

Unearthing the unfamiliar face of COVID 19: an analysis of its effect on psychological well-being

Ashmita Bhar

Designation: PGT English

PM SHRI Jawahar Navodaya Vidyalaya-1, Gondiaguda, Malkangiri, Odisha

Arpan Datta

PhD Scholar

Humanities and Social Science Department

Central Institute of Technology Kokrajhar

Kokrajhar, Assam

Designation: TGT English

PM SHRI Kendriya Vidyalaya Kokrajhar, Assam

Abstract

The staggering surge of menacing COVID 19 pandemic has exposed the entire human civilization to an utterly bewildering situation where they are witnessing an unanticipated paradigm shift concerning the means of carrying out their day-to-day sustenance. They are not only psychologically terrified by the imminent peril that the COVID 19 is posing but they are also in a tug of war between life and livelihood which is mentally tearing them apart. Such unprecedented pandemic is bound to affect the mental health and wellbeing of different age groups of citizens differently. Yet the most mentally vulnerable of these age groups are the people who are adolescent and senior citizens. The restriction of movement and following awfully tiring safety measures are undoubtedly fuelling the pent up energy of adolescent teenagers and pushing them towards being a ticking time bomb. While on the other hand, the lonesome senior citizens with underlying health conditions are already freaking out due to the unbearable news of being included in the age group with a high mortality rate. So ironically, the COVID 19 pandemic induced psychological crisis is adversely affecting more people than it is physically affecting. This research paper embarks upon a journey to explore more of such glaring psychological complexities that the above-mentioned age groups are incessantly facing at an exponential rate owing to this perplexing situation and also attempts to provide with some plausible suggestions that can drag them out of such blinding pit of misery.

Key words: COVID 19 pandemic, mental health, adolescent, senior citizens, psychological crisis

Introduction:

While the entire human civilization is experiencing an unprecedented global health crisis, securing the physical well-being from COVID 19 pandemic has become the bull's-eye of every citizen. While physical safety is of utmost importance, the fear, panic, anxiety and uncertainty of livelihood is creating an inevitable psychological crisis. To paint a picture, the abrupt escalation of COVID-19 pandemic forced the affected nations to lock their entire nation down to cease the spread of the COVID-19 virus, resulting in a sharp fall of the global economy. Now everyone is confined within the four walls of their room, obsessively washing their hands and playing seesaw between 'household chores' and 'work from home'. Adolescent teenagers' frustration is at another level. This is their age of hitting the playgrounds, meeting new friends and building up friendships. Instead, they are imprisoned in their home, while the developmental period of their life passes by. The situation of senior citizens is more pathetic. Many of them live far away from their offspring; only left with their underlying diseases, dreadful anticipations and a 24-hour news channel which is constantly showcasing the terrifying ramification of COVID 19 on old people. From such a situation stems a myriad of psychological crisis and emotional difficulties making surviving this pandemic more difficult. While initially, it may seem transitory and mild in nature, yet many of them may develop a severe mental health crisis in future. In this paper, the researchers try to explore more of such glaring psychological complexities that the adolescent and senior citizens are incessantly facing and also attempt to provide with some plausible suggestions that can pull them out of this gloomy abyss of perpetuating darkness.

Review of the literature:

Several studies have indicated direct relationship between COVID 19 pandemic and mental health. In this section, the researchers will attempt to provide with a more expanding and summarizing view upon previous literatures on this subject. Depressive disorders, generalized anxiety disorder, substance use disorder, obsessive-compulsive disorder, panic disorder, severe mental illness are some common symptoms in such dreadful scenario and early intervention can prevent the subjects from drowning in such mental disorders (Viswanath, 2020). Identification of COVID 19 induced mental illness and immediate intervention is also needed for the most vulnerable citizens like children, senior citizens, pregnant women, persons with disability, homeless individuals or lower economic status, marginalised communities, people with chronic medical conditions like cancer, liver diseases,

asthma/COPD patients, people with history of severe mental illness (Math & Manjunatha, 2020). Health care providers should address the problems regarding the duration of quarantine, inadequate or confusing information, fear of infection, frustration and boredom, stigma, finances, unavailability of supplies and should provide general advice for coping and counselling for home quarantined patients through telephone helplines and telepsychiatry (Jolly & Arasappa, 2020). Health-related anxiety, low mood, depression and anxiety, fear, nervousness, anger, irritability, frustration, emotional exhaustion, boredom, feeling stressed, insomnia, numbness, substance withdrawal, PTSD, end-of-life crisis are the basic mental health issues related to hospital quarantine and isolation that need to understand (Basavarajappa & Gowda, 2020). Parents of children need to make sure that their children are not excessively exposed to COVID 19 related information, answer their children with honesty yet with a balance without divulging too much information, figure a set routine for their children which includes family time, academic time and personal time. Parents of adolescents need to observe for any emotional or behavioural changes and ensure that they are listening to them, clarifying their doubts and getting sufficient mental and emotional support (Jacob, KM Rajendra, Ghosh & K John, 2020). Older adults are suffering from fear of contracting COVID 19, anxiety, boredom, feeling of emptiness, panic attack, sleeplessness, nightmares, fear of spreading the infection to others (PT Sivakumar, M Shiva, Sinha & Varghese, 2020). Perinatal women are excessively worrying about getting infected despite taking all the precautions, lack of sleep, excessively focusing on social media COVID 19 information, worrying about missing work, becoming easily annoyed or irritable. Pregnant women are worrying about infection contraction, transmitting infection to unborn baby, whether husband or family member will be allowed in the delivery room or it is safe for regular check-ups, transportation availability. Postpartum women are worrying about breast feeding their babies, transmitting infection to their baby, anxious about the health of their baby (Ganjekar & Chandra, 2020). People with disability are anxious of being a burden, worthless, feeling left-out, worried about the health of their caregiver. Ensuring continued access to basic needs and health care, emergency supports and adequate information might help in this scenario (Phillip, Jayarajan & Thirthalli, 2020). Frontline warriors are susceptible to feel 'burnout' (emotional exhaustion, decreased sense of accomplishment and depersonalization). Principle of self-care, regular breaks and contact with family and friends, specialized intervention in need can prevent them from feeling 'burnout' (Thamby & TS Jaisoorya, 2020). To alleviate the anxiety of the 'worried well' the making them 'feel understood', providing with correct clinical COVID 19 information, acknowledging their

concern and fear and in severe cases a short course of anti-anxiety drugs may help (Shanbhag & CN Janardhanan, 2020). Health professionals, people with COVID 19 or in quarantine, people from north-east India just for resembling people of China are convicted of social stigma causing the deterioration of their mental health. (Loganathan, 2020) The psychiatric conditions of ICU patients with COVID 19 infection includes anxiety, sleep disturbance, depression, delirium, pain, fear of being dependent on the machine for breathing (SM Gowda, R Tharunkrishnan, Muliya & V Senthil, 2020).

Objectives of the study:

- To explore how COVID 19 pandemic is affecting the mental health of the senior citizens
- To assess the psychological crisis and frustration that the adolescent teenagers are going through in this COVID 19 scenario.
- To understand how this mental health crisis at an individual level is leading to inevitable aggravated family relation.
- To provide requisite feasible suggestions that can alleviate the mental health crisis of senior citizens and adolescent teenagers; the most mentally vulnerable age group in this pandemic.

Rationale of the study:

As the number of COVID 19 cases is reaching a new height every single day in our country despite implementing lockdown for over two months, the fear and anxiety of getting affected are gradually devouring our souls. Adolescent teenagers are painfully constrained within the four walls of their room without any vent for their energy or frustration. Senior citizens are stranded in their home; far from their families as the fear of mortality and anxiety for the safety of their family gradually engulf their soul. This study sought to explore the psychological crisis that the two age groups of people (adolescent and senior citizens) are incessantly undergoing and attempted to suggest some plausible propositions to battle this mental health crisis.

Research methodology:

In this study, a qualitative approach is followed using descriptive-analysis method. In this paper, an attempt has been taken to describe and analyse how the mental health of senior citizens (60+ years) and adolescent teenagers (10 to 19 years) are adversely affected due to this COVID 19 scenario. The data used in it is both from primary and secondary sources. The primary data used in it is purely through data collection procedure by applying purposive sampling method, gathered by interviewing fifteen adolescent teenagers (10 to 19 years) and fifteen senior citizens (60+ years) among which some are COVID 19 survivor patients which, in turn, are followed by researchers' personal observation and suggestions according to the need of this study. For this purpose, an open-ended questionnaire has been made by the researchers keeping in mind the objectives of the present study. The modification has been made according to the age, maturity, demographic variables and cultural context of West Bengal. For the purpose of content analysis, the researchers have consulted with three experts in the field of psychology to make necessary modification to the instrument. After collecting the opinions of the experts regarding the draft questionnaire, the researchers proceeded for item analysis. Based on the content analysis, 15 items were accepted to develop the final questionnaire. The secondary sources are based on current crisis literature, followed by the researchers' personal observations and experience, according to the need of this study.

Elderly	Male	Female
Actively Affected/ Recovered	2	1
Passively Affected/ Recovered	1	0
Not Affected	4	7

Table 1: Elderly Participants Stratification Index

Adolescent	Male	Female
Actively Affected/ Recovered	-	1
Passively Affected/ Recovered	2	2
Not Affected	6	4

Table 2: Adolescent Participants Stratification Index

Findings:

With any social, economic or medical turbulence, two age groups find themselves at the most vulnerable place. Mainly because of their lowered (elderly) and yet-to-develop (adolescent) mental coping strategies, they constantly feel psychologically deranged. During the outbreak of Covid-19 pandemic, these two groups are constantly facing different psychological challenges that we have corresponded to the different stages of disaster mental health.

According to, the Substance Abuse and Mental Health Services Administration SAMSHA (DeWolfe, 2000), there are 6 mental phases that could be seen in the victims of a disaster. In the following area, we have tallied the conspicuous behavioural patterns of our subjects with the phases.

1. The pre-impact phase:

[This phase is when the Central and State Government gave warning about the pandemic, divulged information about its symptoms and transmission medium and set forth a social behavioural pattern to prevent the same]

This phase, in general, struck fear in both the target groups. On hearing about this unprecedented threat (as none of our subjects have outlived the Spanish Flu, the last pandemic before Covid-19), the majority of the elderly group reported to have negative thoughts regarding sustainability. Most of them have other medical issues for which they deemed themselves to be more vulnerable to the contraction. Heart disease, diabetes in older generation struck more fear and anxiety as the mortality rate is high with these prevalent diseases.

For the adolescent group, the fear was different, as they started to fear that their parents or other family member might get infected and things will take a worse turn.

2. The impact phase:

[Socially, in a broader sense the impact phase is still on-going, but on a personal level, this phase starts to kick in, when a person or someone of the family is affected]

This phase is mainly relatable for those who have been affected, or have witnessed a close family member being affected by the virus. The victims started to panic, when s/he or the infected family member shows any or all symptoms of the ailment. Owing

to ignorance, they start to indulge in self-preservation and protection of family, in different ways.

3. *Heroic phase:*

[After the impact phase, this heroic phase is marked by a profusion of activities by the care workers, frontline responders and local people]

This phase could be seen from three different perspectives.

- **Experiencing Active Affection:** When taken into medical facilities by the responders, the subjects experienced panic, anxiety for survival chances.
- **Experiencing Passive Affection (family member affection):** Due to the subjects' dependence on the alpha member of the family, when s/he was being transported to hospital or taken away in isolation, the subjects felt insecure. They started to ponder who will take care of them and who will take them to medical facilities when there other ailments rise up.
- **No Experience of Affection:** The subjects experienced a dilemma in decision making. They could not decide whether and how to warn the working members of the family, whether to ask them to hold back and stay home, whether to stock basic necessities like food, medicine, whom to believe and what to depend on.

4. *Honeymoon phase:*

[During this short phase, the victims are said to feel a brief sense of optimism, and they feel safe by the assurance of disaster assistance workers]

This phase can be seen from two different perspectives.

- **Experienced Active or Passive Recovery:** After recovered from the virus attack, the subject feels a short-lived positivism. They felt relief as they think a fatal disaster has been averted for one and all.
- **None has been affected:** For them, the honeymoon phase begins shortly after the responders arrive within their locality, there is media coverage and they get to know the updated news regarding the disaster. The subjects try to take refuge in some indirect adjustment methods, as follows.

The Indirect Adjustment Strategies:

The victims often try to engage some psychic devices to seek temporary adjustments to cope up with these psychological dangers (Mangal, 2002).

Through these devices or defence mechanisms the victims seek to escape from the crude reality. The most recurrent mechanisms are **repression, regression, compensation, rationalization, projection, identification, withdrawal** and **sympathism**.

Vicarious Rehearsal of the worried well:

The worried well section of victims, who is physically and medically all right and had not been facing the direct ramification of the disaster, often engage in vicarious rehearsal of the repulsive event and relive the shock, unknowingly, and worsening the situation (Shanbhag & CN, 2020).

5. Disillusionment phase:

[This phase is when the victims realises that the pandemic is still not over and can hit him/her again or cause worry in different form]

- **Aggravated family relations:** Elderly subjects experienced mistreatment and neglect from the family members with whom they are locked down with, and from care-givers.

The adolescent group, devoid of any channelization of life-force, indulge in arguments with their parents and abusing siblings. The parents, on the other hand, in dire financial tension, turn onto their weak children as a projection of their covert anxiety.

- **Substance Abuse:** Taking refuge in Substance, like alcohol or nicotine is the next stage of denial, where the subjects can no longer get comfort from simply withdrawing from the situation using the indirect adjustment strategies, but they also need some equally powerful negative addiction or opposite stimulation to forget the psychological ramification of the disaster.
- **Obsessive Compulsive Disorder:** Compulsions are certain behaviours that a person practises to feel relieved from the distress they feel due to obsession.

Elderly people would often experience the fear of contamination from dirt, germ or simply by touching non-animated objects like door knobs. A disturbing habit of washing hands could be seen in them.

Adolescents would fear that they might commit some mistakes that would end up in harming someone, like carrying virus in hands or clothes and other

accessories; hence they would similarly end up in developing uncanny habit of ablution.

6. *Reconstruction phase:*

[For this particular medical disaster, this phase is yet to come. This is a phase when there is a sense of total recovery, and the victims (technically every living soul) would try to rebuild their lives by accepting the “new normal”]

The most significant foe to be regarded during this phase would be Post-Traumatic Stress Disorder. The victims might experience sudden outbursts of anger or irritation. They might prefer to avoid the disturbing memories of the pandemic, and avoid any discussion of it as well. Adolescents might develop an emotional numbness. (Anxiety and Depression Association of America, 2020)

Specially, for less physically active elderly people, there would be frequent intrusive thoughts, distressful dreams, traumatic flashbacks and involuntary memories.

Suggestions:

The plethora of psychological challenges demands a befittingly thorough prescription for their cure. With keeping in mind the above-mentioned challenges that people are confronting with their afflicted minds, afflicted by the traumatic phenomena called Covid-19, here is a presentation of a varied spectrum of suggestions, which could prove useful.

1. *Role of Social Behaviour Science:*

The strategic role of Social Science-based Intervention System or SSIS in Disaster Management has been talked about for the last few years. It is evident that back in 2017, (Eusebio, 2017) World Health Organization (WHO) along with another trust board co-hosted the **Global Consultation on Integrating Social Science Interventions in Epidemic, Pandemic and Health Emergency Response**, in London. Experts from various fields like Anthropology, Communication, Sociology, and Public Health advocated the necessity of Social Science Intervention to explain and support bio-medical interventions, such as, vaccines, in case of a pandemic.

The psychologists propagate the integration of Social Sciences in Disaster Management to alleviate the morale of the vulnerable population during managing disaster crisis, as they are most likely to be rendered invisible and to receive the least

support. As reported in UK (Mock, 2020), the rate of post morbidity is higher among elderly and most adversely affected groups are Black, Asians, and Minority Ethnic Groups (BAME). The recovery need varies with different age group as well, as they all suffer differently. Elderly people (Gilbert, 2018) often show greater resilience because of their varied life experiences, but some of them face greater psychological trouble due to social marginalization and consequential denial of social support. On the other hand, adolescents are prone to confront an adverse and magnified psychological and emotional effects, because, they have to deal with stress of a disaster along with the developmental crisis of their formative years. To prevent generalisation of recovery needs, categories of social science as Media Psychology, Organizational Behaviour, and Ethology have to be employed in Covid-19 response framework.

- **Media Psychology**: WHO admits, (World Health Organization, 2020) that during a pandemic or epidemic situation, people should have the right to information in their preferred languages and formats, which will be available through people, agencies and channels they trust, and that is aware of their particular reality and respect their culture and beliefs. During the Zika outbreak, the WHO developed an app for public and the responders as well in seven languages, which had the purpose of bringing knowledge to remote area population through off-line mode and low band-width services. Media analysts are sensing the increasing needs of using media as means of eliminating disaster myths and for promoting healthy mental scenario. More targeted news and programmes should be aired and telecasted, where experts discuss in communal and individual terms the medical threats and plausible actions to be taken, and alleviate people from mental shock entailed by this pandemic.
- **Organisational Behaviour**: It is the study of human behaviour that could be put to use in disaster management work, by employing field-experts in micro (individual), meso (group), and macro (societal) levels to understand the psychological wreck that disaster entails on different target groups consisting of vulnerable population (The College of St. Scholastica, 2016). Behavioural scientists suggest, at least one psychologist should accompany the rescue workers during the frontline rescue process of Covid-19.

- **Cognitive Behavioural Intervention:** CBI-PD (post disaster) is a short-term psychological therapy that aims to identify and to eradicate in a moderated way the maladaptive beliefs regarding a disaster. In case of this pandemic, the targets individuals could be provided with such a session, where they can learn the actual medical facts about Covid-19 and let go off their voodoo beliefs. A CBI-PD has four components, such as, **Psychoeducation, Breathing Retraining, Behavioural Activation** and **Cognitive Restructuring**. Studies show, (Leiva-Bianchi, Cornejo, Fresno, Rojas & Serrano, 2018) the mean of intense symptoms in control group with PTSD significantly falls after CBI-PD sessions.

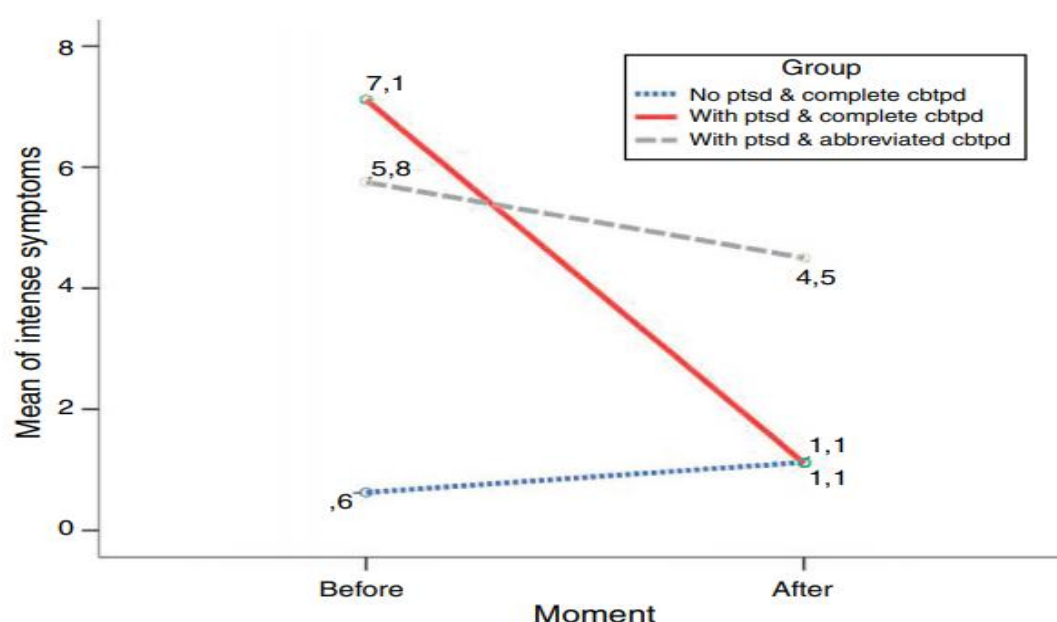


Figure 1. Estimated means for each group, before and after treatment.

1. *Psychological First Aid:*

PFA is a technique, designed by the National Centre for PTSD, USA, that is helpful in reducing the concurrence of PTSD in survivors of a disaster. According to IASC (2007) and Sphere (2011), (World Health Organization & War Trauma Foundation and World Vision International, 2016) PFA is a “human, supportive response to a fellow human being who is suffering and who may need support.” The main purpose of PFA is manifold. Along with assessing basic amenities and concern, it also advocates listening to the afflicted people, comforting them and assist them to feel less anxious. PFA is also about protecting disaster victims from further harm, either physical or psychological. The basic principles of PFA is to LOOK, LISTEN, and

LINK. PFA aims at providing pragmatic help and support while not intruding at the same time.

- **LOOK**: This principle asks the responder to cast an effective glance at the surrounding and readily identify the people who are actually in need of PFA. Most of the time, people with obvious distress reaction are elderly and adolescents. The PFA responder must recognize the need first before acting upon it.
- **LISTEN**: In this step, the responders approach the victims and listen to their concerns. However, the guidelines of WHO about PFA strongly forbids any victim to be forced to talk or share. This stage can be called by an alternative name of ‘psychological de-briefing,’ (Math, Nirmala, Moirangthem & Kumar, 2015) where the victims are given a chance of talking in a group or to a psychological worker in confidence. Through this channelization, an individual gets an opportunity to process the traumatic mental perception immediately and thus to gain the capability of reconstruction of it that leads to a less traumatic memory of the subsequent events of the impact phase.
- **LINK**: Finally, the responder will help the victims with coping strategies to deal with their particular needs. The responders might encourage positive coping mechanisms and discourage negative coping mechanisms in victims. The victims are connected to other people, and provided with proper information and social support. Further panic can be eliminated by divulging correct and legitimate information about the current event of Pandemic, the safety of the victims and their loved ones, their rights and availability and accessibility of health care services they might need in heroic and disillusionment phases.

The same set of WHO guidelines (World Health Organization & War Trauma Foundation and World Vision International, 2016), draw a quite comprehensive picture of suggestive actions for adolescents, who have been showing psychological and emotional distress. The following steps are based on the guideline and should be enforced to lessen the psychotic patterns in them:

- a. Let them ask ‘why’, ‘what’, ‘how’
- b. Try to give them the proper information

- c. Try to keep them on clocks, i.e., adhering to their normal routine of studies, playing (indoor games), chatting with friends
- d. Listen to their thoughts and concern regarding the on-going outbreak without passing judgemental comments or gestures
- e. Help them be useful during the crisis, by entrusting them with small and moderately significant responsibilities
- f. Give them opportunities to be creative
- g. Give positive reinforcements like compliments or small non-materialistic rewards for small good deeds
- h. Be available for them

2. *Community Resilience:*

Community Resilience is the ability of a certain community to use all their assets to avert the ramification of a disaster. Community resilience or community preparedness entails social connectedness as one major way to build the psychological infrastructure for the community. Social connectedness can be exercised on an individual-to-individual, individual-to-neighbour or an administration-to-individual basis. So that, there can never be any anxiety and fear emanating from misinformation or alienation, which is often the case with elderly people and adolescents. Communication with these two groups is a bit hard, because the first group does not have enough exposure to information, and the second group has an over-exposure to misinformation or distorted information. The United Nations publishes a Policy Brief regarding the effects of Covid-19 on older persons, which lays a framework for the suggestive measures on how to connect with elderly people and increase community resilience in this term (United Nations, 2020):

- a. Ensuring that all the elderly persons at risk of contaminating COVID-19 especially those who already has underlying medical conditions and those who live alone – are readily marked and attended to as soon as possible
- b. It is essential to provide an undistorted picture of the impact of covid-19 on older persons to ensure that they are not being anyhow stigmatized. A roader communal engagement could help to promote combat against ageism, intergenerational solidarity, and monitor and attend to abuse, violence and neglect towards older people

- c. Make sure that information on protective measures from COVID-19 and on accessibility of services for older persons are available to them. Community organizations and Civic volunteers have to use a variety of connectivity formats, like print notifications, radio broadcasts, and messages in text form, which are accessible to a large number of elderly people.
- d. Providing more mobile services so that they are more accessible to those older people who live alone or have limited mobility.

To make older people less psychologically vulnerable, community works can contribute huge constructive measures. The key to generate community based resilience on this matter is to maintain a steady communication to the vulnerable population- make them prepared, develop capability of fighting and healing in them.

3. *Positive Psychology:*

In recent years the term ‘positive psychology’ has become a well-known one in the field of psychology. Its founder Martin Seligman defines it, as the “scientific study of optimal human functioning [that] aims to discover and promote the factors that allow individuals and communities to thrive” (Seligman, 2000). This theory entails that happiness is a state of mind, which we can teach ourselves, by giving emphasis on positive action, experience and human relationships. Originally established for the medical benefits of patients with neurological conditions, this approach to life and mental being could be applied to the present scenario of this destructive pandemic to uplift the morale of the psychologically affected people (Swansea University, 2020).

The initial theories of positive psychology:

- **Authentic Happiness Theory:** The vulnerable population should be led to lead a **Pleasant Life**. They can experience things for the sake of the happiness it entails (adhering to the social and medical limitations during this pandemic). They should be encouraged themselves to an **Engaged Life**. To keep the flow of energy going every individual needs to identify his/her own signature characteristic strengths and to use those to create an engagement. However, this engagement needs to be something for a greater good. This brings us to the last part of having a **Meaningful Life** (Seligman, 2004).

- **Well-being or the PERMA Theory:**

A significant advancement of the previous theory is the theory of Well-being (Seligman, 2018). This theory aims to seek the state of well-being instead of reaching for happiness. It says that one should do something thinking about the ultimate state of well-being it would sequentially lead to, even if generates some discomfort at the immediate present.

The theory is based on five factors, **Positive emotion, Engagement, Relationship, Meaning and Purpose**, and **Accomplishment**, that Seligman deemed to be crucial for mental and emotional well-being. Positive Psychology Programmes should be held around disturbed elderly and adolescent people through beneficial, short and regular sessions to enable them to do the following-

- a. Understanding the benefits of positive emotions
- b. Understanding the necessity of positive outlook towards life
- c. Identifying personal strength
- d. Adjusting to the limited condition
- e. Learning to look forward to life
- f. Focusing on 'what I can do'

- **Character Strength and Virtues:**

Another valued idea of this theory is to seek for the strengths and virtues in an individual. However, strength should not be identified as talent. Whereas, talent is an intrinsic quality in an individual, strength necessitates moderate effort. This effort, when used in some activity that is positive and has subjective value, the user feels empowered. (Viljoen, 2018)

UNICEF has published a guideline for children, where there are specified suggestions for adolescents (10-19 years) mentioning what the parents and caregivers should do in order to keep them unaffected by the psychological traumas of Covid-19. They should be engaged in activities, which are future focused, solution oriented, and fun and creative to be engaged in. They could be given **colouring sheets with messages**, like health workers working against corona disease, frontline responders working in their respective fields, or with pictures of social practises (hand washing, mask wearing or practising social distancing). They can be given **animal powered healing mandalas**. Using mandalas gives a positive result with leading us to a phase of wellbeing as the brain responds by changing the brainwaves when an individual focuses on geometric

patterns. Mandalas naturally soothe, relax, construct and structure clarity. Children, in general, have a strong bond with animals. Sometimes they can have heart to heart communication with animals in unconditional and loving ways that they can associate with the experiences they had at the beginning stages of life. It is to remind the disturbed children of the trust, that sensation of security that originates in their young hearts by bringing them in touch with powering animals in the mandala colouring sheets. That is why, this guideline suggests to power up the mandalas with animals that have a strong cultural or symbolic value in our collective psyche (as deer symbolises gentleness) (UNICEF, 2020).

4. *Mindfulness:*

It is a staple of the theory of Positive Psychology, and it has been wonderfully effective when exercised on the mentally disturbed people aiming for an eventual recovery. In simpler terms, Mindfulness stimulates optimistic psychological states and inculcates a sense of meaningfulness during adversity. It generates within an individual a cultivated sense of awareness through paying deliberate attention onto the current experiences occurring in real time, and simultaneously realising the transience and momentary nature of the same (Steger & Ekman, 2016). The premise is that, while using the present scenario as an anchor, using it to create a space for reflecting, one should not get carried away with it. For the last few decades, mindfulness-based programmes have been widely used in cases of anxiety, depression and stress in clinical settings. Research shows that sessions designed on this theory activates the specific brain region that is responsible for attention regulation and positive mental states i.e. empathy (Lutz, Slagter, Dunne & Davidson, 2008).

The fundamental way of exercising mindfulness is to try to identify the markers of stress. In the present case of medical turbulence, older adults and adolescents could be encouraged to identify what are the markers of their agitated self. Only by identifying the fact that they are stressed could there be any opportunity to release the same (Steger & Ekman, 2016). One of the most-known and most-practiced techniques of focusing on the present moment is through breathing exercises. So, yoga, pranayama and meditation are integral parts of the application of Mindfulness. Older adults can attend sessions of yoga and meditation, and they should be guided to maintain the regular routine that they had prior to the pandemic outbreak (Sivakumar, Reddy M, Sinha & Varghese, 2020).

5. ***Anthroposophy:*** Along with wiring your children in a positive psychology and mindfulness, it is a high time for the spiritual awakening of them. You can teach them the Anthroposophic way of education which will entice in them a holistic approach to this world. The understanding of the Anthroposophic world will create an alliance between the body, soul and spirit of your children. That way they will be able to express the inspired true colourful imaginative artists in themselves through painting, writing, reading, music etc. In his 11th lecture, 'Practical Advice to Teachers', Rudolph Steiner has pointed out that if a child grew up doing something or having some practical experience about his/her surrounding natural world like gardening, farming, harvesting; rather than just looking at the pictures of those activities, gives the 'soul life' of the child a groundedness. For example, rather than letting your children looking at a picture of tree-plantation you can let them plant a tree by themselves. As the tree grows, the tree will give your children a sense of connectedness with the natural environment with awe, interest, wonder and love.

6. ***Coherence of Post-traumatic Stress and Post-traumatic growth:***

Even after this crisis period is conquered over by the human lot, would life ever be the same? We still talk about the devastating effects of Chernobyl Nuclear mishap of 1986 or the Bhopal gas tragedy of 1984. Whereas, those were locally restrained mishaps, then imagine to what extent our collected psyche will be affected by this global crisis. For this unprecedented deterioration of mental health, the restoration phase (when the treatment of the mental workers is needed) will remain for a longer bit.

The one sustainable way to put up with these enduring psychological and emotional aftermaths of the pandemic is to amalgamate PTSD and Post Traumatic Growth. PTG is the positive outcome that one can expect of an unfortunate event. Individuals who are comparatively more open to have new experience and are extroverts achieve higher level of PTG. They experience new found love for life, personal strength and spiritual change. Thus, life will be a conglomeration of post-traumatic stress and growth. (Zieba, Wiechec, Bieganska-Banas & Mieleszczenko-Kowszewicz, 2019)

Conclusion

In a developing country like India, where 194.4 million people (14.5% of the total population) are undernourished (Food and Agriculture, 2019), taking care of ‘psychological needs’ is as elusive as they come; as the ‘basic needs’ of Abraham Maslow’s hierarchy of needs is still many light years away to be fulfilled. So everyone is so occupied in satiating their ‘basic needs’ that they are oblivious of their ‘psychological needs’. To slay the slain comes sprawling COVID 19 pandemic to lay ravages on the entire health condition of our country. So, though WHO enthusiastically included ‘mental well-being’ in the definition of ‘health’ stating “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2001b, p.1), yet the concept of psychological well-being is just a fancy word to many of us. The crux of the debate in each and every news channel is how many people are falling prey to this deadly novel virus daily and whether or not certain medicine or vaccine is doing wonder in its treatment. The news ticker may be showing the numbers of people physically fallen victim of such deadly virus, but it is failing to account for those who psychologically fallen victim of COVID 19 and how it is wrecking the sanity and continuity of their whole day-to-day life pattern. This COVID 19 crisis has blatantly laid forth how mental health is equally pertinent to pull ourselves through this pandemic. Therefore, in the light of this study, the researchers have attempted to illustrate all those feasible modes which can be the torchbearer in this gloomy tunnel of doomsday and lead us to the light of psychological emancipation and mental well-being. Yet, in this vast and populated country like India, fluent implementation of these plausible propositions is a very hard nut to crack. So, for the sake of this appalling situation, effort from the individual level is required to ‘barrel of monkeys’ us out of this irrefutable misery.

As Jawaharlal Nehru said, “*Crises and deadlocks when they occur have at least this advantage that they force us to think.*” Following the same trail of thought, Judy Smith says, “*it forces an individual to look inside himself.*” So, it is time for us to introspect, to excavate our spirit, to nourish our mental health and to know ourselves truly. It is time to be humane, to connect with people, to stay by their side by holding each other’s hand as we stride to hopeful anticipation of being in a COVID 19 free world.

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