

Impact of Pandemic (2020) on Indian Population and the Role of Spirituality

Kanishk Gupta^{1*}, Aastha Gupta², Dr. Ashwini Kumar³

ABSTRACT

Coronavirus pandemic has caused rapid changes across the world with various nation states enforcing lockdown and mandating social distancing which has resulted in the serious effects on the psychological and physical health of the general population. The current study attempts to investigate the age and gender differences in the Impact of Global Pandemic (COVID-19) and the level of Depression, Anxiety and Stress, along with their relationship with Spirituality. The sample consisted of 200 individuals including 97 participants (48.5%) aged between 15-24 years (Youth) and 103 participants (51.5%) aged between 25-64 years (working age). Out of the overall sample, 98 (49%) were women and 102 (51%) were men. The results of the study suggested that critical gender related differences in terms of the impact of pandemic, while no significant age-related differences were found in the impact of global pandemic and level of Depression, Anxiety and Stress. A positive correlation was found between the impact of global pandemic and level of Depression, Anxiety and Stress. However, no significant correlation of spirituality has been found with that of the impact of global pandemic, level of depression, anxiety and stress.

Keywords: *Impact, Depression, Anxiety, Stress, Spiritual experiences, Global pandemic and COVID-19*

The Novel Coronavirus or Covid-19 as officially designated by the World Health Organization, started in Wuhan, a city in China as a cluster of cases of pneumonia with no identifiable cause, has swept across the world resulting in declaration of global emergency and impel the nation states of the world to take global action in order to ensure the containment of same. With an increasing number of Covid -19 related cases, the governments of various countries have mandated the practice of physical distancing (Social distancing in other words) and enforced lockdown putting halt to daily activities and restricting the humans to finite spaces. These unprecedented developments and restrictions all over the world have resulted in changes of behavioral patterns and functioning of an individual (Galea, Merchant and Lurie, 2020). It is evident from the results of the recent studies that quarantine or isolation can result in anxiety, outrage, hopelessness, and post

¹Department of Applied Psychology, Ramanujan College, University of Delhi

²Department of Applied Psychology, Ramanujan College, University of Delhi

³Department of Applied Psychology, Ramanujan College, University of Delhi

*Corresponding Author

Received: October 06, 2021; Revision Received: December 25, 2021; Accepted: December 28, 2021

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

traumatic disorder symptoms (Brooks et al.,2020). It could have more severe consequences for those who have been dealing with some sort of mental health issues or familial issues pre-pandemic due to lack of support available to them now and forced proximity (Chaterjee et al., 2020; Hunte,2020).

The research is sparse in regards to the psychological impact of a pandemic but literature related to large scale disaster has suggested that event such as the terrorist attacks, natural calamities or infrastructure failure mostly brings about an expansive scope of other mental and social issues among Individuals including posttraumatic stress disorder (PTSD), increased level of depression and substance abuse issue (Cullinan et al.,1996; Neria, Nandi, And Galea, 2008; Sethi et al., 1987). Banerjee (2020) has expressed that the greater part of the examinations done, for example, during the SARS pandemic (2003) or corona influenza epidemic (2009) have indicated anxiety, depression, panic to be largely reported among the people and survivors' psychological health found gradually decayed as opposed to improving (Hector et al.,2004). The Study conducted by Zhang and others (2020) suggested the predominance of PTSD in China hardest hit territories following a month of Covid-19 episode, with women reporting higher PTSD more specifically in regards to having flashbacks, severe alteration in mood or cognition and anxiety. Studies conducted on youths and adolescents during Covid-19 have indicated that anxiety is decidedly connected with interruption in day by day life, monetary difficulties, delay in scholastics and diminished social help (Cao et al.,2020; Moreira Ferreira Couto, Machado-Sousa M et al.,2020).

The Pandemic has a significant impact on the Indian subcontinent as well with the highest cases of Covid-19 in Asia as per the updated statistics of 03 June 2020, 15:29 GMT. With the influx of Covid-19 related information through social media, financial implications, changes in lifestyle etc, the pandemic has taken a serious toll on the psychological well-being of the Indian population. The outcomes from a review Study led by Roy et al., (2020) in India for testing the information, disposition, anxiety and perceived mental health care needed among member during the covid-19 pandemic suggested an elevated level of anxiety among participants, sleep disturbances, paranoia of acquiring the disease and social media related distress.

On one hand where an unpleasant event, like a pandemic, can cause imbalance in the emotional and physical state of a person, there is speculation that spirituality is a factor that can help in the management of physical and emotional health in such tough times and thus, will have a buffering effect on the level of impact of the pandemic and on stress, anxiety and depression experienced by participants. Spirituality refers to personal beliefs regarding their association with a higher being, which in turn influences their life decisions, actions, personality, and thus, have an effect on one's health. For some, spirituality is found to be significantly related to well-being and prosperity, whose impacts cannot be undermined (Koenig et al. 2012, 2020). The studies conducted by various scholars have shown the effective role of spirituality in reducing psychological distress in terms of PTSD symptoms, major mood disorder and substance abuse (Beigler et al., 2019; Farsky, 2012; Paula et al., 2018; Sharma et al., 2017). One of the studies conducted by Doolittle & Farrell (2004) suggested that individuals scoring high spirituality scores on items for example, confidence in a higher force, importance of prayer, and discovering meaning in the midst of difficulty (Intrinsic beliefs) suggested a lower level of depression.

In the present study, we are keen in understanding the age and gender differences in the impact of the pandemic and in the level of depression, anxiety and stress among individuals

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

falling in different age groups (Youth & working Age) and gender groups (Men & Women) as well as to determine if there exist any relationship with spirituality. Based on the literature, one assumption is that there will be differences in the impact of pandemics and in the level of depression, anxiety and stress among different age and gender groups. Another assumption is that the impact of pandemic will be positively correlated with depression, anxiety & stress and negatively correlated with spirituality.

METHODOLOGY

Sample

The data for the present study was collected during the months of April and May 2020. The 200 participants were drawn using snowball sampling, belonging to the urban setting and residing in India at the time of pandemic. The sample included 97 participants (48.5%) falling in the age group of 15-24 years (Youth) and 103 participants (51.5%) in the age group of 25-64 years (working age) (UNESCO,2019). The mean age of the participants was 25.95 and S.D. of 10.21. Out of the total participants, 98 (49%) were females and 102 (51%) were males.

Measure Used and Procedure

For the purpose of the study google forms were created containing the questions related to coping. On the first page the necessary information related to study was mentioned, following which the informed consent was attached. The instructions were mentioned at the starting of the questionnaire. The standardised tool used for the study was :-

- Impact of Events Scale -Revised (IES-R)-The Impact of Event Scale-Revised (Weiss & Marmar, 1997) was utilized to examine the impact of pandemic. It is a 22-item scale 4 point rating scale which quantifies the abstract reaction to a particular event, considering how upsetting each item has been during the previous week.
- Depression Anxiety Stress Scale (DASS)- The Depression, Anxiety and Stress Scale by, Lovibond, S.H. & Lovibond, P.F. (1995) was used to measure the level of depression, anxiety and stress. This Scale has 21 Items (DASS-21) is a 4 point self-report rating scale which measures depression, anxiety and stress. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale assesses difficulty in relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient.
- Daily Spiritual Experience Scale (DSES)- The Daily Spiritual Experience Scale given by Underwood and Teresi (2002) was utilized to quantify the degree of spirituality among participants. It is a 16-item self-report measure of conventional, or day by day, profound encounters with spirituality and not magical encounters (e.g., hearing voices) – and how they are a piece of the person's regular daily existence. The initial 15 items are estimated on a 6-point Likert-type scale but the Item 16 is estimated on a 4-point scale.

In case of any query, an email address was mentioned at beginning to contact the researchers. Once the participants submitted the responses for each question, the link got closed and thanked the participants for their valuable contribution.

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

Data Analysis

Individual scores on each scale were calculated using the scoring key. The compiled data were analysed using independent sample t-test and pearson correlation which were calculated by SPSSv22. The results were deduced in the form of tables.

RESULTS

Table 1.1 Showing Impact of Global Pandemic on different age and gender groups.

Dimension	Variables	N	Mean	Standard Deviation	d.f.	't'-score
Impact of Event	Youth	103	34.34	17.87	198	1.38
	Working Population	97	30.75	18.92		
	Men	102	35.46	19.23	198	2.25*
	Women	98	29.63	17.15		

* $p < 0.05$, ** $p < 0.01$

The results on the Impact of Event show the mean score of youth ($M = 34.34$ & $S.D. = 17.87$) and working age ($M = 30.75$ & $S.D. = 18.92$), hence no major difference has been found between both the age groups in the overall impact of the pandemic. The t statistics computed and it has been summarised in above table 1.1, the results indicate no significant difference between both the groups in their level of impact of the event as $t = 1.38$, $p > 0.05$. However, on the basis of gender the mean score of men ($M = 35.46$ & $S.D. = 19.23$) and women ($M = 29.63$ & $S.D. = 17.15$) shows a difference between both the gender groups in their overall impact of the pandemic, with men reporting a more severe impact of the pandemic on them as compared to women. The results of t statistics computed indicate a significant difference between both the gender groups in their level of impact of the event as $t = 2.25$, $p < 0.05$.

Table 1.2 Showing age and gender differences in the Depression, Anxiety and Stress.

Dimensions	Variables	N	Mean	Standard Deviation	d.f.	't'-score
Depression	Youth	103	7.07	5.55	198	0.15
	Working Population	97	6.52	5.69		
	Men	102	7.25	5.66	198	1.14
	Women	98	6.34	5.55		
Anxiety	Youth	103	5.09	5.15	198	0.22
	Working Population	97	4.93	5.02		
	Men	102	5.38	5.26	198	1.03
	Women	98	4.64	4.87		
Stress	Youth	103	6.85	5.77	198	0.69
	Working Population	97	6.73	5.58		
	Men	102	6.75	5.73	198	0.10
	Women	98	6.83	5.62		

* $p < 0.05$, ** $p < 0.01$

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

The results on depression show the mean score of youth (M= 7.07 & S.D.=5.55) and working age (M= 6.52 & S.D. = 5.69), hence no major difference has been found between both the age groups in the level of the depression. The t statistics computed and it has been summarised in above table 1.2, the results indicate no significant difference between both the groups in their level of depression as $t = 0.48, p > 0.05$. Similarly, on the basis of gender the mean score of men (M= 7.25 & S.D.= 5.66) and women (M= 6.34 & S.D. = 5.55) shows no major difference between both the gender groups in depression. The results of t statistics computed indicate no significant difference between both the gender groups in their level of impact of the event as $t = 0.25, p > 0.05$.

The results on the level of anxiety show the mean score of youth (M= 5.09 & S.D.= 5.15) and working age (M= 4.93 & S.D. = 5.02), hence no major difference has been found between both the age groups in the level of the anxiety. The results of t statistics computed indicate no significant difference between both the groups in their level of anxiety as $t = 0.82, p > 0.05$. On the basis of gender, no major difference has been found between both the gender groups as the mean score of men (M= 5.38 & S.D.= 5.26) & women (M= 4.64 & S.D. = 4.87) and $t = 0.30, p > 0.05$.

The results on the level of stress on the basis of age suggest no significant difference between both the age groups in their level of their level of stress as the mean score of youth (M= 6.85 & S.D.= 5.77) & working age (M= 6.73 & S.D. = 5.58), $t = 0.87, p > 0.05$. Similarly, no significant gender difference has been found in the level of stress as the mean score of men (M=6.75 & S.D.= 5.73) & women (M=6.83 & S.D. = 5.62) and $t = 0.91, p > 0.05$.

Table 1.3 Showing Correlation Between Impact of Events, Spirituality, Depression, Anxiety and Stress

		Depression	Anxiety	Stress	Spirituality
Impact of Event	Pearson Correlation	0.707**	0.679**	0.738**	-0.079
	Sig (2-tailed)	0.000	0.000	0.000	0.266
	N	200	200	200	200
Spirituality	Pearson Correlation	0.075	0.055	0.086	1
	Sig (2-tailed)	0.294	0.442	0.226	
	N	200	200	200	200

* $p < 0.05$, ** $p < 0.01$

The Pearson correlation computed and has been summarised in table 1.3 indicates that impact of event is positively correlated with depression $r = 0.707, p < 0.01$, with anxiety $r = 0.679, p < 0.01$ and with Stress $r = 0.738, p < 0.01$. However, no correlation has been found between impact of pandemic and spirituality $r = -0.079, p > 0.01$. Similarly, no correlation has been found between spirituality and depression $r = 0.075, p > 0.01$, spirituality and anxiety $r = 0.055, p > 0.01$ and spirituality and stress $r = 0.086, p > 0.01$.

DISCUSSION

The development of the worldwide Pandemic (COVID-19) in December 2019 and the measures such as social distancing suggested by legitimate bodies like by WHO alongside the dread of COVID-19 have affected the mental health of the people, rising as another

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

colossal worry for the world (Pfefferbaum, B. and North, C. S.,2020). The current study in the light of COVID-19 explored the age and gender differences in terms of the Impact of COVID-19 on people and in Depression, anxiety and Stress levels. The study also examined correlation between Impact of COVID-19 and level of depression, Anxiety and Stress as well as their correlation with Spirituality. The sample in the following study consisted of 200 individuals drawn using snowball sampling residing in India at the time of pandemic. The mean age of the participants was 25.95 and S.D. of 10.21.

In terms of age-related differences on the basis of Impact of the global pandemic, in which two groups were studied i.e., youth (15-24) and working age group (25-64), no significant difference was found on the impact of global pandemic. A possible explanation for no age differences in the impact of global pandemic could be because of similar situational issues such as concerns over the future consequences in terms of education and economic challenges, lacking living materials, and financial resources caused by pandemic, as the ages 16-64 are considered to be active working forces according to LFPR (2019).

Whereas, a significant difference was found in the Impact of global pandemic 2020 on men and women, with men reporting more severe impact of the pandemic on them as compared to women. A possible explanation for this difference could be gender role socialization as men are taught to be less expressive and independent even in severe situations as compared to women. Women are generally nurtured in a way that they tend to submit in an emotional role such as to take care of people, seek support and express emotion (Nelson & Burke, 2002) and on the contrary male are predominantly expected to be competitive, active and less expressive (Bruke, 2002). Thus, in case of any distress women can seek social support because it is consonant with traditional feminine role description and incongruent with that of prescribed masculine role (Greenglass & Bruke, 1998).

No significant age-related difference has been found in the level of reported depression, anxiety and stress among the participants. A possible explanation for no age differences could be because of similar situational issues such as concerns over the future consequences in terms of education and economic challenges caused by pandemic as the ages 16-64 are considered to be active working forces according to LFPR (2019). Similarly, no gender difference has been found in the level of reported depression, anxiety and stress among the participants. The results are in accordance with the previous research (Rehman et al., 2020) where no gender contrasts were found in the level of depression, anxiety and stress during pandemic.

A positive correlation has been found between the impact of global pandemic 2020 and its impact on Depression, Anxiety and Stress. The outcomes are in accordance with the past investigation done during SARS, portraying that being isolated or seclusion for extended length is related with the heightened level of depression, anger, anxiety, and suicide as reported during the SARS epidemic in the early 2000s (Brooks, S. K. et al.,2020). Correspondingly, vulnerability about the economy and loss of employer stability are seen as emphatically connected with neuropsychiatric annoyances (Mucci, N. & Arcangeli, G,2016). The dread of losing a nearby relative or a friend or family member and the distress following misfortune are other significant reasons for disturbances that create an imbalance in the mental health state accompanying the stress related to the disease outbreak (Elizarrarás-Rivas, J. et al.,2010).

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

No correlation of spirituality has been found with that of the impact of global pandemic, level of depression, anxiety and stress, which suggest that spirituality has no relationship with that of mild impact of global pandemic 2020 and with that of low level of depression, anxiety and stress. The results are not congruent with previous research. One possible reason for this no correlation could be complex relationship between the concepts of spirituality and well-being, and that findings in any specific population may not be generalize to another as individual could have different interpretations of spirituality owing to cultural differences, which are very much evident in a country like India that encapsulates diversity. This result may also suggest that participants in this study might tend to search for spirituality when they were already traumatised by the global pandemic, depressed, stressed or anxious and thus spirituality had no buffering effect (Bonet, 2009).

The results of the present study are expected to approach with caution as there are certain limitations to our study. The sample size of the study was small and the participants were from urban settings which limits the generalization of the results. Another limitation to the study is the self-reported nature of collected data for the analysis which restricts us to determine the social desirability of responses.

CONCLUSION

The aim of the present study was to examine age and gender differences in the impact of global pandemic 2020 (Covid -19), the level of depression, anxiety and stress and their relationship with spirituality, among the Indian population. The results of the study suggested the global pandemic 2020 (Covid-19) has more impact on men when contrasted with women. However, no age differences have been found in the impact of pandemic. Similarly, no age and gender group differences have been found in the level of reported depression, anxiety and stress. A significant positive association was found between the impact of pandemic and the level of depression, anxiety & stress and no correlation of spirituality was found with that of impact of pandemic, the level of depression, anxiety and stress which suggest that spirituality may have no relationship with the mild impact of events, lower level of depression, anxiety and stress.

REFERENCES

- Antoinette, M.L., Josephine, W., Grainne, M. & McAlonan. (2007). Stress and Psychological Distress Among SARS Survivors 1 Year After the Outbreak. *The Canadian Journal of Psychiatry*, 52(4).
- Bonet, M. (2009). The impact of spiritual well-being and stressful life experiences on traumatic experience. *Seton Hall University Dissertation and Theses (ETDs)*. 1600.
- Brooks, S. K. et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet* 395, 912–920.
- Burke, R. J. (2002). Men's masculinity and health. In D. L. Nelson, & R. J. Burke (Eds.), *Gender, work stress and health* (pp. 35–54). Washington, DC: American Psychological Association.
- Doolittle, B.R. & Farrell, M. (2004). The Association Between Spirituality and Depression in an Urban Clinic. *Prim Care J Clin Psychiatry*, 6(3), 114-118.
- Elizarrarás-Rivas, J. et al. (2010). Psychological response of family members of patients hospitalised for influenza A/H1N1 in Oaxaca, Mexico. *BMC Psychiatry* 10, 104 40.
- Greenglass, E. R., & Burke, R. J. (1988). Work and family precursors of burnout in teachers: Sex differences. *Sex Roles*, 18(3–4), 215–229.
- Koenig, H. G., King, D. E., & Carson, V. B. (2012). *Handbook of religion and health* (2nd ed.). New York, NY: Oxford University Press.

Impact of Pandemic (2020) on Indian Population and The Role of Spirituality

- Krause, N. (2019). Religion and health among Hispanics: Exploring variations by age. *Journal of Religion and Health*, 58(5), 1817–1832.
- Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety & Stress Scales. (2nd Ed.) Sydney: Psychology Foundation.
- Moreira, P.S., Ferreira, S., Couto, B., Machado-Sousa, M., Fernández, M., Raposo, L.C., Sousa N1,2, Picó, P.M., Morgado, P. (2020). Protective elements of mental health status during the COVID-19 outbreak in the Portuguese population.
- Morris, K., Goldenberg, J., Arndt, J. & McCabe, S. (2018). The enduring influence of death on health: insights from the terror management health model. *Self Identity* 1–27.
- Mucci, N., Giorgi, G., Roncaioli, M., Fiz Perez, J. & Arcangeli, G. (2016) The correlation between stress and economic crisis: a systematic review. *Neuropsychiatr. Dis. 20 Treat.* 12, 983–993.
- Nordt, C., Warnke, I., Seifritz, E. & Kawohl, W. (2015). Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. *The Lancet Psychiatry* 2, 239–245.
- Person, B., Sy, F., Holton, K., Govert, B. & Liang, A. (2004). Fear and stigma: the epidemic within the SARS outbreak. *Emerg. Infect. Dis.* 10, 358–363.
- Pfefferbaum, B. & North, C. S. (2020). Mental Health and the Covid-19 Pandemic. N. 15 Engl. J. Med.
- Plomecka, Martyna & Jawaid, Ali & Radziński, Piotr & Gobbi, Susanna & Neckels, Rachael & Baranczuk, Zofia. (2020). Mental Health Impact of COVID-19: A global study of risk and resilience factors.
- Pressman, S. D., & Black, L. L. (2012). Positive emotions and immunity. In S. C. Segerstrom & S. Segerstrom (Eds.), *The Oxford handbook of psychoneuroimmunology* (pp. 92–104). Oxford: Oxford University Press.
- Rehman, U., Shahnawaz, M.G., Khan, N.H., Kharshiing, K.D., Khursheed, M., Gupta, C., Kashyap, D., & Uniyal, R. (2020). Depression, Anxiety and Stress Among Indians in times of Covid-19 lockdown. *Community Ment Health J.*, 1-7.
- Sharma, V., Marin, D.B., Koenig, H.K., Feder, A., Lacoviello, B.M., Southwick, S.M. & Pietrzak, R.H. (2017). Religion, spirituality, and mental health of U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *J Affect Disord*, 217, 197-204.
- Sephton, S. E., Koopman, C., Schaal, M., Thoresen, C., & Spiegel, D. (2001). Spiritual expression and immune status in women with metastatic breast cancer: An exploratory study. *Breast Journal*, 7(5), 345–353.
- Tsang, H. W., Scudds, R. J., & Chan, E. Y. (2004). Psychosocial impact of SARS. *Emerging infectious diseases*, 10(7), 1326–1327.
- United Nations Educational, Scientific and Cultural Organisation (UNESCO). (2019) UIS I Education. Retrieved from <http://data.uis.unesco.org/index.aspx?queryid=121>
- Underwood, L. G. & Teresi, J. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health related data. *Annals of Behavioral Medicine*, 24, 22-33
- Wilson, T. E., Weedon, J., Cohen, M. H., Golub, E. T., Milam, J., Young, M. A., et al. (2017). Positive affect and its association with viral control among women with HIV infection. *Health Psychology*, 36(1), 91.
- (WHO), W. H. O. Coronavirus disease 2019 (COVID-19) - situation report 90. (2020).
- Woods, T. E., Antoni, M. H., Ironson, G. H., & Kling, D. W. (1999). Religiosity is associated with affective and immune status in symptomatic HIV-infected gay men. *Journal of Psychosomatic Research*, 46(2), 165–176.

Acknowledgement

We extend our deepest gratitude to all the participants of the study for their effective contribution to the data of the study.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Gupta K., Gupta A. & Kumar A. (2021). Impact of Pandemic (2020) on Indian Population and The Role of Spirituality. *International Journal of Indian Psychology*, 9(4), 2214-2222. DIP:18.01.208.20210904, DOI:10.25215/0904.208