

Exploring Covid Fear, Psychological Distress and Resilience among Retired Senior Citizens and Working Middle-Aged Adults during Second Wave of Covid-19 Pandemic in India

Mansi Mathur and Manini Srivastava

University of Lucknow, Lucknow

The present study aims to explore covid fear, psychological distress and resilience among senior citizens and working middle-aged adults during the second wave of covid-19 pandemic. The sample of 100 was taken; 50 retired senior citizens and 50 working middle-aged adults. It was hypothesized that, there will be a significant difference in covid fear between retired senior citizen and working middle- age adults, there will be a significant difference in psychological distress between retired senior citizen and working middle- age adults, there will be a significant difference in resilience between retired senior citizen and working middle- age adults and there will be a significant relationship between covid fear, psychological distress and resilience among retired senior citizen and working middle- age adults. The results indicate that there exist no significant differences in the mean of covid fear, psychological distress and resilience among the two groups- retired senior citizens and working middle-aged adults. The findings suggest that there lies a positive significant relationship between covid fear and psychological distress, and negative significant relationship between resilience and covid fear but there lies no significant relationship between resilience and psychological distress. Future implications of the study are also discussed.

Keywords: Covid-19, Pandemic, Covid Fear, Resilience, Psychological Distress, Senior Citizens, Middle-Aged Adults.

In the year, 2019, the extensive outbreak of novel coronavirus disease impacted our society in every possible aspect, be it physical, psychological, emotional, spiritual or financial. India reported its first case of Covid-19 in February; before this, the coronavirus had spread at every corner in its originator country, China, and many other countries like America and Russia. In India, the government announced a nationwide lockdown, and the public was made aware of the various measures to be taken to keep oneself safe and control the spread of Covid-19. The virus extensively impacted the country; it took away many lives, people started losing their sources of income, the nation's economic graph went low and the confinement within walls and dread of the impact of the virus led to mental health issues among many. From March till September 2020, the outburst of the virus affected all the states of India adversely. It was made clear that senior citizens above 60 years of age, children below ten years, and those

with co-morbidities like transplant patients, heart patients, and diabetics are the most vulnerable to this virus. By the end of 2020, the spread of coronavirus reached a stalemate in some parts of the country. So, the lockdown was partially lifted, and things started to get normal; the public got back on duty with sanitizers and masks on. Then again, from March 2021, the second wave of coronavirus has dangerously spread among all. The new mutant was even more deadly and impacted everyone adversely. Amidst these testing times, people developed a great deal of covid fear, psychological distress, anxiety and other mental health issues.

Covid Fear

Fear is one of the natural, powerful, and primitive human emotions. It includes both biochemical responses as well as a high emotional response of an individual. The emotion of fear alters the presence of any danger or threat to our physical or psychological

psyche (Fritzer,2020). Fear can generate from real threats as well as imagined dangers. The prolonged period of fear may lead to some mental health issues. Fear is a symptom of mental health conditions like panic disorder, social anxiety disorder, phobias, and post-traumatic stress disorder (PTSD). Fear of covid has occupied so much of our thinking, platforms covering death tolls and other statistics related to the cases of covid-19 heighten the fear and anxiety and affect one's mental health. The constant feeling of threat significantly affects the psychology of the human mind, leading to various mental health conditions (Robson,2020). The coronavirus pandemic has brought the world to its knees. The tragedy of covid-19 emerging leads to more psychological chaos and increasing anxiety, fear, panic and paranoia, and exaggeration of existing mental health conditions such as trauma, depression, and substance abuse, both on an individual level and in society. There is a difference between anxiety and fear. Anxiety manifests due to anticipated potential threats from the future, such as worrying about catching a virus when you visit a grocery store.

On the contrary, fear is a psycho-physiological response to a genuine threat like feeling feverish just with the thought of catching the virus; in fear within an individual activates a fight or flight response to deal with the coming threat. However, when an imminent threat is a novel and unknown, it kills hundreds of people around the world, coronavirus, people with anxiety traits, and history of aversion risk are at greater risk of responding with greater fear. Studies show that people's perceptions of risk are fundamental in achieving health from unhealthy behaviors. In the novel, an unexpected infection like coronavirus may be found to be a significant risk factor. As a result, people are prone to extreme health behaviors while ignoring other potential risks.

Psychological Distress

Psychological distress is primarily defined as a state of emotional suffering characterized by symptoms of depression (e.g., lost interest; sadness; hopelessness) and anxiety (e.g., restlessness; feeling tense) (Mirowsky and Ross 2002). These symptoms may be related to somatic symptoms (e.g., insomnia; headaches;

lack of energy) that are likely to vary across cultures (Kleinman 1991, Kirmayer 1989). Psychological distress can result in negative views of the environment, others, and the self. Sadness, anxiety, distraction, and symptoms of mental illness are manifestations of psychological distress. So, no two people experience one event the same way. Psychological distress is a subjective experience. That is, the severity of psychological distress is dependent upon the situation and how we perceive it. We can think of the psychological distress continuum with mental health and mental illness at opposing ends. As we continue to experience different things, we travel back and forth on the continuum at different times throughout our lives. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is essential at every stage of life, from childhood and adolescence through adulthood. If a person experiences mental health problems throughout life, thinking, mood, and behavior could be altered. Many factors contribute to mental health, including Biological factors, such as genetic factors or neuronal and neurotransmitter factors, Life experiences, such as trauma or abuse, Family history of mental health problems. During the pandemic, people experiencing sleeplessness, feeling of anxiety, boredom, panic attacks, nightmares, feeling of worthlessness, fear of contracting COVID-19, fear of spreading the infection to others, health anxiety, anxiety about death, and dying are some of the psychological issues that can occur in elderly. Some may develop depression, anxiety disorders, post-traumatic stress disorder, substance abuse/withdrawal, and related psychiatric disorders in these stressful situations.

Resilience

Resilience refers to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity. Ann Masten (2001, p. 228) defines resilience as "a class of phenomenon characterized by good outcomes despite serious threats to adaptation or development.» Ryff and Singer (2003a, p. 20) define resilience as "maintenance, recovery, or improvement in mental or physical health

following challenges'. 'Resilience is defined as the personal qualities that enable one to thrive in the face of adversity (Connor & Davidson, 2003). Stress is hard on both our physical and emotional wellness. The more effectively we can cope, the more quickly we can recover and return to normal functioning. Ongoing stress can have devastating effects on our bodies. Our resilience can buffer us from these effects, shutting down the stress cycle and HPA-axis, enabling us to better fight off illness and other adverse outcomes (Gaffey, Bergeman, Clark, & Wirth, 2016). One part of resilience is just taking care of yourself. When we are sick, tired, and malnourished, we have a more challenging response to any stress, big or small. Our bodies do not have the resources. For example, research has found that sugar intake is related to depression (Knüppel et al., 2017). Indeed, if we focus on living and eating healthier, we are likely to boost our resilience. We can do this by eating more nutritious food, engaging in moderate exercise, and sleeping when tired. Burnout is a natural phenomenon that includes emotional exhaustion and cynicism (Maslach & Jackson, 1981). Research has shown several causes of burnout, including too much work, not enough control, not enough pay, social issues, and a mismatch in values (Maslach & Leiter, 2016). Any of these factors can contribute to burnout in the workplace.

The psychological experience of COVID-19 patients during hospitalization could be summarized into five themes. Firstly, attitudes toward the disease included fear, denial, and stigma during the early stages, which gradually developed into acceptance later. Secondly, the primary source of stress included the viral nature of the disease, quarantine measures, and concerns regarding the health of family members. Thirdly, body and mind reactions included disease stage-dependent emotional responses, excessive attention to symptoms, rumination, and changes in diet, sleep, and behavior. Fourthly, supportive factors included psychological adjustments, medical care, and family and social support. Finally, the disease resulted in psychological growth, and patients viewed problems with gratitude through the cherishing of life, family, bravery, and tenacity

(Sun et al., 2021). The COVID-19 pandemic is associated with highly significant levels of psychological distress that, in many cases, would meet the threshold for clinical relevance. Mitigating the hazardous effects of COVID-19 on mental health is an international public health priority (Xiong et al., 2020)

Aging comes with a myriad of psychological, social, and environmental vulnerabilities. Frailty in older adults brings in the risk of various infections and decreases in all immune response forms. In addition, the elderly have multiple comorbidities and increased hospitalizations which increase the chance of contracting the infection during a pandemic (Benarjee, 2020).

Loneliness is a potent risk factor for depression and cognitive disorders, especially when chronic and associated with a lack of physical activity (Aylaz et al., 2012).

The excessive information about the consequences of COVID-19 for the elderly proclaimed by the news channels and social media led to the development of initial anxiety (Rana, 2020). Family interventions with social cohesion may improve the mental health of the elderly, which can be referred to as a phenomenon of resilience. However, the suicide cases of the elderly can be observed more where they experience loneliness because of social ignorance (Rana, 2020).

Psychological resilience in the face of the pandemic is related to modifiable factors (Killgore et al., 2020).

Objectives of the study -

1. To explore covid fear, psychological distress, and resilience among retired senior citizens and working middle-aged adults.
2. To explore significant differences in the covid fear, psychological distress/mental health, and resilience among retired senior citizens and working middle-aged adults.
3. To explore the relationship between covid fear, psychological distress/mental health, and resilience among retired senior citizens and working middle-aged adults.

Hypothesis

1. There will be a significant difference in covid fear between a retired senior citizen and working middle-aged adults.
2. There will be a significant difference in psychological distress between a retired senior citizen and working middle-aged adults.
3. There will be a significant difference in resilience between retired senior citizens and working middle-aged adults.
4. There will be a significant relationship between covid fear, psychological distress, and resilience among retired senior citizens and working middle-aged adults.

Method

Population

The population for the study is retired senior citizens aged 60 years and above and middle-aged adults ranging from 40-60 years who are working from their respective workplaces in this pandemic.

Sample

The sample drawn is 100 in total, 50 retired senior citizens age range 60 years and above and 50 middle-aged adults age range 40-60 years who are working from their workplaces

Tools used

Fear of covid scale by Thurso et al., 2020 - The Fear of COVID-19 Scale, a seven-item scale, has robust psychometric properties. The participants indicate their level of agreement with the statements using a five-item Likert-type scale. Answers included "strongly disagree," "disagree," "neutral," "agree," and "strongly agree." Reliability values of the scale is internal consistency ($\alpha = .82$) and test-retest reliability (ICC = .72)

General health questionnaire (GHQ-12) by Goldberg, 1970s - The GHQ-12 covers several domains associated with a person's psychological well-being and is constructed in such a way that it comprises of six positive and six negative items, concerning the past

few weeks of a person's life. Scoring is along a 4-point ordinal scale (0 to 3) with higher scores suggestive of more distress. The GHQ-12 can be completed in less than 10 minutes. The internal consistency of the GHQ-12 was $\alpha = 0.76$

Brief resilience questionnaire by Smith et al., 2008 - Brief Resilience Scale (BRS: Smith et al., 2008). It is a 6-item scale designed to assess the ability to bounce back. Respondents answer each item on a 5-point Likert-type scale ranging from strongly disagree to agree strongly. 3 items are reverse scored. Reliability of BRS: Cronbach's alpha was .80 and test-retest reliability was .69, validity of BRS: Convergent validity ($r = .43$), Discriminant validity ($r = -.27$)

Procedure

After finalization of variables to be assessed in the study with the help of literature available on internet and books, the tools for measuring the variables were decided. Accordingly, a questionnaire was designed for the participants to respond. Before questionnaire administration the consent of the participant was taken. It was ensured to the participant that his/her data will remain confidential and will only be used for research purposes. After the collection of data, the results were analyzed.

Research Ethics

All the research ethics were well followed, the participants were asked for their consent for their participation in the study. It was made clear to the participants that they are free to withdraw their participation anytime they feel like. Also, participants were made comfortable and were made to understand that their responses will remain confidential and will only be used for research purposes.

Results and Discussion

The purpose of the study was to explore Covid Fear, Psychological Distress and Resilience Among Retired Senior Citizens and Working Middle-Aged Adults During Second Wave of Covid-19 Pandemic. The first wave of pandemic hit the nation in March 2020 and lasted till december, the covid cases still existed in the months after december but the count of cases was negligible. But this situation flipped 360° By the end of March 2021 when the

Table 1. Descriptive Statistics

| | N | Min. | Max. | Mean | Std. Deviation |
|------------------------|-----|------|-------|-------|----------------|
| Covid Fear | 100 | 7.00 | 35.00 | 20.84 | 7.16 |
| Psychological Distress | 100 | 5.00 | 19.00 | 12.63 | 3.30 |
| Resilience | 100 | 1.67 | 4.3 | 3.18 | 0.532 |
| Valid N (Listwise) | 100 | | | | |

Table 2. Correlation between covid fear, psychological distress and resilience among retired senior citizens and working middle-aged adults.

| | Covid Fear | Psychological Distress | Resilience |
|------------------------|------------|------------------------|------------|
| Covid Fear | - | .482** | -.396** |
| Psychological Distress | .482** | - | -.170 |
| Resilience | -.396** | -.170 | - |

** indicates significance at 0.01 level

Table 3. Comparison of Covid Fear between Retired Senior Citizens and Working Middle-Aged Adults

| Covid Fear | N | Mean | Standard Deviation | t |
|--------------------|----|-------|--------------------|--------|
| Senior Citizen | 50 | 19.96 | 7.16 | -1.232 |
| Middle-Aged Adults | 50 | 21.7 | 7.11 | |

Table 4. Comparison of Psychological Distress Between Retired Senior Citizens And Working Middle-Aged Adults

| Psychological Distress | N | Mean | Standard Deviation | T |
|------------------------|----|-------|--------------------|------|
| Senior Citizen | 50 | 12.74 | 3.50 | .331 |
| Middle-Aged Adults | 50 | 12.52 | 3.11 | |

Table 5. Comparison of Resilience Between Retired Senior Citizens and Working Middle-Aged Adults

| Resilience | N | Mean | Standard Deviation | T |
|--------------------|----|------|--------------------|------|
| Senior Citizen | 50 | 3.23 | .50 | 1.03 |
| Middle-Aged Adults | 50 | 3.12 | .55 | |

mutant virus hit almost every home giving rise to the highly dangerous 2nd wave of covid-19 pandemic, the level of severity was such that the medicines, medical facilities, injections and oxygen cylinders were all out of stock. Amid all the chaos the impact on the mental well being of the nation was at stake. Therefore this research paper aimed to assess covid fear, psychological distress and resilience among senior citizens and middle age adults in specific because these two groups were observed to be most vulnerable

to the disease as middle age adults participants were all working on the field, direct exposure to the virus and senior citizens due to their age and weakening immunity and comorbidities were vulnerable. So we compared covid fear, psychological distress and resilience w.r.t. to covid-19 of these two groups.

The following hypothesis was formulated -

1. There will be a significant difference in covid fear between retired senior citizen and working middle- age adults

2. There will be a significant difference in psychological distress between retired senior citizen and working middle- age adults
3. There will be a significant difference in resilience between retired senior citizen and working middle- age adults
4. There will be a significant relationship between covid fear, psychological distress/mental health and resilience among retired senior citizen and working middle- age adults.

Sample size of 100 was taken , 50 were retired senior citizens and 50 working middle age adults. The data collection was done through online google forms and keeping in mind all the ethical considerations as well. Scoring was done on MS excel and results were formulated through SPSS.

The results indicated major findings. Descriptive statistics shows for the variable covid fear the minimum and maximum score obtained were 7.00 and 35.00 respectively, mean was 20.84 (N=100) and standard deviation was 7.16. For psychological distress the minimum and maximum score obtained were 5.00 and 19.00 respectively, mean was 12.63 (N=100) and standard deviation was 3.30. For resilience the minimum and maximum score obtained were 1.67 and 4.3 respectively, mean was 3.18 (N=100) and standard deviation was 0.532.

Mean scores obtained on covid fear by the two groups - retired senior citizens and working middle age adults were studied, working middle age adults obtained a higher mean 21.7 as compared to mean obtained by retired senior citizens 19.96. Although the difference in the mean of the two exists but this difference was not found significant. The t-value obtained is -1.232. Thus the hypothesis " There will be a significant difference in covid fear between retired senior citizens and working middle-age adults" is not retained. This shows that there lies no significant difference in covid fear between retired senior citizens and working middle age adults, the reason for this could be attributed to the fact that both these groups are equally vulnerable to catch the infection. Working middle age adults are more exposed

to it as they go to offices or fields for work and on the other hand retired senior citizens have comorbidities and age related factors. Aging comes with a myriad of psychological, social and environmental vulnerabilities. Frailty in older adults brings in the risk of various infections and decreases in all forms of immune response. In addition, elderly have multiple co-morbidities and increased hospitalizations which increase the chance of contracting the infection during a pandemic, the elderly are especially vulnerable (Benarjee,2020).

Mean scores obtained on psychological distress by the two groups - retired senior citizens and working middle age adults were studied, working middle age adults obtained nearly the same mean score 12.74 as obtained by retired senior citizens 12.52. The slightest difference between the mean of the two groups was not found significant. The t-value obtained is .331. Thus the hypothesis "There will be a significant difference in psychological distress between retired senior citizens and working middle- age adults" is not retained. This shows that there lies no significant difference in psychological distress between retired senior citizens and working middle age adults. Psychological distress, anxiety and depressive mood is being experienced by both working middle age adults and senior citizens as former is facing job insecurities, financial decline along with direct exposure to covid-19 and latter is facing loneliness and life crisis due to confinement within four walls. Working employees experience higher levels of psychological distress, drug and alcohol use than furloughed employees. Moreover, psychological distress increased drug and alcohol use, as well as career turnover intentions (Bufquin,2021).

For resilience, the mean score obtained by senior citizens and working middle-aged adults was 3.23 and 3.12 respectively. The slightest difference between the mean of the two groups was not found significant. The t-value obtained is 1.03. Thus the hypothesis "There will be a significant difference in resilience between retired senior citizens and working middle- age adults" is not retained. This shows that there lies no significant difference in resilience between

retired senior citizens and working middle-aged adults. The elderly population does not seem to develop significant COVID-19 quarantine-related psychological distress, possibly thanks to high resilience and effective coping strategies developed through the years (Ouanes et al,2020).

The relationship between covid fear, psychological distress and resilience among retired senior citizens and working middle adults was also studied. The results show that there exists a positive significant relation between covid fear and psychological distress, $r = .482$, which was found to be significant at 0.01 level. This shows that if covid fear will increase then psychological distress will also rise in an individual and vice-versa. For resilience and covid fear there lies a negative significant relationship between the two, $r = -0.396$, which was found to be significant at 0.01 level. This means that if resilience will be high then covid fear will be low and if covid fear is high then resilience will be low. For resilience and psychological distress, there lies no significant relationship between the two, $r = -.170$, this value of correlation was not found to be significant. Thus the hypothesis "there will be a significant relationship between covid fear, psychological distress and resilience among retired senior citizens and working middle- age adults" was partially retained.

Elderly and middle age populations are equally vulnerable to covid-19, which directly or indirectly impacts mental well-being. Covid fear, psychological distress and resilience exists in both the groups at the same level approximately. Also, covid fear, psychological distress and resilience impact each other significantly. Several interventions such as practicing yoga, guided meditation, online connecting with family and friends, journaling and many more could help to uplift our mental well-being during these times of uncertainty.

Future Implications

As currently the world is still under the pressure of pandemic due to covid-19 mental health is still at stake, therefore this research could help to design intervention plans especially for elderly. As this study focuses on senior

citizen's mental health various psycho-social programs could be set up to uplift their well-being and this study will help the organizers to understand the areas to be covered. Lastly this research study can also be used for understanding mental well-being of working middle-aged adults as well.

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Mansi Mathur, Psychology Postgraduate, Department of Psychology, University of Lucknow

Manini Srivastava, Assistant Professor, Department of Psychology, University of Lucknow.