scale-PANAS, the sample showed higher indicators of negative effects, when compared to the original sample used to validate the scale (Hutz, 2016), which can probably be related to psychosocial

Chart 1. Descriptive Statistics of Psychometric Instruments

		Statistics	
Altruism F1 – Aid and assistance	Average	22,693	
	Reliability interval of up to 95% to average	Lower limit	22,352
		Upper limit	23,034
	trimmed mean of 5%	23,006	
	Median	24,000	
	Variance	9,094	
	Standard deviation	3,0157	
	Minimum	12,0	
	Maximum	25,0	
	Range	13,0	
	Interquartile range	4,0	
	Asymmetry	-1,350	
	Kurtosis	1,065	
	Altruism F2 – Personal cost	Average	24,294
Reliability interval of up to 95% to average		Lower limit	23,598
		Upper limit	24,990
trimmed mean of 5%		24,403	
Median		24,000	
Variance		37,910	
Standard deviation		6,1571	
Minimum		8,0	
Maximum		35,0	
Range		27,0	
Interquartile range		10,0	
Asymmetry		-1,140	
Kurtosis		-1,781	
Altruism F3 – Welfare of others		Average	28,145
	Reliability interval of up to 95% to average	Lower limit	27,681
		Upper limit	28,610
	trimmed mean of 5%	28,297	
	Median	29,000	
	Variance	16,886	
	Standard deviation	4,1093	
	Minimum	11,0	
	Maximum	35,0	
	Range	24,0	
	Interquartile range	6,0	
	Asymmetry	-1,522	
	Kurtosis	1,406	
	Negative affection	Average	27,287
Reliability interval of up to 95% to average		Lower limit	26,304
		Upper limit	28,270
trimmed mean of 5%		27,053	
Median		26,000	
Variance		75,609	
Standard deviation		8,6954	
Minimum		11,0	
Maximum		48,0	
Range		37,0	
Interquartile range		14,0	
Asymmetry		1,282	
Kurtosis		-1,726	
Positive affection		Average	34,271
	Reliability interval of up to 95% to average	Lower limit	33,445
		Upper limit	35,097
	trimmed mean of 5%	34,411	
	Median	35,000	
	Variance	53,397	
	Standard deviation	7,3073	
	Minimum	14,0	
	Maximum	50,0	
	Range	36,0	
	Interquartile range	11,0	
	Asymmetry	-1,263	
	Kurtosis	-1,386	
	SWLS	Average	23,46
Reliability interval of up to 95% to average		Lower limit	22,67
		Upper limit	24,25
trimmed mean of 5%		23,78	
Median		24,00	
Variance		48,905	
Standard deviation		6,993	
Minimum		5	
Maximum		35	
Range		30	
Interquartile range		11	
Asymmetry		-1,597	
Kurtosis		-1,299	

experiences of COVID-19. With regard to the Satisfaction with Life Scale, the values found in the sample presented results close to the group studied for evaluating the original scale (Hutz, 1997). Participants had an $M = 23.6$ and $SD = 6.9$, these values being very similar to those found in the original author's standardization sample ($M = 21.8$ and $SD = 7.3$) and probably the satisfaction indicators with life do not seem to have shown significant differences with regard to the sociodemographic variable "paid activity", which indicated a probability of the sample having presented a basic maintenance of quality of life, even in the adverse context of the pandemic. As for the conclusions obtained from the research hypotheses, it was found that:

Hypothesis 1: Is there a significant correlation between beliefs in altruism and subjective well-being? The results obtained showed that there was a significant correlation of weak intensity ($r = 0.16$), as shown in Chart 3, between the variables Satisfaction with Life and Factor 3 of Altruism – Well-Being of Others ($p < 0.01$).

Hypothesis 2: Is there a significant correlation between beliefs in altruism and subjective well-being when comparing sex? The results for the sample revealed that there is no statistically significant difference between the Group of Men and Women for these psychological variables ($p > 0.05$), as shown in Figure 2.

Hypothesis 3: Is there a significant correlation between beliefs in altruism and subjective well-being when comparing age? The sample revealed that there was a significant correlation of very weak intensity between age and factor 3 of Altruism – Well-being of others ($p < 0.05$ and $r = 0.13$). In Chart 4, it can be seen that, as the age of the sample participants increases, there is a correlation, although very weak, between age and the F3 Well-Being of Neighbors in the Altruism scale.

Hypothesis 4: Is there a significant correlation between beliefs in altruism and subjective well-being when comparing the practice of voluntary activity? The results revealed by the sample showed that when we evaluated the median values on the Altruism Scale (Factor 2 - Personal cost, represented in Graph 12) related to those who do not practice voluntary activity, the lowest altruism index was observed ($Md = 23$). When we evaluated the group of participants who only help with financial help ($Md = 24.5$), it was found that it was the second highest in altruism levels and, finally, with the highest altruism index, those who help in person ($Md = 27$). Those who do not practice voluntary activities (Graph 13) had the lowest altruism index for Factor 3 – Well-Being of Others ($Md = 27$). The groups that help only financially ($Md = 29$) and those who help in person ($Md = 29$) had similar median results for this factor.

With regard to the Satisfaction with Life scores (Graph 14), in the voluntary activity practice groups; participants who only help financially had the highest level of Satisfaction with Life ($Md = 27$), followed by those who help in person ($Md = 24$) and, finally, participants who do not help ($Md = 23$).

Hypothesis 5: Is there a significant correlation between beliefs in altruism and subjective well-being when comparing the experience of religious practice? The sample showed that there is a significant correlation between the Role of Religion in the Life of the participants and the levels of Altruism F2 (Personal Cost), F3 (The Well-Being of Others), Positive Effects and Satisfaction with Life. Participants who perceived the Role of Religion as the most important in their lives had significant levels ($p < 0.001$) and weak ($r = 0.254 \sim 0.383$) of Altruism (Personal Cost and Well-Being of Others); Positive Effects (Chart 6) and, significant ($p < 0.05$) and very weak ($r = 0.105$) of Satisfaction with Life (Chart 6). Thus, people who perceived religion as being more important to their lives showed higher levels of these psychological variables.

Final Considerations: The current model of life, increasingly in the media, tends to generate a mismatch of man with himself, who, at times, became no longer used to being in his own company, in other words, an externally active motivation is always needed to occupy a

certain emptiness that sometimes surprises this man surrounded by contacts, but with few ties. The research, presented in this article, was concerned with correlating altruism and subjective well-being of a sample of 303 Brazilians collected in the second half of 2020, time of the COVID-19 pandemic. The survey results revealed that the correlation between altruism and subjective well-being occurred in a positive and weak way, only between the factors satisfaction with life and the well-being of others, which characterizes factor 3 of the altruism scale and which did not confirm the hypothesis that COVID-19 could increase altruistic behaviors among people as well as subjective well-being. The literature on the themes, in a philosophical approach, reveals that the practice of altruism tends to lead the person who practiced it to experience a personal satisfaction for seeing the other happy. Probably, the current moment of contemporary man has not favored, for the most part, the subjective satisfaction resulting from the practice of altruism, that is, it seems that man is closed in on himself, occupied with himself, inattentive with the other and with his surroundings, respondent to "canned" questions in a media that has the competence to direct behaviors, motivations, value hierarchies and, perhaps, people's own lives. It is noteworthy that the results obtained by the sample of this research in relation to altruistic behavior in its three factors (help or assistance, personal cost and well-being of others) showed no correlation and were very similar to the instrument validation sample in Brazil (Hutz, 2016), which consolidated the idea that, contrary to what the authors imagined, people were no longer concerned about their neighbor at an atypical moment of pandemic, which is evidenced in current news about the disrespect for health rules for mask use, social isolation, avoidance of crowding, among others.

Regarding the age and importance of religion (Santana & Zanatta, 2021) for the lives of the participants, it was found that these variables showed a weak significant correlation, weakly corroborating what the theory says about the influence of these variables on altruistic behavior, which is related to learned experiences related to moral and ethical values, but free choice to be lived and that depend on the voluntary conscience of each one. Regarding the assessment of negative and positive effects, the sample showed higher results of negative effects than that presented by the participants who integrated the validation of the scale in Brazil (Hutz, 2016), which may be associated with the confinement context social, in which the means of communication became more prevalent in the daily lives of the people who mostly absorbed the dramatic news resulting from the damage caused by COVID-19. This may have probably generated a feeling of dissatisfaction in people about themselves and their lives. Another aspect to consider arises from the comparison of volunteering with behaviors related to life satisfaction, one of the factors that assess altruism, and, in this case, the sample showed that a type of volunteering characterized by financial help prevailed, when compared to the practice presential. This makes us think that the practice of altruism demands a personal willingness to live attitudes in which people need to go out of themselves towards the other. And that means giving up some time in their lives for this meeting. In this case, financial aid requires a lesser abdication of your personal life time to help others. The investigated topic revealed that there is still a small number of publications regarding the correlation between altruism and subjective well-being, which stimulates the expansion of knowledge on the topic, expanding investigations in future contexts, unrelated to the COVID-19 pandemic.

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