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The Danger in Danger – A study on the psychological impact of COVID-19 lockdown on people in the Indian context

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ABSTRACT

The present study attempts to find the factors resulting in increased risk of anxiety and stress due to nation-wide lockdown imposed to reduce the transmission of coronavirus in the Indian context. Grounded theory approach is used to collect, analyze, and code the data elicited from 37 semi-structured interviews. Qualitative analysis of the data found that the lockdown during coronavirus outbreak led to boredom, financial loss, and intimate terrorism which resulted in an elevated risk of anxiety and stress. It was also revealed that risk of anxiety and stress further increased during the lockdown due to the moderating role of the media and doom scrolling. Significance of the study rests in developing a grounded theory framework for stress and anxiety in the Indian context that can help the government and the associated bodies as well as the healthcare departments to devise strategies and policies to reduce the risk of nation-wide lockdown on the mental health of the people. This study is one of the initial attempts that use the grounded theory to unearth and add to the existing literature the intervening and intriguing factors which directly or indirectly increases individuals' anxiousness and stress during COVID-19 lockdown in the Indian context.

1. Introduction

Coronavirus while moving towards a village told the Grim Reaper, “I am going to kill 1000 humans today.” After some time, the Grim Reaper asked “When you had told you would kill 1000 humans, why did you kill 2000 then?” To this, the quick-witted Coronavirus replied, “I have only killed 1000 humans but it is my universal paranoid fear that killed another 1000.”

The above shared pleasantry is found to be quite relevant during these hard times of a pandemic as people are dying more of the fear and hysteria of coronavirus than the coronavirus itself. Novel Coronavirus disease (COVID-19) was declared a pandemic on the 11th of March 2020 by the World Health Organization (WHO) as by then it had already infected 114 countries, India notwithstanding [1]. The first case of COVID-19 was reported in the Wuhan city of central Hubei province of China and since then it has rapidly crossed borders infecting and killing a multitude of people. To stop the rapid spread of coronavirus, the governments of various countries have mandated the extreme social distancing in the form of lockdown and home isolation [2] where people are not allowed to come out of their homes, meet other people, restricted movement and when moving out for essential services a minimum of 1 m distance has to be maintained, a complete ban on travel. Lockdown helps to break the chain of transmission of the virus from one person to another and also reduces its rate of reproduction. Today around 2.6 billion people around the globe are under lockdown. The psychological effect of lockdown will result in stress and anxiety which will lead to the risk of secondary epidemic by the end of 2020 [2–4]. Apart from the global economic loss due to the halting of the businesses, and services the lockdown has severely impacted the
mental and physical health of people under lockdown. The fear of the unknown virus, uncertainty and the lockdown have led to loneliness, nervousness, anger, fear, extreme hopelessness, mood swings, suicidal ideation, and increased levels of anxiety resulting in stress [5–8]. A survey by Kaiser Family Foundation in mid-March 2020, 32% of respondents were worried and stressed about COVID-19 which negatively affected their psychological health, which increased to 45% by March end. A two-tent approach is required—one to treat the infection and the other to treat the psychological wounds of trauma [3]. However, the world is giving much attention to preparedness and response to COVID-19, which is the need of the hour; neglecting the psychological impact of COVID-19 [8]. This is more surprising given the fact that previous studies have concluded a positive relationship between pandemic-related anxiety and stress [9]; Wheaton et al., 2010; [10]. Past studies have revealed that the psychological impact of the eruption of a disease is more hazardous than the actual hazard itself [10–13]. Failing to anticipate the approaching psychological or stress-related epidemic may take a toll in the near future. Against this background, it is prudent to understand the factors that may result in the risk of poor psychological health among people under lockdown. Prior researchers have conducted studies to understand the psychological impact of a disease outbreak on the public or the psychological impact of quarantine on people. However, studies on the anxiety and stress experienced by people under the lockdown is far and between. The objective of the present paper is to unearth the factor, using grounded theory approach, that results in anxiety and stress due nation-wide lockdown imposed to reduce the transmission of coronavirus in the Indian context. The finding of the study may help people at individual level and various healthcare organizations and the government to devise strategies to combat the toxic effect of lockdown on mental health of the people.

2. Theoretical background

According to grounded theory postulated by Strauss and Corbin [14]; previous literature should direct data analysis and coding. The author, therefore, investigates prior literature to understand anxiety and stress experienced by people during disasters, when they are quarantined and when they are under lockdown. Before reading the paper further, the readers must know the difference between quarantine and lockdown. A person is quarantined when he/she is suspected to or has been exposed to someone with a transmittable disease which is hazardous to the society [15]. A lockdown is an emergency protocol that restricts or completely shut down the movement of people, their travel, businesses, work, school, universities and closures of businesses and non-essential activities in a city, region, state or a nation [15].

Almost having experienced a month-long lockdown by now, and not seeing an end to it any sooner, the only thing doing rounds in a person’s life apart from boredom is anxiety. Bouts of worry, mildly-pressing stress and anxiety pangs majorly due to social isolation have been making the lockdown even more intolerable. Staying at home all day can be boring, tiring, and stressful. It seems like “All work and no play, makes Jack a dull boy” has taken a turnabout to become “No work and all play, makes Jack a stressed boy”. The times have seen a massive change in the way people lead their normal daily lives. From waking up and jogging in the mornings to taking a stroll and going to bed at night, everything has been curbed due to this Corona pandemic which has shaken people not only externally but also internally.

Anxiety and stress are a natural concomitant of life, which has become more inevitable during COVID-19. In past literature, stress and anxiety have been used interchangeably, however, according to the American Psychological Association [16], there is a thin line between the two. Stress can be referred to in two ways-as a situation or a stimulus that causes stress (stresors) and as an effect or an outcome accompanied by anxiety. For example, for some people the lockdown situation is stressful and nervousness about job loss due to lockdown is a response. Both stress and anxiety are emotional responses. Stress is generally caused by external factors, which are short-term. Whereas, anxiety is persistent which stays even in the absence of a stressor. Anxiety and stress both have similar symptoms–physical (insomnia, headache, fatigue), psychological (depression, isolation, irritability, mood swing, hopelessness), and behavioral (loss of appetite, substance abuse, anger). Symptoms of anxiety and stress if left untreated, may result in suicide to get liberation from the distressing state of mind [5,7]. Stress is a “condition in which an individual is confronted with an environmental demand related to him and he perceives the outcome as uncertain but important” [17]; p. 577). This uncertainty is a cause for anxiety which leads to stress [18]. The definition finds relevance in today’s context when people are uncertain about the COVID-19 outbreak, its impact, and the extent the lockdown measure will continue to break the transmission of the virus.

Various studies have been done to understand the impact of disease outbreak on the psychological impact of people. Huang and Zhao [19] conducted a web-based cross sectional study to find the psychological impact of Chinese people during COVID-19 and also to identify the high-risk groups. The findings suggested that the anxiety level of people in China increased due to the uncertainty of the COVID-19. A similar web-based study was conducted on 129 quarantined people by Hawryluck et al. [20] to find the psychological effect on them during the SARS in Toronto, Canada. The finding revealed that a lack of social and physical contact with family and friends leads to anxiety. Kimhi et al. (2020) postulated that the COVID-19 led to morbidity and mortality globally, resulting in increased risk of negative psychological issues, such as anxiety and distress.

Wheaton et al. [21] surveyed 315 undergraduate students to assess the psychological factors that predict anxiety in response to the H1N1 influenza/swine flu outbreak in 2009–2010. The result concluded that health anxiety, fear of getting contaminated, and disgust sensitivity were predicted anxiety due to H1N1 influenza leading to the risk of poor mental health. A research conducted by Ten Have et al. [22] found low job security to be the most significant factor to the psychological impact of workers. When workers are uncertain about their job and a secured future they become anxious which lead to feelings of depression, especially among men.

In-depth interviews conducted by Desclaux et al. [23] revealed that people during Ebola lockdown in Guinea had to stop their occupation without advanced planning which led to financial loss and denting of social status.
3. Research methodology

3.1. Research approach

The present research has adopted qualitative methodology, to unearth the factors that are leading to anxiety and stress among people in India during the Covid-19 pandemic. In qualitative studies scholars “study things in their natural settings, attempting to make sense of, or to interpret phenomena regarding the meanings people bring to them” [24]; p.3, thus, providing a broader view that is otherwise difficult to generate with the quantitative process [25].

3.2. Respondents’ profile

The responses were collected from Indian citizens who were adults (excluding children, teenagers, and senior citizens) and were under lockdown for minimum 50 days. The age of the respondents were between 24 and 57. Out of 37 interviews conducted, 20 were females and 17 were males. With regard to occupation, 15 respondents were employed with a private company, 09 respondents had Government service, 06 own business, 02 were students, and 05 were homemakers.

3.3. Data collection

The data were collected through an in-depth semi-structured interview method with probing questions which is the most popular method of collecting qualitative data in psychology [26]. Moreover, in the interview method, there are fewer chances of biases as it is a direct method of collecting data [26,27]. The interviews were conducted from 20th May to 25th June 2020 when India was already under lockdown, therefore, the author conducted telephonic interviews. 37 interviews were conducted over the telephone, with each interview lasting for approximately 30–40 min. Telephonic interviews can be considered as an alternative to face-to-face interviews [28] as information elicited through the telephonic interview is as good as face-to-face interviews [29]. The respondents were assured of their anonymity. The interviews with the respondents were recorded over the telephone in an audio format which was later transcribed verbatim sentence-by-sentence manually in the text format as suggested by Strauss and Corbin [14]. After the 37th interview, the author stopped taking interviews as there was no generation of any new information from the respondents. Qualitative research has no published guidelines or tests of adequacy for estimating the sample size required to reach saturation [30] and the researcher can continue to collect data until “theoretical saturation” [31]. The present study adopted the purposeful sampling approach suggested by Ref. [32] was to determine the sample size.

3.4. Data analysis

The present study adopts grounded theory (GT) developed by Strauss and Corbin [14]; which in all probability is the universal method to analyze qualitative data in the social sciences [33]. The transcripts from the telephonic interview were coded into open, axial, and selective codes using the principle of constant comparison where the emerging data is constantly compared with existing data and existing literature [31]. The data analysis started with open coding where direct codes are attached to the interview transcripts by identifying commonly recurring concepts in the responses. The author examined the transcripts and the initial codes repeatedly to remove those which had become redundant and inefable to express the actual meaning. As suggested by Murphy et al. [31]; Tabula Geminus or twin slate approach was used to code the transcripts. The author used the deductive approach to identify the concepts by adopting terms from the existing literature. To develop axial codes, the open codes were re-analyzed to group those open codes together that are similar in logic and structure. In the end, selective codes were developed and were validated with extant literature to predict the subjectivity [31].

3.5. Reliability and validity of the data

According to Murphy, Klotz, and Kreiner [31]; the findings of a qualitative study must be trustworthy and should capture accurately the representativeness of what respondents describe. Member-checking determined the accuracy of the data (internal validity) where the respondents were contacted again during the coding process to reassure that the emerging theory represents their actual description [31]. Peer-debriefing, suggested by Lincoln and Guba (1985), was used to check reliability. Three experienced reviewers from the field of Psychology who were invited to review the transcripts, emerging theory, and the final report agreed with the author’s interpretations.

4. Results and discussion

Selective code 1: Boredom – After analyzing all interview transcripts, boredom emerged as the most prominent factor leading to anxiety and stress during covid-19 lockdown. 34 out of 37 respondents indicated that they were bored during the lockdown. Some recurrent terminologies said by informants to explain boredom were monotony, lack of work, sedentary, ideal, and unenthusiastic. On several occasions, respondents revealed that strict social distancing guidelines, restricted activities, and isolation during covid-19 lockdown have limited their social contacts which explains the increase in boredom. For example, a respondent (Age: 24, Gender: Male, Occupation: Post graduate student) described:

“My college closed from 24th of March (2020), and since then I am locked inside my house. Initially, I was happy that I don’t have to attend classes in person, I can sleep late, I can relax, I can play video games. But now I am unable to bear this sedentary lifestyle anymore. You know, I used to watch movies every Friday and Sunday in the cinema hall with my friends, hangout with them in cafes. It was so much fun. I really miss my days, my friends.”
Work gives people identity, independence, power, and control. This sudden break in the form of lockdown in their work routine has resulted in no work and the free time leading to boredom giving rise to anxiety [20,23]. For example, a respondent (Age: 32, Gender: Female, Occupation: Government employee) revealed:

“Before lockdown, my regular days were so hectic. My office hours started at 9 am and ended at 6 pm, I had so much work; meetings; projects. I was busy. But, during the lockdown, I don’t have much to do. Initially, I used to watch movies, talk over the phone, but now I am done. Sitting ideal is making me dull.”

The study also revealed that people have started to drink and smoke more out of boredom. For instance, one respondent (Age: 35, Gender: Female, Occupation: IT Professional) informed:

“My husband is working from home now. He used to drink on some Saturdays with his colleagues. Since he is at home 24x7, he has started drinking and smoking almost every day. When I stopped him he said he is drinking just to change his mood and will stop once he resumes office.”

According to WHO [34] people who are staying under COVID-19 pandemic confinement think drinking alcohol is a helpful strategy to cope with anxiety and stress. This should be stopped immediately otherwise it can lead to poor immunity and mental health [35].

During the lockdown, the arousal theory finds its application to boredom which defines it as “the state of non-optimal arousal that ensues when there is a mismatch between an individual’s needed arousal and the availability of environmental stimulation.” [36]; p.484). Before the corona lockdown, people had environmental (or external) stimulation available such as family, friends, relatives, colleagues, restaurants, cafes, movies, nightclubs, sports. But now the environment stimuli during corona lockdown have been limited to homes, family, and social media. Unable to find sufficient external stimuli to satisfy an individual’s needed arousal, people tend to shift their attention towards internal feelings and thoughts, which when crosses the elastic limit results in anxiety and stress. Dealing with boredom during locked down can be stressful. Past studies have shown that boredom leads to anxiety and depression in people [8,20,23] and also death (Britton and Shipleys, 2010), thus, contributing to the famous phrase “bored to death”.

**Selective code 2: Financial Loss** – Financial loss due to covid-19 lockdown emerged as the second dominant factor resulting in anxiety and stress among people. Further, 33 out of 37 respondents revealed that some of them have already lost their job, some have been warned to be slacked, some have already seen a delay in salary and pay cuts, and some have been asked to go on leave without pay. For example, one respondent (Age: 25, Gender: Female, Occupation: Airline) said:

“I am already on leave without pay. I don’t know when this lockdown is up and even after that, I am not sure whether we will start getting the salary. With all the savings spent in a medical emergency, I have nothing left. I had started building my savings from this March, but again I am spending that money as I am currently not being paid. I am really worried, I have my old mother to look after.”

Employees are worried about their future, and the lockdown seeming to not end any sooner, both employers and employees are under high stress [37]. Another respondent (Age: 42, Gender: Male, Occupation: Marketing Professional) opined:

“Every morning I wake up with a heavy heart and worried mind, uncertain whether I still have my job. The first thing which I do after waking up is to check my email to see any such mail by my employer and this is what I do till I sleep, continuously checking my mail and talking to my colleagues about any rumour regarding this.”

The financial and economic loss leading to increases in unemployment, job insecurity, lay-offs has resulted in increased risk of anxiety, mood swing, hopelessness, alcohol-related disorders, depression [22,38], to the extent that they committed suicide [5,7,39].

Another respondent (Age: 47, Gender: Male, Occupation: Business) informed that:

“I have a restaurant. It was running good before the lockdown. Now it is closed from last two months. I have expenses but unfortunately the source of income has ceased. And the savings are depleting. I have become hopeless for any better future. I can only see struggle ahead to reestablish my business once the lockdown is lifted.”

The mandate ongoing lockdown to contain the rapid spread of the coronavirus has forced organizations to lock, industries to shut and businesses to close, thereby, pushing 122 million people out of jobs in India [40]. Income or job loss due to the COVID-19 pandemic is impairing peoples’ psychological health. Yu et al. [10], found that during SARS people in Hong Kong lost their job or had to go on leave without pay resulting in anxiety and poor mental health. Similarly, an International Monetary Fund [41] report revealed that during the Ebola outbreak in West Africa, Liberia witnessed a decline of 8% points of GDP from 2013 to 2014.

**Selective code 3: Media (The moderating effect)** – The present study revealed that the misinformation about covid-19 virus, amplified by media, is proving detrimental for public health.

Some expressions used for media coverage during Covid-19 by 30 respondents included information overflow, inadequate information, misinformation, sensational news coverage, unwarranted rumors, the dramatization of facts, and fake news. For instance, one respondent (Age: 31, Gender: Male, Occupation: Retail employee) said that:

“Earlier I used to watch news channels to know the trend of the spread of disease. This kept me informed. But now, there is excessive information overflow and misinformation about the coronavirus by these news channels. Every time I switched on the television, a news anchor wearing a mask would continuously speak about the virus, the number of people infected, the number of people died, news about the irresponsibility displayed by people, and also about the unavailability of any vaccines. I was losing my calmness. The news was creating panic [...] I have stopped watching them. I now feel much relaxed.”
News conveyed through media has led to fear and hysteria resulting in stress and anxiety [1,2,8], especially during lockdown when people have no work. Another respondent (Age: 24, Gender: Female, Occupation: Student) was found quoting:

“You cannot shut the updates out totally. You can turn the TV and the radio off but every time you open the page over the internet, information about infection and death shows as pop up. I have never subscribed for it but I still get it and it freaks me out.”

It was also found in the study that people are trying different methods, which they have read or heard in various media platforms, to increase their immunity against the virus and also cure themselves from covid-19. One respondent (Age: 34, Gender: Male, Occupation: Bank employee) informed:

“People have become self-proclaimed doctors. They put mustard oil in their nostrils to kill the coronavirus. Also they keep a small pouch of camphor and clove in their pockets or drink kadha (brows of different spices) to keep the virus at bay. They read these misleading and fake information and apply on themselves. What surprises me more is even when people display symptoms of covid-19, instead of visiting doctors, they prefer drinking such concoctions. And when symptoms worsens, they run to hospitals only to be too late.”

Since the onset of Covid-19, media (television, newspaper, radio, internet, and social media) has been keeping its readers/viewers informed about this dreadful disease. Information about the virus, mode of transmission, risks of infection, precaution, and other such guidelines communicated through the media reaches its audience quickly and on time which encourages people to adopt healthy behaviors and reduce the rapid spread of disease [42,43]. However, biased, false, misleading media coverage about covid-19 pandemic has led to confusion, dilemma, fear and anxiety among people leading to stress. In this study, the media has found to play a moderating role between the lockdown and anxiety level. People under lockdown are watching news and surfing to get more information about COVID-19 and its status. Hence, information related to pandemic should neither be exaggerated to create unnecessary anxiety and increase harm perceptions nor tune-down to lessen the responsibility and increase carelessness but to keep people updated and alert [8,43]. There is a dearth of genuine and verified information about coronavirus to counter the running rumors, misinformation, and fake news which is leading to stress and anxiety among them. Therefore, the government must intervene and scrutinize the information before it is broadcasted, printed, or circulated. Previous studies have found a positive relationship between media reporting and increased risk of public anxiety during SARS (Person et al., 2011), H1N1 influenza or swine flu (Wheaton et al., 2011), avian flu outbreak [44], and EBOLA [43,45] outbreaks.

Selective code 4: Doom Scrolling (Moderating effect) – 27 out of 37 respondents of the present study admitted that they have been continuously and obsessively surfing internet and consuming unpleasant news about covid-19 pandemic. This activity of relentlessly searching the internet for news related to bad events or situation, especially in the context of coronavirus-related content is known as Doom Scrolling (Kateella, 2020). The author, to the best of the knowledge and effort, could not find any research paper related to doom scrolling. However, the term exists in the Merriam-Webster dictionary from where the term has been borrowed. The term ‘Doom scrolling’, also known as doom surfing, has recently become popular in the grip of COVID-19 and has been added to the lexicon.

The informants revealed that with the onset of COVID-19 lockdown they have gradually developed the habit of scrolling their internet to read fore-boarding news of this pandemic. For instance, an informant (Age: 47, Gender: Male, Occupation: Business) shared:

“The moment my eyes open in the morning, I immediately go to the worldometer (website that gives live statistics of COVID-19 cases) to check the status of India – number of cases increased, number of deaths. And then throughout the day I keep reading articles related to coronavirus and discuss with my family[...] I don’t want to read anymore but I can’t help my urges to go back to the internet to take updates. I keep checking posts on the internet or Facebook in the hope to get some important information which will prepare me for the future but what I get the most is fear and anxiety.”

Further, it was revealed that doom scrolling activity has increased more since the lockdown when people have no work to do and are sitting idle at home. People are not able to curtail their cravings to scroll for articles and news relating COVID-19 despite the fact that it is upsetting and depressing. Another informant (Age: 36, Gender: Female, Occupation: Government employee) said:

“The only thing I am busy with now-a-days is reading medical journals, WHO articles and other such articles to check about the success of the human trials of vaccines and latest updates on medicines to cure COVID-19. I am so afraid of the present situation, and with no vaccines available till date the situation is only worsening [...] My husband has asked me to stop reading about COVID-19. But still I continue reading such articles again and again even though it creates more panic.”

Further, respondents informed that they are unaware of the real situation of COVID-19 outbreak; there is overflow of information-some true and some fake, therefore, to gain knowledge and seek clarity they are continuously scrolling through news articles, and various social media platforms, like Facebook, twitter, WhatsApp to ingest as much information as they can. For example, a respondent (Age: 58, Gender: Female, Occupation: Private sector) told:

“I am worried for my family. I recently lost two relatives to coronavirus in US (United States). Have you seen the pictures in the internet? So traumatic. The dead bodies are lying on the streets; there is no one to offer proper cremation. Earth is dug out, bodies are dumbed together and covered with soil. The situation seems no good in India. We are slowly moving toward the list of highly infected countries. I scroll through Facebook posts or WhatsApp messages to keep myself abreast of what is the situation of covid-19.”

According to The Los Angeles Times, [46]; the most searched top 50 definitions on Merriam-Webster dictionary in March were related to COVID-19. The reason for this may be attributed to uncertainty and fear of the unknown. During a catastrophe, when uncertainty and misinformation lurks, people incline towards reading news and articles seeking clarifications and answers to their inces-
sant queries. They continuously scroll, and read article one after the other to gather more information, unable to turn away from their screens, which adds to their depression, (Merriam-Webster). Awareness about the present situation helps people foresee the situation in near future which aids their planning and preparation for whatever distress that may arise. However, overfeeding oneself with disheartening news of COVID-19 results in elevated levels of anxiety amongst people (Merriam-Webster; Katella, 2020). Therefore, people must stop scrolling articles every-now-and-then to know about the pandemic, especially, if the information is creating panic and anxiety (Katella, 2020).

**Selective code 5: Intimate terrorism** – The author found that Covid-19 pandemic has also led to some social issues, including domestic violence which has not only affected physical health but also mental health. Domestic violence termed as intimate terrorism by some experts [47,48], is defined as “the violence motivated by a wish to exert general control over one’s partner” [48]; p.949) and results in stress, anxiety, depression, substance use behaviors [49]. Only 5 out of 20 women interviewed, admitted being abused by her spouse. Even after assuring full support and assistance from the author, not much to the surprise, the victims refused to make a complaint, consoling herself that normalcy will prevail once the lockdown is lifted and usual life begins.

The study revealed that with partners staying together the whole day during COVID-19 lockdown and with no avenue to escape the abuse, the probability of intimate terrorism has increased [49-51]. For instance, a respondent (Age: 29, Gender: Female, Occupation: Housewife) explained:

“I was so happy when the lockdown was announced. Finally, I will be with my family throughout the day, cooking different meals, watching TV together. But now, I don’t like it. I have to do all the household chores, and if I get late in serving food or suppose by-mistake I do not hear my husband calling, he starts abusing me, sometimes he has slapped me too.”

Further, it was found that during lockdown, even the most peace-loving and nonchalant person, has lost his composure drastically. For example, another respondent (Age: 31, Gender: Female, Occupation: IT professional) quoted:

“[…]My husband is a workaholic, now since he has no challenging roles to perform (during lockdown) and no platform to show his skills and tact, it makes him feel unproductive. And building in him a sense of redundancy which is showing a horrific change in his behavior. My husband seems perpetually exasperated and I face frequent indignation from him. He often shouts at me and demeanes me saying you can never understand my situation, you are a housewife. It breaks me too.”

The economic pressure, substance abuse, limited resources, job loss or fear of job loss, reduced income, and lack of social support often lead to frustrations which have further increases the risk of intimate terrorism during lockdown and women are often a soft target to vent their frustration [50-53].

According to the present study, no male respondents were the victims of or were involved in intimate terrorism. However, one respondent (Age: 40, Gender: Male, Occupation: IT professional) informed that he and his wife regularly had arguments related to division of household chores during lockdown. As quoted:

“My wife and I, we often have difference of opinions, disagreements, and moments of anger which have now increased manifold, since we are staying together 24 hours under lockdown. Moreover, we have two kids to look after. We have work from home too. So things have become a little demanding and unmanageable. We generally argue on the division of household chores; who will do the dishes, who will wash clothes, who will cook the meal, etc. We lose our temper and end up fighting, shouting and blaming each other. But I have realized we generally fight on unimportant matters.”

Europe has witnessed 60% increase in intimate terrorism [54], whereas in China cases of intimate terrorism has tripled, and in United States number of cases has also increased and the abuser is further keeping the victims away from their family and friends in the pretext of coronavirus [46,50]. The National Commission for Women in India has reported a double swell in the number of calls from the victims of domestic violence since the lockdown [51].

As domestic violence increases during COVID-19 lockdown, the German government has been asked to waive off fees for safe houses for women and also convert hotels into safe houses [53]. Spain’s government has directed officials not to impose fines on women who have come out of the home to report domestic violence [53]. In the state of Uttar Pradesh, India police have started a helpline number, an initiative “Suppress corona, not your voice” to fight domestic violence against women [53]. More such initiatives are required by the government and various bodies to save victims from their abusers.

A study by Harville et al. [55], concluded that during Hurricane Katrina when couples were staying together most of the time, they insulted, shouted, and also physically abused each other. During and after Sri Lankan tsunami violence against women exacerbated [52]. Increased rate of domestic violence has been witnessed in many disasters, be it natural disasters, a man-made disaster like wars, economic disaster, or a biological disaster like disease outbreaks; however, lockdown poses a greater risk [53]. Intimate terrorism has been relevant, yet ignored response of a disaster.

Based on the above analysis, the author has developed a grounded theory frame (Fig. 1) which represents the antecedents (selective codes) that lead to anxiety and stress among people under lockdown in Indian context.

5. Conclusion and implication

The findings revealed that boredom during lockdown due to a sudden break in people’s work routine has resulted in no work and the free time leading to anxiety. It has also found that financial loss due to job loss, fear of job loss, pay cut has left employees feeling anxious about their future. Various forms of media have also found to aggravate the mental health of people during lockdown by circulating instigating articles, dubious images, maligned rumors, and unverified blog posts. Further, doom scrolling was found to
strengthen the relationship between lockdown and anxiety. Finally, the study also found that during lockdown an amiable person can also lose his poise due to financial pressure, reduced income, substance abuse, leading to frustrations which he finds easy to vent on women resulting in intimate terrorism. The psychological impact of coronavirus is a public health priority which cannot be neglected. It is prudent that behavioral strategies as well as community-based strategies are developed and implemented by government and policy makers to support resilience. The finding of the present study can help the government and associated bodies, policy makers and healthcare departments to devise strategies to combating stress and anxiety emanating from COVID-19 lockdown.

5.1. Theoretical implications
To the best knowledge of the author, this paper is, perhaps one of the initial attempts that use the grounded theory to unearth and add to the existing literature the intervening and intriguing factors which directly or indirectly increases peoples’ anxiosity and stress during COVID-19 lockdown in the Indian context. The grounded model (Fig. 1) developed in this study represents context-specific antecedents to the anxiety and stress of people during mandated lockdown to curb the rapid spreading of COVID-19, a pandemic. Further research is needed to evaluate the scope of COVID-19 pandemic in other countries too, especially where the mental health base is fragile and the impact is probably more.

5.2. Managerial implications
The present study was conducted when people of India had already entered the first phase of COVID-19 lockdown, which confers an advantage to better understand the psychological states of the people during the pandemic lockdown. The results could provide government and concerned agencies a portrait of the present situation of people’s mental health during lockdown so that they devise strategies to combat anxiety and stress. The present paper revealed that with minimal or no work during the lockdown and with missing environmental stimulation such as family, friends, office, café, malls, movies, it leads to boredom which furthers elevate anxiety and stress. Different media should be used to advise people with different activities to keep them active; it is a good time to pursue their hobbies. The study further revealed that hearing about the pandemic repeatedly or hearing negative news, or dramatized or fake news, can be disappointing and increase the risk towards poor mental health leading to anxiety and stress. Taking a cue from the results, the government should keep a vigil on the media and the governmental organizations that correct information is disseminated. Broadcasting negative or sensational news should be kept at bay and educational programs should be shown to make people aware of the psychological impact of lockdown and measures to prevent it. The government should set up more centers to provide psychological first aids to people experiencing anxiety and stress during the lockdown. Volunteers should be given training on various methods like counselling to alleviate the stress of people during disasters. Tele-healthcare should be implemented at those places where psychological first aids services cannot reach or are poorly represented [8]. In the end, the study reveals an important yet neglected area of concern, intimate violence, or domestic violence during the pandemic. The result shows that women are experiencing harsh treatment from their spouses during the lockdown. The government needs to devise effective strategies to support those at risk of intimate violence. More helpline numbers should be registered for the victims to reach for help. It should also be noted that not all women have access to mobile, landline, or internet to complain; moreover, they also have a fear of being overheard complaining, and with lockdown, the possibilities for lodging a complaint are now restricted. Therefore, the local government should visit these areas to inspect and resolve such problems.

6. Limitations and future scope
The paper adds valuable information to the existing literature about the factors that lead to anxiety and stress during COVID-19 lockdown in the Indian context, but it has certain limitations too. The access to respondents for collection of data was limited as India was under pandemic lockdown which might have had some impact on the results. As the research was done during the lockdown period, the researcher collected data over the telephone, thus, not able to capture many non-verbal clues such as body language and facial expressions of the respondents, which could have otherwise given different descriptions and interpretations to their responses. These may limit generalization of findings.

In the present study children, adolescents and senior citizens were not the respondents in order to protect them from added panic during covid-19 lockdown. But it is very likely that covid-19 pandemic has also impacted the psychological health of these vulnerable groups. Therefore, same or similar research can be done on old people, children, and adolescents to fetch more knowledge about the psychological impact of pandemic or epidemic lockdown. The natural disasters, such as cyclones, earthquakes, wildfires, tsunami,
flood, and droughts or manmade disaster such as war, germ-war, and terrorism also have short term as well as long-term mental health consequences. Hence, same or similar research can also be done on people experiencing stress and anxiety during natural disasters or manmade disaster. Same or similar studies can also be done to find the anxiety and stress faced by people post lockdown when they report their normal life. Future researchers may conduct studies to find how people respond to a pandemic or a disaster lockdown anxiously and stress.

Despite these caveats, the present research provides an original viewpoint about the impact of covid-19 pandemic on the psychological health of people. Anxiety and stress are norm of life and inevitable. The key lies in combating them. However, individuals fail to manage anxiety and stress which gradually start interfering with everyday activities resulting in poor physical health, frustration, depression, and even suicide. The present research has demonstrated that it is essential to identify the factors that impacts the mental health. Assessing these factors may help individuals, healthcare organizations and the government to devise strategies to combat the toxic effect of anxiety and stress on mental health of the people.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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