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Stress and Social Anxiety During COVID-19 Lockdown as 'Normal' Pathology

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ABSTRACT

This report looks for social distancing impact on college students' well-being and emotional health during COVID-19 lockdowns. Main hypothesis is that individual pathology of stress and anxiety is 'normal' occurrence throughout online education period while communication technology influence is rather secondary. To attain this goal, relevant educational technology factors were selected and submitted to college students' evaluation in a semi-structured questionnaire. Alongside stress and anxiety measurement, a number of open questions unveil some of their peculiarities as well.

Keywords: Stress and Anxiety; Online Education; Social Encounters; Pathology; Subsidiarity

Introduction

Research data continues to introduce medical and social approaches on COVID-19 lockdowns' mental disordersin a variety of social contexts associated. As such, anxiety and depression were reported by more than half of subjects in a North of England university sample of 1173 students with levels above the clinical cut offs [1]. Results collected with Patient Health Questionnaire-9 (PHQ-9) and the General Anxiety Disorder-7 (GAD-7) for depression and anxiety among 2031 participants from Texas A&M University showed 48.14% of them with moderate-to-severe level of depression, while 38.48% showed a moderate-to-severe level of anxiety, and18.04% had suicidal thoughts [2]. A China nationwide cross-sectional survey study of 821,218 college students found mental health problems among 45% of participants [3]. GAD-7 scale measured a health risk value of 38.4% in a sample of 1961 university students in Poland as well [4]. Similar results were advanced for smaller samples. In Australia, stress and anxiety study in a sample of 109 college students showed that, if weighed against anxiety (GAD-7) and depression (PHQ-9), social anxiety presented a tougher correlation with a predilection for online social interaction. However, depression and anxiety had lower values if daily Internet use did not exceed four hours [5]. In Romania, a sample of 100 subjects indicates 48% stress value as measured first week after students' return to in-person education [6].

For face-to-face social network interaction, research pointed out that up to15 % of university students showed clinically relevant levels of depressive symptoms while 29 % of them exposed symptoms of social anxiety as they usually avoided in-person relationships [7]. On a larger scale, it confirmed previous research that pointed out cultural and social factors normalize individual anxiety within youth population [8]. Other things being equal, it is'normal' that up to one third of young people aged 15 to 29 to prefer Internet use as a social interaction avoidance strategy. It means that up to 30 % of college students surveyed in various social contexts that reported stress and anxiety during COVID-19

lockdown would have anyway reported it as part of 'normal' or anticipated pathology. It also means that Internet use is not in itself clearly correlated with increasing social anxiety disorder in spite of the fact that individuals with social anxiety symptoms prefer online interaction. In such cases Internet it is a remedy. Therefore, negative cognitive beliefs that predispose anxious persons to avoid face-to-face unpleasant social encounters [9] have to be reconsidered with the online social interaction situation [5]. To conclude, research data would have to evaluate to what extent social distancing and online teaching are responsible for up to 25 % of the stress and social anxiety plain value of 45 % as reported during COVID-19 successive lockdowns in various social contexts.

Theory and Method

Pandemic is about abnormal social conditions. Sickness, in general, is not a crime yet it is a deviation for which human response is 'normal'. In other words, "some sort of pathology exists … whenever deviant behavior makes an appearance" for which social confinement is necessary. For this reason, "the critical variable in the study of [health] deviance is the social audience rather than the individual person, since it is the audience which eventually decides whether or not any given action or actions will become a visible case of deviation" [10]. For these reasons, social distancing, vaccination, medical treatment and lockdowns are such 'normal' procedures intended to protect the audience from health deviations. This Durkheimian understanding of pandemic as a sort of social anomie, a collective ill health that needs public intervention makes sense of the sanitary measures during COVID-19 pandemic. Public health policies (as decided by audiences) varied from zero infection acceptances to social distancing and lockdowns, hospital treatment as well mass vaccination or a combination of them. On the other hand, decisions to limit health impact on social audiences are expected to raise individual stress and anxiety. Therefore, pathologies related to stress, depression, social anxiety disorder, and suicide is about to proliferate as people are exposed to health risks. This is normality as well. Yet, during pandemic, stress and social anxiety audience's load was not at great difference if weighted against various public measures.

In order to measure public policies impact during COVID-19 pandemic, this research used a survey with 27 entries that aimed at collecting students' perception of their wellbeing and health at the end of online education (confinement) period. Alongside educational factors a number of questions checked for situational (facilitating conditions) and interactional factors such as perceived abilities to accomplish educational tasks under stress as well levels of worries about pandemic, individual anxiety, family support, missing friends and colleagues and intent to leave university.Taking into account public polarization during pandemic, measurement methodology used mostly three-point Likert scales for easing subjects' good judgement in case of polar attitudes. In view of that, results were checked for mutual exclusiveness with a Pearson chi-square test of independence [6].

Selecting Measurement Factors

During successive COVID-19 lockdowns, parents and pupils were confined at home for as much as two years. Physical and emotional circumstances such as worries about pandemics, sharing room and computer with siblings and Internet access are related to factors that facilitate online education. Trust in own abilities to perform distance education (self-efficacy), perceived relevance (motivation) and satisfaction with content (affect) are considered situational factors [11]. Social interactivity factors refer to student-teacher interaction, relationships with peers, missing colleagues, feedback from instructors, open air activities and the like. Last but not least, facilitating, situational and social interactivity factors are, in various degrees, related to stress and social anxiety that individuals encounter during online sessions. For this report I selected the following factors:

a) comfort and safety at home

b) worries about pandemics

c) perceived stress and anxiety

d) lack of human (face-to-face) interaction

e) missing colleagues

f) time-consuming (overtime)

g) feedback from professors

h) abandon studies

The survey asked subjects about their personal experience and a number of open-ended questions were intended to check questions with closed answers. The received answers were coded in fields according to the items above. Table 1 displays descriptive statistics. Table 2 presents the qualitative data.

Table 1: Distribution of perceived COVID-19 disruption*.

Frequency by sample	More / Same as before / Less				n
Item	UNIBUC	UVT	Aggregate	χ2 **	
Worried about pandemics	38/1/10	32/0/12	70/1/22	22.64	93
Stress	25/4/20	24/5/21	49/9/41	27.15	99
Missing most (colleagues)	34/11/5	30/1/19	64/12/24	44.48	100
Feedback from professors	15/25/10	5/41/1	20/66/11	53.84	97
Affect (satisfied with content)	3/31/15	2/24/24	5/55/38	39.58	98
Time consuming	42/2/1	46/1/0	88/3/1	160,88	92
Abandon studies	5/25/20	12/4/31	17/29/51	18.39	97

Note: *Data collected in March 2022 at the end of COVID-19 lockdown.

** The Chi-square test significance level is $\alpha = 0.05$ and the critical value is $\chi 2 = 5.99$.

Table 2: Qualitative emotional data display.

Field	Category	Students (n)		
		UNIBUC	UVT	Total
Safety and family	Comfortable and safer at home	28	32	60
	Supported by family	40	42	82
	Protected against Covid-19	21	18	39
Circumstantial	Worried about pandemics	37	32	69
	Too much time online	22	16	38
	Missing open air activities	11	20	31
Educational	Impersonal teaching	6	9	11
	Too busy schedule	23	28	51
	Missing study trips / internships	8	16	24
	Good feedback from professors	9	6	15
Emotional	Missing friends and colleagues	24	30	54
	Stress / difficulties to focus	14	18	32
	Lack of human interaction	23	27	50
	Increased assignments	18	24	42

Note: *Data collected in March 2022 at the end of COVID-19 lockdown.

Selecting Subjects

A number of 114 participants were asked to give consent and participate in survey. The selected subjects were equally split in two sub-samples of 50 students each extracted from University of Bucharest (UNIBUC) and Western University of Timisoara (UVT) in Romania. Respondents were not asked about their racial or ethnic identities, and they were not paid, nor did they receive other incentive for participation. Students provided answers in conditions of anonymity and no apparent bias is to be mentioned. All participants attended online education at least two semesters (one academic year).

Results and Observations

As reported by participants, with COVID-19 lockdown and switching to online education, a number of circumstantial, educational and emotional encounters occurred. In Table 1, worries about pandemics ranked first (with 69 % value) followed by social anxiety (missing colleagues and friends by 64%), stress (49%) and time consuming due to online activities (95% of students complained they had spent too much time in front of computer). Last but not least, measurement reported intention to abandon studies (18 % of surveyed subjects). On the other hand, same category factors returned some positive feedbacks for support offered by family (82%), for safety at home (60%) and for protection against COVID-19 virus due to social distancing (39 % see Table 2. These factors also combined to measure well-being during pandemic [12]. Educational factors returned a number of emotional health encounters such as too much time online schooling (38 %) alongside difficulties to focus (32 %), impersonal teaching (11%)

and loose feedback from instructors (15%). Emotional challenges multiply when it came about social anxiety (missing friends and colleagues by 64% of subjects) and lack of human interaction (50%). A certain surplus of emotional health encounters was reported by female students. Yet, in order to compensate social distancing, online education increased homework load as students mentioned it in both closed (48%) and open questions (42%). Results were contrary to expectations. Almost half of students complained about excessive assignments online and it seems to be one of the main social anxiety sources.

Discussions

Soon after March 2020 lockdown, with the online education switch, one research article pointed out that "students reported stress, anxiety, being worried about getting sick (COVID-19), and changes in their mental health" [12]. Yet, as stated by in this case report, mental health disorders are to be socially interpreted as 'normal' while individual cases are to be treated by physicians. Taking into account that Internet use has not been clearly proved to be directly responsible for social anxiety rise [5,13] it remains to look after other emotional encounters that are eventually accountable for [7]. The first assumption of this report is that, during lockdowns, universities created ad-hoc educational fields (social arenas) using computer communication technologies. I called this social arena circumstantial or facilitational as they perform a sort of social interaction similar to modern medical advocacy [14]. The ill person is isolated, yet it participates in the social interactions due to communication technologies. Online social arenas substitute face-to-face interaction and facilitate human interaction through computer mediated technology. They have good educational potential. Students were home but they were inattentive as they performed usual educational tasks for longer time than they did for usual in-person education. For some, "at the beginning I felt as in a permanent vacation, being able to stay all day with my family, and I felt safe from the virus." On the other hand, as one student in the University of Bucharest stated, "pandemic stole two years of my life" as online interaction was time consuming. However, one of his/her colleague mentioned that "I liked that I had so much time, and I could do so many activities and take care of myself. I liked that I learned to use the technology better" [6]. One could notice that such idiosyncrasies offer genuine symptoms of stress and anxiety.

Quantitative data illustrates online interactions but does not clarify whether they increase stress and social anxiety or not. A number of subjects exposed to online education confirmed improved social interaction as one female student stated that "I did not attend classes before, as I was anxious and shy, so online was better and my relationship with professors had improved. "Yet, similar qualitative answer stated the opposite "I didn't like that it was impersonal, and I was away from colleagues and professors [6]." Therefore, second assumption of this report is that online content, delivery method and time spent are eventually responsible for the amount of stress and anxiety surge in college students' population during COVID-19 lockdown. Some 80 % of subjects in this research complained about overtime spent online. Yet, in spite of more time they spent online with instructors and colleagues, 64 % of them missed face-to-face interaction with colleagues and friends. At the same time 37 % of students mentioned less satisfaction with content while 42 % perceived increased homework as not being really necessary. All of these were recorded against 48 % technology use acceptance and 60 % favorable attitude towards Internet technology use [12]. Further research is expected to confirm students feel good with computer technology yet online education does not abuse their convenience.

Acknowledgements and Conclusions

Limitations apply to this report. Data is extracted from larger research the author made [6]. Sub-samples are relevant for university students'cohort they were selected from. Same limitation applies for discussion of results. Yet, conclusions are submitted with the anticipation they are useful for other interested parts. Interruption of in-person education confirmed important role communication technology plays as digital substitute of human interaction. For the stress and social anxiety that presumably escalated during COVID-19 this report has found no explicit evidence communication technology to be responsible. A good part of the individual pathology is associated with the 'normal' or anticipated occurrence during pandemics. Other things being equal, people aged 15 to 29 use more often than other groups Internet communication technology as avoidance of face-to-face interaction. Yet content delivered, methods used as well increased homework and extra time spent online presented the potential to raise individual pathologies of stress, depression and social anxiety disorder for up to 25 % of subjects exposed to online education. It is up to various cultural and social contexts to diminish this subsidiarity to more appropriate levels. Applications to make delivery routines more suitable for students, adapting educational content for online use, extensions to smartphones to encourage mobility, increase Internet outlets availability, proportionate homework and adapting time to human needs are just a few suggestions in order to make online education more enjoyable and useful.

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