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ANXIETY AND FRUSTRATION DURING THE COVID-19 PANDEMIC

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Antonio Sandu

Stefan cel Mare University of Suceava, Doctorate School of Sociology from University of Oradea, Romania

antonio1907@yahoo.com

ABSTRACT — The lockdown and quarantine period set by authorities around the world in order to prevent the spread of the SARS-COV-2 virus has had a significant impact on the mental health of people around the world. The present research, carried out by qualitative methods, aimed at identifying the sources, but also the ways of expressing anxiety, frustration and anguish due to the Covid-19 pandemic and the measures to prevent the spread of the virus. The research was carried out on subjects of Romanian nationality, especially from the North Eastern Region of Romania. The main results of the research are: an extension of the medicalization of social life, the awareness of one's own finitude and the experience of helplessness, as sources of anxiety and frustration, and an accentuated social response to the risk society, manifested as a revolt against the authorities and the need to humanize every day life.

KEYWORDS — pandemic, anguish, frustration, medicalization of social life.

INTRODUCTION

Anxiety is defined as a pathological state of restlessness, of undetermined fear, which is often accompanied by physiological disorders. Frustration is a consequence of the "deprivation of one's right", also understood as harm, deprivation of satisfaction, deception, disappointment, the condition of an individual who, due to an obstacle or inhibition, cannot fulfill a wish or satisfy an enjoyment ("The New Explanatory", 2002).

The research that is the subject of this study was conducted based on an interview applied to a number of 103 people and was aimed to highlighting the phenomena of anxiety and distress due to the restrictions imposed during the pandemic.

THE CONTEXT OF THE RESEARCH

The Covid-19 pandemic causes the whole of society to be restricted, with or without real grounds for public health protection, restrictions imposed on the freedom of movement, on specific social behaviors — such as social distancing, wearing a mask, transferring most of the public activity to the online environment (virtualization of the social space) and so on.

THEORETICAL APPROACH

A series of studies (Damian et al, 2020; Dogar et al., 2020; Huidu, 2020; Hunea et al., 2020; Mishra, 2020; Oleshko et al., 2020) conducted during the first wave of the Coronavirus pandemic, during which almost all countries in the world were in a state of lockdown and quarantine, show that the spread of the SARS-COV-2 virus has a significant impact on the population in various communities. According to Salari et al. (2020), during the pandemic, psychological measures must be taken to improve the mental health of the population, especially of those population groups considered to be vulnerable. As the effects of the pandemic, especially on mental health, are still manifesting (Loue& Lamb, 2020), the results of a research on the anxiety and frustration felt during the pandemic by the population may be beneficial both therapeutically and pragmatically, for people involved in the construction of public health policies (Jaradat&Stupar, 2020), as well as for clinical psychologists and those performing psychotherapy and psychological counseling for the benefit of people who have suffered as a consequence of the pandemic.

Anxiety — operational definitions and etiology

Anxiety is distinguished from fear ("Anxiety", 2021) by the vague nature of the sensation that appears in response to an unspoken danger (sometimes only intuited), while the second state appears in response to a clear and obvious danger. Anxiety is a subjective response to an internal emotional conflict, the causes of which may not be obvious to the person experiencing the state of anxiety. When the state of anxiety is intense — recurrent or chronic, and cannot be justified by the fact that it would be a response to stressful stimuli in everyday life, it is considered to be an emotional disorder.

Anxiety Disorder is one of the most common pathologies (Bystritsky et al., 2013) that affects the mental health of the population worldwide. Kessler et al. show that this type of disorder affected 13.3% of the U.S. population in 2013, and the percentage was higher in 2013 compared to previous years. Anxiety disorders is the most important sub-group of mental illnesses that occur worldwide, but are being studied mainly in developed countries.

The subgroup of mental illness represented by anxiety disorders includes a number of syndromes, of which DSM-5 (The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) focuses on the Generalized Anxiety Disorder (Reynolds &Kamphaus, 2013). This disorder is caused by excessive anxiety and worry that lasts for at least 6 months. In DSM-4, anxiety disorders included: Panic Disorder with or without agoraphobia, social phobia, specific phobias about animals, the environment, injections or various situations, Post-Traumatic Stress Disorder, Acute Stress Disorder, Obsessive-Compulsive Disorder, and other anxiety disorders. DSM-5 redefines anxiety disorders, eliminating post-traumatic stress syndrome and obsessive-compulsive disorder, which it redefines as separate classes of mental disorders (Bystritsky et al., 2013).

Prior to the advent of DSM-5, which builds a whole class of anxiety disorders, Social Anxiety Disorder was known as Social Phobia, but it was reclassified as an independent disorder (Heimberg et al., 2014).

Social anxiety can manifest itself as a withdrawal from the social environment and isolation, often accompanied by depression and body dysmorphism (BDD — Body Dysmorphic Disorder).

Cultural differences can be found in the rationalization of fear — a key element in diagnosing anxiety disorders, differences that must be taken into account when talking about social anxiety. We mention that DSM-5 introduces the concept of Cultural Syndrome, with significant influences in terms of anxiety.

Despite the different symptoms of the various forms of social anxiety generated by the cultural context, the common element is the gap between the social expectations perceived by the individual and the perception of one's self, according to which the individual considers themselves as not being able to meet social expectations or to perform their social role, in accordance with the constructs of the society to which they belong. Thus, social anxiety creates a disorder that puts the individual in a position of suffering — acute or chronic — and performative inefficiency of the tasks or roles they have to perform.

METHODOLOGY

Research aim and objective

The research aimed to highlight the phenomena of anxiety and distress due to the restrictions imposed during the pandemic.

The objective of the research is to highlight and analyze the possible manifestations and risks created by anxiety and frustration during the pandemic.

The assumption on which the research is based is that the Coronavirus pandemic has negatively influenced the mental health of the population, by inducing anxiety and anguish among a significant part of the population.

Sampling and data gathering

This research on anxiety and anguish during the Covid-19 pandemic took place in April-June 2020 — the period when the countries of residence of the research participants were in lockdown, because the authorities imposed strict measures to quarantine some localities or regions and general measures of restrictions on traffic and travel, isolation and physical/social distancing, the obligation to wear a mask, the interruption of economic activities that were considered non-essential as well as the interruption of educational programmes.

The sample included 103 persons of Romanian nationality, of which 70 are residents of Romania, 12 are residents of the Republic of Moldova and 6 are residents of Austria, Spain, Italy, Belgium, Germany, Great Britain. Another 15 persons did not declare their country of residence. The structure of the sample by gender was: 62 female, 31 male and a number of 7 people did not specify their gender. The age of the interviewed persons was between 18-24 years (47), 25–30 years (26), 35–45 years (14), 45–60 years (9), 60–90 years (3).), unspecified (4). Regarding the environment of origin, 42 interviewees come from the rural environment, 25 from the urban environment, and 36 did not specify their residence. Regarding the level of education, research participants stated they had graduated from higher education (63) and secondary education (31), while 9 persons did not declare their status as regards formal education.

The research was conducted with the help of unstructured interviews, applied online or by phone.

The analysis of the results was performed using the Grounded Theory method. In this paper, we partially present the results that were included in the category Anxiety and anguish. The results included in other discursive categories will be the subject of future articles.

RESULTS OF THE RESEARCH

Contrary to our initial assumptions that the occurrence of anxiety and anguish during the pandemic should be very common and that various explicit symptoms of these conditions might be detected - possible anxiety disorders, there have been a number of responses of some participants in the research that they were not severely affected by the pandemic, although they had distressing experiences during the pandemic, but did not identify them as disorders or suffering, considering them changes in mental mood, which do not affect self-expression socially (T.E.).

Measures imposed by the authorities to prevent infection — a source of anxiety and frustration

A source of stress are the measures taken by the authorities to prevent the spread of the disease themselves, which the subject respects, because they understand the need for such measures, while being aware of the mental and emotional burden they bring to citizens, both by enhancing the awareness of existing risks, as well as the limitations to which citizens are subject: *I can say that I want to respect these rules from now on, but I do not know how I will resist mentally* (B.A.).

Dissemination of apocalyptic scenarios

One element that led to increased anxiety and even panic among the population was the *spread of apocalyptic scenarios*(A.J.), which included an exaggerated number of deaths, an extreme contagion of the virus, almost impossible to counter and avoid. The media insisted on presenting *fatal images* (A.J.), including *extreme visual violence* — whole rooms full of black bags, containing the bodies of those killed by Covid-19 in Italy, Spain etc. These images could be associated in the collective mind with similar images from movies with post-*apocalyptic scenarios*, in which a pandemic reduces the planet's population to near complete annihilation.

On the other hand, there were interviewees who stated that they had personally experienced the infection with the virus, in a more or less severe form. Among them, there are people who believe that the severity of *the symptoms of the virus is exaggerated*, compared to their *own experience of the disease*. However, there were also people who *needed hospitalization* — either themselves, or members of their family or people from their group of acquaintances/relatives, or who even had deaths among acquaintances.

Conditions of hospitalization as a source of anxiety

There have been people who said that a source of anxiety — sometimes considered the most intense — is related to the *conditions of hospitalization* (A.M.C.) and the lack of medication and medical supplies, but also *poor care* and even *the inability of the patient infected with Covid-19, who is hospitalized to communicate* with their family. A high degree of anxiety was shown by people at risk in terms of the severe forms of the Covid-19 disease, whether it is the elderly or those suffering from comorbidities. *The highest imbalance appeared on the mental side.* [...] *The stress was much higher than in a healthy person, because the disease itself is of an affective-emotional nature and I knew for sure that if I contracted this virus, the consequences could be much more drastic and, for example, that sometimes, there were imbalances in my blood sugar and in my physical and mental condition* (*G.G. — type I diabetic person, dependent on insulin*).

Similarly, another person states that one of the sources of anxiety is the possibility of contracting a disease other than Covid-19, which would require *contact with the hospital environment* and, due to improper conditions in Romanian hospitals, lead to a Covid-19 infection and the development of a serious form of this disease. The subject even considers that *the highest risk of infection is in the hospital environment*, for patients with other diseases or for healthcare professionals

Fear of infection related to the communication of the subjective experience of the disease

The interviewees generally stated that the *fear of infection* arose when they found out that people close to them had contracted the virus and that it manifests itself in quite / or even very serious forms. Relating to others has induced forms of fear, anguish or even anxiety. In some situations, fear is mentioned as being explicitly manifested in relation to the most vulnerable people in their own family (A.A.), (D.A.B.) or among those close to them. A *stoic attitude* is signaled even in *the elderly*, who accept with some serenity the prospect of a possible illness and even the loss of their own lives, but show feelings of fear for the life and health of those close to them: *The suffering of others hurts more than my own suffering* (D.S.).

Anguish and self experiencing

Respondent T.E. shows that the lockdown *changed his way of life*, causing him to experience anxiety precisely because of these changes, but which he subjectively does not recognize as a direct impairment of his mental health, because his self-expression was not affected, nor the perception of his own self, but only his quality of a moral or social agent.

As a "synthesis" of the states of anxiety and frustration that one of the interviewees felt, she states that: *I somehow felt that my life was gone, this truth brought disappointments, frustrations* (I.E.). *The feeling of losing one's life* — in fact, its essence — correlated with the lack of freedom of movement and the depreciation of communication, that placed the person in a *situation of non-self*.

The emotional availability of the subjects

There were subjects who showed that their *availability* and *emotional state* changed during the lockdown state, as they went through periods of intense emotional arousal, followed by periods of understanding and acceptance of the situation. Such fluctuations were apparently determined by the type of information to which the subject had access and the way such

information was interpreted, but also by the ability to find alternate sources of activity, which require as little travel as possible outside their own home and limiting the physical interactions with other people: *I noticed several changes in my emotional condition throughout this period of time. In the first week or so, let's say, in the first two weeks, I was very motivated, inspired. In week three, four I was very depressed, bored, a period in which I thought a lot about life, about the meaning of life* (C.I.).

Condemnation to suffering as an expression of the frustration felt by the population

One of the interviewees showed that she felt condemned by this pandemic: *I felt that I would be condemned and that this is a disaster for all people* (N.N.3). *The feeling of being condemned to suffering* was reinforced by the abundance of news in the media about the pandemic and their annoyance, as well as the panic-like behavior of a large part of the population. The obligation to stay at home and the transformation of this need into an obligation — and, at the same time, into an official public policy — strengthened the interviewee's conviction that the crisis situation will be a long-term one: *it will last forever and we will be forced more and more to stay at home* (N.N.3).

The lack of perspectives regarding the *return to normalcy* is seen as ***an incarceration in one's own home***, without being guilty, and this is perceived in the case of the person mentioned above as a personal and collective misfortune, at the same time.

Fear of death and the confrontation with the experience of one's own finitude

The approach to the pandemic has made many face their fear of death, and of course there have been people who have even prepared for imminent death. A simple fever automatically leads, under the effect of panic, to the thought of infection, and this generates anxiety, by anticipating one's own death, but also the effects it will have on those close to them. People who, during the pandemic, exercise *tasks that involve direct contact with the public*, experience an additional anxiety, related to the fact that they could be the source of *infection for their customers* and, implicitly, the cause of their possible death.

Symptoms of pandemic-induced anxiety disorders

Fear for one's own health is also present in the minds of the interviewees (D.A.B.), (D.M.C.). Stress caused by *prolonged isolation* (for two months) also caused other health problems — related to, but not necessarily caused by Covid-19 (D.A.B.). Symptoms associated with stress and anxiety include *fatigue*, *increased nervousness and irritability*: *I am always tired, although I do not do much, I also get angry very quickly from nothing. I get angry quickly and I can't concentrate on absolutely anything, I can't rest properly and I get very stressed* (S.R.).

Coping mechanisms

In the case of some interviewees, the *first news* about the spread of the virus and the outbreak of the pandemic caused *panic*, later they declared that they adopted a coping strategy — in the sense of accepting the disease as *an inevitable reality*, that will accompany us in the long run, even after the end of the lockdown period (NN1). Thus, a reason for anxiety is the *inability to predict the duration of the pandemic* — both generally, until the return to a *normal post-pandemic life*, and in particularly, *during the lockdown period* which, once prolonged, can have consequences in terms of concerns regarding the *budgetary resources* of the person and their family, their state of health etc. (A.O.).

The paradoxical approach to stress as a way of coping

Situations were presented of elderly people who, despite the ban on leaving home, were caught taking walks or having trips that they did not make before the emergency state was declared. *Many did not comply with this measure. At least in my neighborhood, I see dozens of elderly people, who didn't go out before the pandemic, walking around every day* (B.R.). We attribute this attitude to the development, by the respective persons, of coping mechanisms for the pandemic situation, in which *the feeling of freedom is more important than the feeling of security*. The ban on leaving home was imposed to the entire population of the country, not only to those in quarantined localities. The exceptions to this rule were attending to current needs, making supplies, traveling to work, taking care of sick people etc., and could only be done on the basis of the declaration on one's own responsibility regarding the destination, the route and the duration of the journey. For the elderly, time slots have been set, in which there was an almost complete restriction on travel.

From the awareness of the risk associated with the pandemic to the risk society

Awareness of the severity of the virus has generated anxiety and panic, which we attribute to risk awareness (A.A.) for one's own health and the *emergence of radical lifestyle changes*. The two components lead us to the idea of the awareness of the fact that people live in an increasingly deeply medicalized risk society. *The virus is considered to be much stronger than we choose to perceive it* (A.A.). We note that the perceived *severity of the public health problem* raised by Covid-19 infection is considered a choice and that the interviewee (A.A.)

considers that, for various reasons specific to each person, the individual chooses to perceive the virus less severely than it is in reality, despite messages from the media and warnings from national and international authorities.

Interviewees express concern about the severity of the current pandemic, that may affect their future — not just medically (D.A.B). Some even appreciate that mass immunization is a solution to eliminate or diminish the long-term effects of the pandemic (L.B). Interviewees expressed concern about the possible deterioration of the economic situation and the emergence of a crisis (A.B.).

Legitimacy and revolt in the fight against the pandemic

Another feeling about the situation caused by the pandemic, described by the interviewees, is that of *revolt*: *I felt the need to protect my family and I knew I could not do it alone, and that revolted me* (S.P.). A special mention made by those who stated that they felt feelings of revolt is related to restricting and / or limiting access to medical services, other than those intended for the care of people infected with Covid-19: *I was outraged that we were not allowed to go at hospitals for a routine consultation or for medical tests* (MT).

From inefficient public communication to infodemic

Another major cause of anxiety among the population is the *lack of communication* (A.B.), either between citizens — aggravated by *inefficient public communication*, or because of the *large number of false news*, which makes public communication less credible and / or misperceived by the population.

There were also opinions that exaggerate the severity of the infection, people who had mild symptoms, that would not normally require the intervention of a doctor, who turned to the emergency medical services who panicked and accentuated the panic of those close to them, on the one hand, and endangered the health system's ability to respond to truly emergency situations, on the other hand (D.B.).

The graduality of anxiety feelings and the panic epidemic — sources of degradation of the mental health of the population

Those who express their anguish rank it from minor states of fear regarding the pandemic phenomenon, to real states of "*horror*" to the danger posed by the virus, especially in the context of other systemic crises.

In addition to the Coronavirus pandemic, the origin, size and effects of which were partially unknown - and remained relatively little known or at least controversial at the time of this study, the population faced an *undeclared panic epidemic*, which affected *the mental health of the population* to an extent equal to or even greater than the effects of the Covid-19 infection itself, except in severe and very severe cases. Although it was not declared aa a pandemic, because the transmission of panic is not documented as a community phenomenon, *the general state of anxiety and panic of the population* had effects that have not yet been highlighted and measured, but which, in our opinion, *accentuated the medicalization of society* and *the dependence on the therapeutic act* — whether we are talking about a medical, psychological, social or spiritual attendance.

CONCLUSION

Among the most important results obtained from the analysis of the interviews, we list: awareness of the increasing medicalization of society, awareness of today's society as a "risk society", distrust of the authorities' ability to manage the pandemic, distrust of the real dimensions of the pandemic and an easier acceptance of fake news on the pandemic, on the ambivalent attitude of the authorities, the refusal of hospitalization — even in the context of Covid-19 infection, justified by the perception of the inability of the Romanian medical system to manage the crisis, as well as the risk of authoritarian behaviors, interpreted as "white dictatorship".

The constituent elements of the anxiety generated by the pandemic are: the social construction of specific forms of anxiety, generated by the perception of disease risks, loss of quality of life, diminished social, personal and economic security, fear of the other — as a possible vector of infection, distancing — not only physically, but also socially, in the sense of degrading interpersonal communication and public trust, not only in the health system or in public institutions, but also in each other.

Our research also highlighted the distrust in medical institutions and public health systems, which is widespread among the population and strengthened by the inefficient communication of the importance of the measures to prevent the infection with Covid-19 and the false news (the infodemic) that health systems and authorities generally failed to combat.

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