

Psychological Impact and its Coping in COVID-19 Pandemic: A Study Across India

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ABSTRACT

The highly infectious nature of the COVID-19 and absence of definite cure at present has impacted people worldwide. Whether infected or not, it serves a challenge to the psychological resilience of all individuals. The study attempted to explore the psychological perception and impact of COVID pandemic in general population from different Indian cities and their coping pattern. Total 625 adults of both sexes in the age range of 20-55 years from 21 cities of India were surveyed online using a customized, expert rated psychological impact and coping questionnaire. Perception of psychological impact of the pandemic and social isolation due to COVID-19 differed across different age groups, sex and occupation wise. The findings warrant addressing the mental health need of the population, especially the young adults to counter an expected wave of mental health issues in general public.

Keywords: COVID-19, Psychological perception, Impact, Coping, Indian population.

INTRODUCTION

The coronavirus disease officially been referred to as COVID-19 by the World Health Organization has attained the level of a pandemic, affecting countries worldwide. It emerged at the end of 2019 and has been threatening the health and lives of millions of people and demands international concern. Various countries across the world including India have implemented lockdown since mid of March 2020 and in order to protect the public by preventing exposure to infected people. The practice of physical distancing or social distancing is likely to result in changes in behavioral patterns and changes in

everyday functioning. Further in the present situation wherein there is uncertain prognosis of the diseases; the shortage of health care resources, and huge financial losses are bound to increase the level of distress, fear, and anxiety in the general mass. As psychological sequel of the pandemic is inevitable; it is important to understand the nature of its perception, the impact and coping with the pandemic among different people, so that vulnerable groups are identified and intervention strategies are accordingly planned. With this background, the study was undertaken to explore the impact of COVID-19 pandemic, its perception, and coping pattern of individuals from different cities and states of India.

METHODS

The study was based on online survey method through Google Form. Total 625 Individuals of both sexes in the age range of 20-55 years, from 21 cities across India were included in the study. To conduct the study, a survey questionnaire was prepared by the authors, which also included socio demographic details of the respondents.

Development of the 'Psychological impact and coping to COVID Pandemic Questionnaire': A 20 item questionnaire was developed to assess Psychological impact and coping to COVID Pandemic and lockdown situation. After a review of the previous surveys, e.g. (Pérez-Fuentes et al., 2020) to study the psychological experience of people during illness outbreaks, several statements related to the psychological experience to the present situation were prepared. These included both positive and negatively worded statements. The initial item pool consisted of 129 questions. The expert rating was collated to obtain a set of 59 questions discarding the rest. Further, overlapping items in the pool were discarded and the final questionnaire consisted of 20 closed ended questions with 14 items on impact domain and 6 items on coping domain. The scoring of the items was on 5 point Likert scale.

RESULTS

Demographic variables: The respondents (n = 625) belonged to 21 different cities across 7 states of India from all zones (East, West, North and South) making it a pan India population (Table 1). Majority of the sample though belonged to three eastern Indian states there was fair representation from southern, western and northern Indian states too. Young adults in the age range of 20-30 years and females were in majority of the respondents' surveyed (Table 1). Majority of the surveyed sample (89%) resided in areas with imposed lockdown with moderate to high restriction on movement and

Table 1
Socio-demographic Details of Participants

Variables	Range	Mean	SD
Age (in years)	18-55	32.51	10.08
	Variables	N	%
Age (in years)	Young adult (20-30 years)	343	54.9
	Middle adulthood (31-45 years)	192	30.7
	Late adulthood (46-60 years)	90	14.4
Sex	Males	277	44.3
	Females	348	55.7
Education	Up to class X	7	1.1
	Up to class XII	46	7.4
	Graduate	246	39.4
	Postgraduate and above	326	52.2
Marital status	Single	319	51
	Married	303	48.5
	Widow	3	0.5
Occupation	Student	148	23.7
	Service	294	47
	Self-employed	92	14.7
	House-wife	69	11
	Others	22	3.5
Movement restriction in area of residence	Highly restricted	255	40.8
	Moderately restricted	302	48.3
	Liberal	68	10.9
Zone	North	61	9.8
	West	55	8.8
	East	397	63.5
	South	112	17.9

Table 2

Domain-wise Mean Response of the Sample and Socio-demographic Differences in Psychological Impact and Coping of the Sample

Domain		Range	Mean \pm SD	Mode		
Psychological Impact		32.63~ 50.61	41.62 \pm 8.99	44		
Psychological Coping		16.71 ~25.19	1.95 \pm 4.24	21		
Domain		Socio-demographic details	Mean \pm SD	t	F	p
Impact	Age group	Young adulthood	42.40 \pm 8.6		4.17	0.016**
		Middle adulthood	41.26 \pm 9.42			
		Late adulthood	39.43 \pm 9.11			
	Sex	Male	41.54 \pm 9.17	-0.212		0.832
		Female	41.69 \pm 8.86			
	Occupation	Student	43.17 \pm 9.00		1.55	0.185
		Self employed	41.66 \pm 9.05			
		Service	41.09 \pm 8.82			
		House-wife	40.84 \pm 9.45			
		Others	40.68 \pm 9.01			
Coping	Age group	Young adulthood	20.44 \pm 4.15		5.73	0.003**
		Middle adulthood	21.47 \pm 4.41			
		Late adulthood	21.75 \pm 3.98			
	Sex	Male	20.79 \pm 4.57	-0.82		0.407
		Female	21.07 \pm 3.96			
	Occupation	Student	20.17 \pm 4.15		2.50	0.041*
		Self-employed	21.31 \pm 4.12			
		Service	20.63 \pm 4.65			
		House-wife	21.65 \pm 3.89			
		Others	20.40 \pm 5.06			

*P < 0.01

**p < 0.05

thus were apt for the survey (Table 1).

DISCUSSION

It was observed that there was a significant impact of the pandemic on the sample and on an average, an adaptive pattern of coping was employed by the surveyed population (Table 1). The psychological experience of the individuals as assessed using the questionnaire, indicate that the most negatively perceived impact of the pandemic was increased anxiety, frustration reported in 65% of the sample (Item 1, Table 2). They are consistent with study which report moderate to severe levels of depression, anxiety, and stress in pandemic respondents (Wang et al., 2020). In situations like the pandemic, people have been made to enforce “apartness” as an imperative to survival (Polizzi & Lynn, 2020). It is also likely that a most obvious consequence of the same is being deprived of what was earlier a part of one’s daily lifestyle, this along with a constant fear of the virus itself, tends to influence how one perceives the impact, as has been seen in the present study also.

Majority of the sample in the current study (around 82%) did not report any sleep problems. However, the disturbance in remaining people may not be ignored, as the disturbance was post pandemic lockdown only. For the present sample, it was seen that increased irritation on family and neighbors was not a point of the concern, and not felt as a major distressing impact of the lockdown. Around 65% of the sample reported not feeling anxious after maintaining hygiene measures like washing hands, suggesting they felt in control over the situation by maintaining the safety measures. Panic perception in the sample was evident as around 64% responded feeling panic in different frequencies; but at the same time ‘being more informed’ also helped them to cope better with the situation, as responded by 65% of the sample. This finding is important in highly populated country like India, as incorrect information could lead to engagement in unsafe behavior putting individuals at risk of infection. A high proportion of the sample (81%) reported worry about the consequences of the situation especially financial consequences, which was very much expected.

While there have been numerous reports across India, of people performing special prayers to appease the angry ‘CORONA goddess’(news18.com, 2020); it was interesting to see that engaging in spiritual and religious activities to gain inner strength was highly variable in the studied sample. It could be possibly because of preponderance of young adults in the sample who might not have religious inclination. The most common way of coping by the respondents with the present situation was found to be keeping oneself busy and productive, and well informed (Table 2). At the same time maintaining a healthy lifestyle and an increased feeling that one can cope better with further such situations helped the participants of the present study cope better.

Previous studies suggest that response to the lockdown situation is mostly in the frame of stress reaction, and most individuals are capable of coping with it (Halder, Mahato & Manot 2020). On similar lines in a study conducted in China it was seen that the majority of participants reported that they were paying more attention to their mental health, spending more time relaxing, resting and exercising after the onset of the pandemic (Zhang & Zheng, 2020).

It has been seen that in times of uncertainty, the more one knows about a certain issue, the less fearful they may feel, and this might have been the case in the present study thereby helping the participants cope better. Finding ways to engage with and appreciate life during mass traumas is a robust predictor of increased psychological well-being and reduced post-traumatic stress symptoms (Dekel, Hankin, Pratt, Hackler & Lanman, 2015).

Further it can be seen that there was significant age wise difference among the respondents with respect to coping and impact (Table 2). This is likely as the impact of the pandemic is felt by the public in general as it's an uncertain event for all, but coping is in itself a personal response and everyone is likely to differ with respect to their style of coping. It was seen that young adults (up to age 30 years) tended to have greater impact and poorer coping as compared to the middle and older adults. This highlights that uncertain and stressful situations tend to have larger effect on younger adults, whereby their ability to cope with it can be overshadowed by their felt stress, in spite of having adequate resources. Older adults, through their greater range of experience, may have developed more coping resources and thus appraise problems as less stressful. Thus it is likely that there are age-related changes in social roles and health status which affect the numbers and types of stressors experienced, which in turn influence the ways in which people may cope with stress (Aldwin et al., 1996).

The Lockdown situation due to COVID has resulted in closure of regular offices and work from home situation for all except those in essential services creating huge inconvenience. It was expected that individual occupation type would have bearing on the coping of respondents and accordingly students were found to be in the lower ladder in terms of coping compared to housewives. For the professionals and self-employed individuals this was a major turn of activities and they had to adapt to a new work life, environment and style of work with its limitations and constraints, despite the inevitable benefits of the same. Thus coping for them was different from homemakers, who are more accustomed with staying indoors and more or less following similar routine, enabling them to cope better with the situation. However, even for homemakers, the constant presence of all family members throughout the day, and extra effort of handling children could have been a different kind of stressor.

It was observed that self-employed individuals also showed relatively adaptive

coping, which can be attributed to their intact sense of control over their business and activities as before, in spite of the many changes that have occurred in the pandemic. Some of them were still able to control and carry out their business in some way, thus only resulting in changed ways of operating their business, enabling them to adjust better. However, generalization of this finding would be difficult considering different nature of occupation of the respondents. The survey was completed in the month of May 2020, when the total number of cases in India was below 80,000. The numbers have crossed 1.8 million by end of July 2020 and increasing further, implying an expected increase in mental health issues. Globally experts are already speculating that the next COVID crisis could be a wave of suicides (Koons, Griffin and Court, 2020), which appears to be coming true considering reports of increase in suicide rates (Chetan, 2020; Nawaz, 2020) from different parts of the country. The rising situation calls for extra preventive measures to mitigate the psychological impact of COVID in general mass and youth in particular. Establishment of 24x7 online and telephonic helpline could help which already has been initiated by many state and central agencies.

CONCLUSION

The present situation has indicated that the prevalence of psychological harm caused by the spread of communicable diseases in society is very considerable (Fardin. M, 2020) and on similar lines the findings of the present study highlights the psychological experience of the individuals in the Indian sub-continent in response to the restrictions placed post the COVID pandemic. There was significant difference across age groups where younger adults were found to be more adversely affected compared to middle and older adults, and also to have poorer coping. Even though psychological impact may not always manifest as a disorder, they may still be distressing and may require intervention at certain level and will result in reduced anxiety and panic in the public as a first likely outcome. Therefore, planning appropriate awareness measures are important to prevent the over pathologizing of one's current state at times while at the same time psychological management for the most impacted groups to improve mental health during pandemics is essential. Considering the prevailing situation and lack of health resources, it might not be possible to deal with a wave of mental health issues in the public and it is advisable to facilitate and increase online and tele-counseling.

IMPLICATIONS FOR SOCIAL POLICY AND ACTIONS

In the pandemic situation, perception of health, financial condition and future has been related to apprehension, insecurity and uncertainty, fear of being infected, and even death. Identification of psychological status of individuals in this crisis situation is required for intervention purpose and the modification of lifestyle along with maintenance of social distancing could be focused. Present study findings suggested

that across the age, gender and occupational status presence of negative apprehensions, attitudes, poor psychosocial resilience are prominent. Considering the findings, mental health professionals could intervene the psychological distress through deliberate actions and specifying new norms regarding social activities through policies.

UNIQUE CONTRIBUTION TO THE EXISTING LITERATURE

The present study described the nature of psychological impact and coping strategies over the different states of India and it shows mass crisis period implicated negatively. It has been seen that, the health anxiety and perceived stress among individuals in pandemic situation is associated with poor coping and goal directed behaviors (Garbóczy et al., 2021). Also, in Indian population, the indication of psychological distress is found, related to the increased vulnerability to helplessness, fear of loss, health related concerns and maladaptive behaviors in terms of anger outbursts and suicidal attempts.

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