



## ANXIETY AMONG PEOPLE WHEN EXPOSED TO SOMEONE TESTED POSITIVE FOR COVID-19

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### ABSTRACT

The current study was to study the significant difference in the level of anxiety among males and females when exposed to someone tested positive for COVID-19. For the purpose of this study sample of 100 participants (50 males and 50 females) were selected within the age range of 16-40 years. The sample was administered to Health Anxiety Inventory (short version) by Salkavskis et al. (2002). For statistical analysis mean, SD and Independent Sample t-test were used which drew out the results stated there exists a significant gender difference in the level of anxiety when exposed to someone tested positive for COVID-19, that provide evidence to accept the hypothesis mentioned in the study. Also, there are insignificant gender differences in the case of hypochondriasis.

KEY WORDS- Anxiety, Anxiety Disorders, Hypochondriasis, Coronavirus Anxiety

### Chapter 1

### INTRODUCTION

#### 1.1 Anxiety

Anxiety may be a body's characteristic reaction to push. It's a feeling of fear or dread around what's to come.

#### Definition

According to **APA (American Psychological Association)**, "Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure."

According to **Sigmund Freud**, "Anxiety is a feeling of impending danger that can be based on objective, neurotic or moral threats." Sigmund Freud considered three types of anxiety:

- **Objective Anxiety**- it comes about from a genuine danger within the physical world to one's well being, as when a fierce looking pooch shows up from around the corner.
- **Neurotic Anxiety**- it comes about from the self image feeling overpowered by the id, which debilitates to specific its irrationality in contemplations and conduct. There's a fear of outside discipline for such expression.
- **Moral Anxiety**- it is based on a feeling that one's internalized values are about to be compromised. There is a fear of self-punishment (eg- blame) for acting opposite to one's values. Moral anxiety could be a work of the improvement of the superego. Anything the uneasiness, the self image looks for to decrease it.

Anxiety is more than fair feeling focused or stressed. Whereas stretch and on edge sentiments are a common reaction to a circumstance where we feel beneath weight, at that point more often than not pass once the unpleasant circumstances has passed, or 'stressor' is removed. Everyone feels on edge from time to time. When one edge sentiments don't go absent, happen without any specific reason or make it difficult to manage with standard of living it may be the sign of an on edge condition.

In 1972, Spielberger distinguished between two types of anxieties- state anxiety and trait anxiety. **State anxiety** is characterized as unsavory enthusiastic excitement in times of peril and undermining circumstances. On the other hand, **trait anxiety** mirrors the nearness of a steady person contrasts within the affinity to respond with state anxiety in chances of debilitating circumstances. State anxiety by and large speaks to transitory physiological and mental responses such as feeling of pressure and trepidation and expanded programmed anxious framework movement to troublesome circumstances while characteristic that alludes to the inclination of a person to appear state anxiety. Trait anxiety in this manner is generally a steady frame of uneasiness while state anxiety is subordinate to certain situations.

## 1.2 Anxiety disorders

Anxiety disorders are the most form of emotional disorder and can affect anyone at any age. According to APA (American Psychological Association), women are more likely than men to be diagnosed with an anxiety disorder.

Types of anxiety disorder-

- *Panic disorder*- experiencing repeating panic assaults at unforeseen times. An individual with panic clutter may live in fear of another panic attack.
- *Phobia*- intemperate fear of a particular circumstance or action.
- *Social anxiety disorder*- extraordinary fear of being judged by others in social situations.
- *Obsessive compulsive disorder*- repeating irrational thoughts that lead you to perform particular, recurrent behaviours.
- *Separation anxiety disorder*- fear of being absent from domestic or cherished ones.
- *Illness anxiety disorder*-uneasiness approximately your well being (once called hypochondria).
- *Post traumatic stress disorder*- anxiety after a traumatic occurrence.

## 1.3 Treatment

- *Cognitive Behavioural Therapy (CBT)*- it is the foremost broadly utilized treatment for treating uneasiness clutters. The essential introduction of CBT is that it may be a person's thoughts and not outside occasions that influence the way we feel. It points at distinguishing negative thoughts, challenging them and at last replacing them with more reasonable thoughts.
- *Dialectical Behavioural Therapy (DBT)*- it may be a shapeat mixes mindfulness and behavioural standards to assist individuals control their feelings. The four major sets of skills needed for DBT are mindfulness, emotion regulation, interpersonal effectiveness and distress tolerance.
- *Support Groups*- support bunches can offer assistance as an awesome bargain as they give the person with extra social bolster past the individual they are associated with. These bunches give a social circle where individuals managing with uneasiness can share their uncertainties conjointly beyond any doubt that they are not the as it were ones confronting it.
- *Anti-Anxiety Medication*- medications are regularly endorsed in conjunction with treatments. SSRIs (Selective Serotonin Reuptake Inhibitors) like fluvoxamine are considered the foremost compelling and the most secure pharmaceutical for the treatment of uneasiness, taken after by TCAs (Tricyclic Antidepressants) and benzodiazepines are the final resort.

## 1.4 Hypochondriasis

It is also known as Illness Anxiety Disorder. People diagnosed with IAD firmly believe that despite having no, or just mild, symptoms, they have a severe or life threatening illness. They are usually not reassured even though they go to doctors and no diseases are detected, and their obsessive concern persists.

### 1.5 Symptoms

- Excessive anxiety over developing a major disease or getting one.
- Physical signs are not present or are only mild if present. If there is another disease, or there is a high risk of having an illness, the interest of the person is out of proportion.
- Strong level of concern and alarm about personal health status.
- Excessive health-related habits (e.g., inspecting the body repeatedly for symptoms of disease) or displaying irregular avoidance (e.g., avoiding the appointment of physicians and hospitals).
- There has been a fear of illness for at least six months (but the specific disease that is feared may change over that time).
- Another mental disorder is not due to fear of disease.

### 1.6 Causes

- Massive life stress.
- A serious symptom suspected of threatening one's health (e.g., chest pain, memory issues).
- The history of childhood violence (physical, sexual, emotional) or neglect.
- Childhood medical history.
- Possession of another mental condition (e.g., major depression, anxiety, obsessive compulsive disorders, psychotic disorders).

### 1.7 Coronavirus Anxiety

People are social creatures. Segregation and forlornness can worsen uneasiness and sadness, and indeed affect our physical wellbeing. That's why it's vital to remain connected.

- Make it a need to remain in touch with companions and family. If you tend to pull back when discouraged or on edge, think approximately planning normal phone, chat or zoom dates to neutralize that inclination.
- Social media can be an effective apparatus not as it were for interfacing with companions, family and associates but for feeling associated in a more noteworthy sense to our communities, nation and the world. It reminds individuals that they are not alone.
- Don't let coronavirus overwhelm each discussion. It's imperative to require breaks from unpleasant contemplations around the widespread to essentially appreciate each other's company to giggle, share stories and center on other things going on in our lives.
- Don't falter to quiet catchphrases or individuals who are compounding your uneasiness.

## Chapter 2

### REVIEW OF LITERATURE

#### 2.1 Effect of COVID-19 on mental health

**Brooks et al. (2020)** conducted a review of the psychological impacts of quarantine by using 3 electronic databases. The most reviewed studies showed negative psychological effects including anger, confusion and post traumatic stress. Stressors included disappointment, long isolated disappointment, contamination fears, insufficient data, boredom, lacking supplies and disgrace. Most of the adverse effects resulted from imposition of restriction of liberty and the study suggests that periods of quarantine should be short and duration should not be changed only in extreme circumstances.

**Roy et al. (2020)** conducted a study that attempted to assess the attitude, anxiety, knowledge and mental healthcare need among Indian population during the pandemic situation of COVID-19. An online survey was conducted by using a non-probability snowball sampling method and 662 responses were received. The study identified high anxiety levels. More than 80% of people were always preoccupied with the thoughts of the infection and around 72% reported the need to use sanitizers and gloves. The attitude showed people's willingness to follow government guidelines on social distancing and lock-downs. People's knowledge about COVID-19 was found to be moderate and more than 80% of people perceive mental health care to deal with the situation of COVID-19 pandemic.

**Cindy H Liu (2020)** conducted a study to distinguish variables related with misery, uneasiness, and PTSD symptomatology in US youthful grown-ups amid the COVID-19 widespread. This cross-sectional online study surveyed 898 members. Respondents detailed high levels of sadness, high anxiety scores and high levels of PTSD indications. High levels of forlornness, high levels of COVID-19 particular stresses, and low trouble resilience were altogether related with clinical levels of misery, uneasiness and PTSD side effects. Resilience was related to low levels of sadness and uneasiness side effects but not PTSD. Most respondents had tall levels of social bolster: social bolster from family, but not from assistants or peers, was related with moo levels of sadness and PTSD.

**HMM Abdel-Fateh (2020)** conducted the study to consider on the part of emotional intelligence and emotional stability on standing up to the emergency of COVID-19 which has worldwide affect till the present moment. Information was collected from distinctive sources especially the later worldwide logical issues and distributions as Centers of Infection Control and Anticipation (CDC) as well as the current national issues. Information uncovered that there's a need of mindfulness with respect to the existing widespread coronavirus which needs clearance of the relationship between the physical and mental effect on the human being all over the world. Too to clarify the significance of the passionate insights and enthusiastic steadiness in standing up to the existing fear and uneasiness caused by coronavirus.

**2.5 Garcia-Priego et al. (2020)** conducted a cross sectional study in Mexico to describe the prevalence of anxiety and depression among Mexican population and examine its association with internet addiction at the time of COVID-19. 561 people participated in the study. The prevalence of anxiety and depression was compared with historical control groups. Anxiety was found to be increased by 51% and depression up to 86% during the initial weeks of lock-down as compared to the control group. The study concluded internet abuse and consequent overexposure, one of the main reasons for infodemia (spreading misinformation) are associated with anxiety and depression.

**Nikola Erceg (2020)** conducted a study to explore psychological determinants of COVID-19 responsible behaviour. Study focused on trait anxiety and concern about the corona crisis, and coronavirus knowledge/unfounded beliefs and thought structures that should drive knowledge/beliefs. The strategy of "Consider-the-opposite" was used. "Consider-the-opposites" intervention did not affect unfounded beliefs. Structural equation model conducted on 880 participants indicated that greater worry and weaker endorsement of COVID-19 unfounded beliefs lead to more responsible COVID-19 behaviour.

**Elmira Ezazi (2020)** conducted a cross sectional study on diabetic patients of Ahvaz city. Sample of 400 were selected by a purposive sampling method to collect data from the tools of Corona anxiety, cognitive emotion regulation strategies, health hardiness and death anxiety. Data were analyzed by Pearson correlation coefficients and multiple regression. The results showed that positive strategies for cognitive emotion regulation and health hardiness in diabetic patients had a negative and significant relationship with Corona anxiety and negative strategies for cognitive emotion regulation and death anxiety had a positive and significant relationship with the Corona anxiety.

## 2.2 Hypochondriasis

**P.M. Salkovskis (1998)** conducted a comparative study to assess the effectiveness of cognitive therapy and to compare it with an equally credible, alternative treatment. Either cognitive therapy, behavioural stress management or a no care waiting list control group were randomly assigned to 48 patients with hypochondriasis. Patients in the control group were allocated randomly to one of the two therapies at the end of the waiting period. Comparisons with the waiting list population suggested that both treatments were efficient. Comparisons between the therapies suggest that cognitive therapy on hypochondrial action strategies was more effective than behavioural stress management.

**Sherman A. Lee (2020)** conducted a study to investigate which fear factors uniquely predict clinical levels of depressive symptoms and generalized anxiety. Data was gathered from 256 adults recruited from Amazon's Mechanical Turk (MTurk) during the coronavirus pandemic in the United States. Neuroticism, corona phobia, and hypochondriasis were fear factors that predicted pandemic-related psychopathology in adults, the findings from logistic regression studies revealed.

**Christian Jasper (2020)** conducted a study to examine people's panic responses as well as their understanding of the global problem. During the enhanced group quarantine, the researchers used Health Anxiety Inventory and open ended questions about people's emotions, thoughts and actions. The findings indicate that there is a significant difference between locations in the conduct of avoidance. In addition, the signs of hypochondriasis often indicate a significant difference between exposure to COVID-19.

## Chapter 3

### RESEARCH METHODOLOGY

#### 3.1 Aim and Objectives

##### Aim:

The aim is to study the significant difference in the level of anxiety among males and females who have been exposed to someone tested positive for COVID-19.

##### Objectives:

- 1) To study the significant difference in the level of anxiety among males and females.
- 2) To study the significant difference in the bodily sensation between males and females.
- 3) To study the significant difference between males and females about the consequence of becoming ill.

#### 3.2 Hypothesis

There will be a significant difference in the level of anxiety among males and females who have been exposed to someone tested positive for COVID-19.

#### 3.3 Psychological Tools

##### Health Anxiety Inventory

Health Anxiety Inventory (short version) by Salkavskis et al. 2002 is a self-report measure comprising 18 items, independently of physical health status, measuring health anxiety. It has two factors-

- 1) The dreaded probability of getting to be ill.
- 2) The dreaded negative results of getting to be ill.

Items are rated on a four-point scale (0-3) that allows for the assessment of symptom presence and severity. Good internal consistency, alpha of 0.89.

### 3.4 Sampling Size and Sampling Method

The sample of 100 adults who meet the criteria were included in the study out of which 50 were males and 50 were females.

The sample of the study consisted of people who have been exposed to someone tested positive for COVID-19. Sample was randomly selected from all over India. The data was collected with an online survey questionnaire which was mailed to the participants.

#### Inclusion Criteria

- Adults aged 16-40 years
- Adults who are literate and understand English
- Adults who have been exposed to someone tested positive for COVID-19

#### Exclusion Criteria

- Participants who have not been exposed to someone tested positive for COVID-19

### 3.5 Actual Procedure

The procedure followed in the data collection was: the 100 subjects who stood fit for the study were cautiously identified. As personally meeting the participants was not possible because of the lockdown, each of them was sent a copy of the questionnaires made through google forms. Each participant was telephonically contacted and told about the purpose of the investigation. The subjects were properly explained about the purpose of the study and informed consent was obtained. The respondents were then assured confidentiality regarding their identity and responses.

Doubts regarding certain questions were clarified over the phone and the participants were also told that there is no correct or incorrect answer to any of the questions. After receiving the forms participants were duly thanked.

### 3.6 Statistical Analysis

Independent Sample t-test was used to examine the difference between the means of male and female participants.

## Chapter 4

## RESULTS

Table No.1- Hypochondriasis

	Mean	SD	t-value
Males	9.02	23.9	1.98
Females	14.9	40.8	

Table 1 shows there are insignificant gender differences in adult males and females with respect to hypochondriasis when they are exposed to someone tested positive for COVID-19. The mean difference between participants of both groups is insignificant at 0.05 level, "t"= 1.98. (P>.05). The mean and SD of males are 9.02 and 23.9 whereas the mean and SD of females are 14.9 and 40.8 respectively.

Table No.2- Anxiety

	Mean	SD	t-value
Males	1.9	4.13	1.98
Females	3.02	5.57	

Table 2 shows there are significant gender differences in adult males and females with respect to anxiety when they are exposed to someone tested positive for COVID-19. The results indicate that scores of females are higher than the scores of males. The mean difference between participants of both groups is significant at 0.05 level, “t”= 1.98, (P<.05). The mean and SD of males are 1.9 and 4.13 whereas the mean and SD of females are 3.02 and 5.57 respectively.

## Chapter 5

### DISCUSSION

Table 1 reveals the minimum difference in case of hypochondriasis between males and females.

The possible explanation for it might be that both men and women are facing an equal burden of becoming ill. Any small changes in the body after getting exposed to someone tested positive for COVID-19 lead them to think that it might be the symptom of coronavirus.

Table 2 reveals that women tend to have more anxiety as compared to men when exposed to someone tested positive for COVID-19 (Clara et al. 2020). The psychological impact caused by the pandemic is maintained over time and increases for anxiety.

When a woman is exposed to someone tested positive for COVID-19, she suffers from more anxiety as compared to men. This is because unpaid labor in the house increases exponentially which leads to stress, worries about food, work, children and health care and also loss in income in relation to COVID-19.

As men are less stressful about food and health care. They are more stressed about the financial crisis because of the Indian companies cutting off pays and laying off staff members.

## Chapter- 6

### SUMMARY AND CONCLUSION

#### SUMMARY

The present study was aimed to identify the gender difference in anxiety when exposed to someone tested positive for COVID-19. The participants were adults who have been exposed to someone tested positive for COVID-19. The sample consisted of 100 adults with the age range of 16-40 years where 50 were males and 50 were females. It was found that there is a significant difference in the level of anxiety among males and females when exposed to someone tested positive for COVID-19. On the other hand, minimum differences were found in case of hypochondriasis between males and females.

#### OBJECTIVES OF THE STUDY:

- 1) To study the significant difference in the level of anxiety among males and females.
- 2) To study the significant difference in the bodily sensation between males and females.
- 3) To study the significant difference between males and females about the consequence of becoming ill.

**HYPOTHESIS:**

There will be a significant difference in the level of anxiety among males and females who have been exposed to someone tested positive for COVID-19.

**PSYCHOLOGICAL TOOL:****Health Anxiety Inventory**

Health Anxiety Inventory (short version) by Salkavskis et al. 2002 is a self-report measure comprising 18 items, independently of physical health status, measuring health anxiety. It has two factors-

- 1) The dreaded probability of getting to be ill.
- 2) The dreaded negative results of getting to be ill.

Items are rated on a four-point scale (0-3) that allows for the assessment of symptom presence and severity.

**Sample:** a total of 100 adults (50 males and 50 females) who have been exposed to someone tested positive for COVID-19 were selected by the method of purposeful sampling.

**CONCLUSION**

There is a lack of research available that has studied the level of anxiety among males and females who have been exposed to someone tested positive for COVID-19. Hypochondriasis is a relatively well known concept and out of the studies conducted on it, only a very few seem to be connecting it with the aspect of Covid-19 (Sherman A. Lee, 2020; Christian Jasper C., 2020). However, there are presently researches available on measurement of anxiety related to Covid-19. The aim of the present study is to find the significant difference in the level of anxiety among males and females who have been exposed to someone tested positive for COVID-19. Findings revealed that there are insignificant gender differences in the case of hypochondriasis. In the case of anxiety, significant differences were found between both the genders, suggesting that the groups most psychologically affected by the COVID-19 pandemic are women. The findings of anxiety in the present study were in line with a few studies conducted which show that there are significant gender differences in anxiety during the pandemic (Selçuk Özdin, 2020). In general terms, many studies show that women have more anxiety as compared to men, which also aligns with the results obtained in the present study (Lewinsohn, P. M., 1998; Carmen P. McLean, 2011).

**Chapter- 7****LIMITATIONS AND FUTURE SUGGESTIONS****LIMITATIONS:**

- The sample size was small and it may not be appropriate to generalize its findings.
- The data was collected through google forms and not in-person because of the prevailing situation of lock-down, therefore there was no proper rapport formation with the participants.
- The data was obtained by questionnaires filled by the participants so there are chances of giving false information by marking socially appropriate responses.

**FUTURE SUGGESTIONS:**

- The bigger sample size for more appropriate generalization.
- In-person data collection will make rapport making easier.



## Chapter- 8

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**Chapter- 9**

**APPENDIX**

**HAI (Short version)**

Each question in this section consists of four statements. Please read each group of statements carefully and then select the one which best describes your feelings, over the past six months. Identify the statement by ringing the letter next to it, i.e. if you think that statement (a) is correct, ring statement (a); it may be that more than one statement applies, in which case, please ring any that are applicable.

1.	(a) I do not worry about my health (b) I occasionally worry about my health (c) I spend much of my time worrying about my health (d) I spend most of my time worrying about my health
2.	(a) I notice aches / pains less than most other people (of my age) (b) I notice aches / pain a much as most other people (of my age) (c) I notice aches/ pains more than most other people (of my age) (d) I am aware of aches / pains in my body all the time
3.	(a) As a rule I am not aware of bodily sensations or changes (b) Sometimes I am aware of bodily sensations or changes (c) I am often aware of bodily sensations or changes (d) I am constantly aware of bodily sensations or changes
4.	(a) Resisting thoughts of illness is never a problem (b) Most of the time I can resist thoughts of illness (c) I try to resist thoughts of illness but am often unable to do so (d) Thoughts of illness are so strong that I no longer even try to resist them
5.	(a) As a rule I am not afraid that I have a serious illness (b) I am sometimes afraid that I have a serious illness (c) I am often afraid that I have a serious illness (d) I am always afraid that I have a serious illness
6.	(a) I do not have images (mental pictures) of myself being ill (b) I occasionally have images of myself being ill (c) I frequently have images of myself being ill (d) I constantly have images of myself being ill
7.	(a) I do not have any difficulty taking my mind off thoughts about my health (b) I sometimes have difficulty taking my mind off thoughts about my health (c) I often have difficulty in taking my mind off thoughts about my health (d) Nothing can take my mind off thoughts about my health
8.	(a) I am lastingly relieved if my doctor tells me there is nothing wrong (b) I am initially relieved but the worries sometimes return later (c) I am initially relieved but the worries always return later (d) I am not relieved if my doctor tells me there is nothing wrong
9.	(a) If I hear about an illness I never think I have it myself (b) If I hear about an illness I sometimes think I have it myself (c) If I hear about an illness I often think I have it myself (d) If I hear about an illness I always think I have it myself

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10.	(a) If I have a bodily sensation or change I rarely wonder what it means (b) If I have a bodily sensation or change I often wonder what it means (c) If I have a bodily sensation or change I always wonder what it means (d) If I have a bodily sensation or change I must know what it means
11.	(a) I usually feel at very low risk for developing a serious illness (b) I usually feel at fairly low risk for developing a serious illness (c) I usually feel at moderate risk for developing a serious illness (d) I usually feel at high risk for developing a serious illness
12.	(a) I never think I have a serious illness (b) I sometimes think I have a serious illness (c) I often think I have a serious illness (d) I usually think that I am seriously ill
13.	(a) If I notice an unexplained bodily sensation I don't find it difficult to think about other things

	(b) If I notice an unexplained bodily sensation I sometimes find it difficult to think about other things (c) If I notice an unexplained bodily sensation I often find it difficult to think about other things (d) If I notice an unexplained bodily sensation I always find it difficult to think about other things
14.	(a) My family / friends would say I do not worry enough about my health (b) My family / friends would say I have a normal attitude towards my health (c) My family / friends would say I worry too much about my health (d) My family / friends would say I am a hypochondriac

For the following questions, please think about what it would be like if you had a serious of a type which particularly concerns you (such as heart disease, cancer, multiple sclerosis and so on). Obviously you cannot know for definite what it would be like; please give your best estimate of what you think might happen, basing your estimate on what you know about yourself and serious illness in general.

15.	(a) If I had a serious illness I would still be able to enjoy things in my life quite a lot (b) If I had a serious illness I would still be able to enjoy things in my life a little (c) If I had a serious illness I would be almost completely unable to enjoy things in my life (d) If I had a serious illness I would be completely unable to enjoy my life at all
16.	(a) If I developed a serious illness there is a good chance that modern medicine would be able to cure me (b) If I developed a serious illness there is a moderate chance that modern medicine would be able to cure me (c) If I developed a serious illness there is a very small chance that modern medicine would be able to cure me (d) If I developed a serious illness there is no chance that modern medicine would be able to cure me

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17.	(a) A serious illness would ruin some aspects of my life (b) A serious illness would ruin many aspects of my life (c) A serious illness would ruin almost every aspect of my life (d) A serious illness would ruin every aspect of my life
18.	(a) If I had a serious illness I would not feel that I had lost my dignity (b) If I had a serious illness I would feel that I had lost a little of my dignity (c) If I had a serious illness I would feel that I had lost quite a lot of my dignity (d) If I had a serious illness I would feel that I had totally lost my dignity