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## The COVID-19 pandemic as a source of negative emotions and misconceptions - a theoretical analysis of the situation

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### Abstract

There has been a need to organize the information on COVID-19 that has accumulated in the few months since the emergence of this new disease entity. There are already thousands of scientific publications on COVID-19. On top of that, there are also tens of thousands of press releases, and millions of pieces of information on social media. Being attacked with such an overabundance of information, often contradictory, has confused the public and thus made them susceptible to irrational, false theories about the COVID-19 epidemic. This is a major setback in the fight against the COVID-19 epidemic, which, to be successful, must be conducted in a rational manner. In view of this, the purpose of this article is to gather theoretical knowledge about the impact of the COVID-19 pandemic on the development of negative emotions and frustration in society. The article considers three spheres of consideration: information noise, conspiracy theories, and social risk.

**Keywords:** pandemic; COVID-19; negative emotions; frustration

### Background

COVID-19 is an infectious respiratory disease caused by SARS-CoV-2 virus, this pathogen belongs to the coronavirus family. The course of infection with this pathogen can be asymptomatic, mild, but also severe, in which case patients require hospitalization. COVID-19 disease first became apparent in December 2019 in the Chinese city of Wuhan. It is speculated that the coronavirus causing COVID-19 originated from animals, and since the

infection has spread to humans, the pathogen is easily transmitted from person to person. The virus spread rapidly within China and then began to spread throughout the world [1].

COVID-19 virus disease is transmitted by the droplet route, tiny respiratory droplets that are present in the mouth or nose. When the patient coughs, sneezes, talks and exhales, the pathogens are inhaled by people nearby. They also settle on various surfaces and objects nearby. A second possible mode of transmission of infection is by touching these surfaces and then touching the area around the nose, mouth, or eyes [1]. From current data, it is known that SARS-CoV-2 coronavirus is not spread by the airborne route, that is, by inhalation of airborne particles. The droplets that escape from the respiratory tract of infected individuals are too heavy to remain airborne for long periods of time. They quickly fall to surrounding surfaces [2].

The most characteristic three symptoms of COVID-19 disease are fever, cough, and dyspnea. It is common for patients to experience fatigue in addition to fever and cough. These symptoms are not always present as the disease may be asymptomatic or cause other problems. Common symptoms of COVID-19 include sore throat, headache, muscle and joint pain, chills, nausea and vomiting, diarrhea, blocked nose, runny nose, chills, hemoptysis, and conjunctival congestion. Symptoms appear at different times after infection with the virus - this period is called the virus incubation time. Most estimates indicate that it lasts an average of 1 to 14 days for coronavirus. Most commonly, however, COVID-19 symptoms appear within 3-5 days of infection [1].

The period of the COVID 19 pandemic led to increased interest in the scientific world (including psychologists) in the impact of the epidemic threat on our behavior, emotions, lifestyles, ways of coping with stress, social distance, social beliefs, compliance and adherence to sanitary-epidemiological recommendations, as well as the way we function and operate in the pandemic era [3].

There has been a need to organize the information on COVID-19 that has accumulated in the few months since the emergence of this new disease entity. There are already thousands of scientific publications on COVID-19. On top of that, there are also tens of thousands of press releases, and millions of pieces of information on social media [4, 5]. Being attacked with such an overabundance of information, often contradictory, has confused the public and thus made them susceptible to irrational, false theories about the COVID-19 epidemic. This is a major setback in the fight against the COVID-19 epidemic, which, to be successful, must be conducted in a rational manner [5].

In view of this, the purpose of this article is to gather theoretical knowledge about the impact of the COVID-19 pandemic on the development of negative emotions and frustration in society. The article considers three spheres of consideration: information noise, conspiracy theories, and social risk.

### **Information noise related to COVID-19**

It is not hard to come across information regarding COVID-19, just type the word 'COVID' into a web browser. In addition, on the radio, television, everywhere you hear information about the pandemic, the incidence of disease, the number of people hospitalized, the number of deaths. Each piece of information, both true and false, evokes a lot of emotions in people. If the information is bad, our mind reacts negatively, which is connected to somatic agitation. It is difficult to distinguish what is true and what is a lie, we would have to refer to scientific publications, but these refer to strictly scientific topics [2, 3].

The COVID 19 pandemic has led to the proliferation of various conspiracy theories. As early as February 2020. World Health Organization (WHO) noted that the pandemic is creating disinformation, which is the spread of various forms of distorted information, called 'infodemia', to conspiracy theory to so-called 'fake news', which is information that mimics the form of media news, but differs in the very process of developing the information [3]. In addition to 'fake news', there are various forms of misinformation that surface during periods of public health challenge. I suggest that we distinguish between the concept of misinformation and disinformation. Misinformation is false or misleading information, but spread without conscious intent. Whereas disinformation means false information that is intentionally spread among people to deceive them [4].

The period of the beginning of the pandemic (lockdown) paralyzed life on every level: social, cultural, economic, social of entire families. Fear of infection appeared, which was associated with a severe course of the disease, leading to disability or even death. Fear of losing work, the majority of institutions, schools, theaters, cinemas, restaurants, hotels, shopping malls as well as workplaces were closed. Many orders were imposed, e.g. washing and disinfecting hands, wearing masks (even outside), social distancing [6]. People were closed in their houses, apartments. Fear about tomorrow, about health, about income, about future appeared. Stress has appeared. Social isolations negatively affect the psychophysical well-being of adults, children and adolescents - may contribute to the development of diseases. Participation in social life and contacts with peers promote healthy development, protect against, among others, civilization diseases, relieve stress [7].

### **Conspiracy theories related to COVID-19**

Many conspiracy theories surround the COVID-19 pandemic. One of the most popular is that the SARS-CoV-2 virus was created in a laboratory either accidentally or intentionally - released. Those who suspect a deliberate release are convinced that it is intended to shake up the economies of selected countries or the entire world. There is a popular theory that denies the existence of a COVID-19 pandemic. Based on this theory, it is a preventive measure taken by individual countries to hide other problems or for political purposes. As absurd as some of these theories sound, they have a wide following [8].

From antiquity to the Middle Ages, epidemics were thought to be caused by contaminated air rather than by poor hygiene. Given the high mortality rate, outbreaks have always been associated with states of panic and a sense of threat to personal safety. Numerous health effects of epidemics have been described, including anxiety, insomnia, increased alcohol consumption, and loss of energy [5]. The psychological and psychiatric consequences of the epidemic in modern times, with the incredible acceleration of virus transmission throughout the world as a result of globalization, climate change, and the speed of population movement, are the prevailing subjectively perceived sense of threat from other people, fear, uncertainty, and anxiety, as well as symptoms arising in response to traumatic stress. In addition, states of social phobia often occur as a result of stigmatization, social stigma and intolerance [7]. This includes people of Asian origin, but also those suspected of transmitting the infection, e.g. health care workers, those in quarantine, those returning from abroad, those with allergies, coughs. When trying to categorize pandemic mental disorders, we naturally gravitate towards anxiety and stress-related disorders [8].

### **Social risks associated with COVID-19**

The COVID-19 pandemic has become a fundamental issue of social risk. No one is sure of their health, job retention, or social standing. There are frightening and fear-inducing reports of new COVID-19 mutations (Brazilian, South African, British) that are more dangerous than the Chinese strain. The pandemic, also caused a status panic. People, fearing an impending economic crisis as a result of the pandemic, began to fear that they would not be able to retain their hard-won social positions and statuses. Economic collapse will pull all industries and sectors to the bottom [8]. Much of the crisis may affect the middle class, which finds employment in the public sector: education, health, administration and many other departments may be directly affected by the state budget shortfalls. In addition to bankrupt entrepreneurs in tourism, transportation, catering, many people may lose their jobs and often the only source of livelihood. It is said that the effects of lockdowns caused by a pandemic will be more severe than those of the Great Depression. The worst of it is that people are exposed to uncertainty and risk, to which they are helpless. In pandemic times, the world as we know it has ended. Its predictability and security have been destroyed. A small consolation is that a vaccine against COVID-19 has been introduced [9].

Looking at the society during the health and social crisis, we notice the destruction of social life, violation of safety rules. The case of "wild hordes" from Krupówki is characteristic here [6]. A wave of protests, riots, street brawls against authorities, organizations and institutions is sweeping through the world. Aggression in private and public life is intensifying. After a short period of solidarity with health care workers and mutual help between people, accusations and brutal heckling against those who think differently or have different political or ideological views intensify [8].

From observations of the ongoing pandemic, psychiatric disorders are becoming apparent and causally related to the pandemic [2]. In the majority, there are states of anxiety, panic, obsessive disorders associated with legitimate recommendations of cleaning, disinfection and sterility, which may take an exaggerated form and harmful to the body. We can also observe tendencies to observe the functioning of the organism in detail: analyzing cough, dyspnea, frequent measurement of body temperature, as well as taking advice from quacks and pseudo-healers [3]. In some cases, especially in emotionally unstable people, and during pandemics succumbing to street rumors, we may encounter psychotic exacerbations or even psychosis granted. It is very possible that individuals who test positive for SARS-CoV-2 virus become ill, quarantined, and their families will develop symptoms of acute stress disorder, having stress where [2]:

- The triggering factor is a biological stressor of a global nature, confronting everyone with death, in the face of which the defense mechanisms used to date have had no effect. The pandemic nature of the stressor has consequences for the living conditions of people throughout the world. It goes beyond the pre-conceived notion of a natural or man-made disaster;
- The destructive nature of remaining in a state of distress, which is particularly exacerbated when the stressor is chronic and does not go away, it is uncertain whether it is still ongoing or latent, it resurfaces, and there is the added burden of knowing there is no effective treatment for the induced illness;
- Regardless of the duration of the stressor (sudden or chronic), the psychophysical response in the form of distress is debilitating;

- as a result of COVID-19, everything that was constant and predictable became uncertain, and what once mattered became completely useless (including past therapeutic experience).

The outbreak of the COVID-19 pandemic has led to changes in almost every area of daily human functioning. The pattern of work provision has completely changed. Any change, especially large and unexpected, evokes negative emotions and causes an increase in stress levels, not without significance for mental health, motivation, satisfaction, and employee engagement [10].

The crisis situation resulting from the COVID-19 pandemic poses an extraordinary challenge for employers as well as employees. Its results require agile behavior as well as the use of dynamic capabilities to adapt to new conditions, especially through the use of ICT schemes. As an example, employers have recommended as well as mandated (depending on the stage of pandemic development) remote working during the COVID-19 pandemic [9].

Pandemic COVID-19, adversely affects the life satisfaction of individuals, groups, and entire societies. People experience a myriad of negative emotions such as feelings of danger, fear, uncertainty, frustration, or anger. They tend to be sad, lonely, and confused. These emotions cause suffering, disturb well-being, satisfaction and satisfaction with life. They reduce its quality, but lead to complications with mental health. The main source of anxiety in pandemics (and other related psychological states) is undoubtedly the disease itself and its consequences: we fear for our own health and that of our loved ones, and these fears are often accompanied by the fear of death [11]. Anxiety may also relate to limited access to health care and necessary assistance, loosening of social ties and isolation, loss of work and reduced financial resources or violation of personal freedoms (e.g. isolation, distancing, prohibition of movement, obligation to wear masks). Anxiety is compounded by information uncertainty, many times triggered by ineffective, unjustified, or incomprehensible, and often contradictory government actions [10]. Anxiety and affective states, limit cognitive and social functioning. This exacerbates clinical symptoms of phobias, social anxiety, depression, psychotic disorders and other mental illnesses. It will lead to individually harmful behaviors such as suicide and self-harm, alcohol and substance abuse, gambling, and socially harmful behaviors such as aggression or violence. It also promotes social tensions and conflicts [12].

Today's social situation is like walking on quicksand. As we know, there is nothing more risky for a person than muddy ground, which is a dangerous trap, paralyzing the march in the designated direction. On muddy ground, every step is risky, especially if it is sudden and fast. Moving on uncertain ground is stressful, dangerous, and requires a lot of strength, skill, and experience on the part of the individual. Despite this caution, the risk of failure is high [13].

Selected groups may be more vulnerable to the psychosocial effects of a pandemic than others. This is especially true for: those infected with the disease, or those at increased risk for the disease (elderly, immunocompromised, those living in nursing homes or other such facilities), and those with pre-existing health, psychiatric, or addiction problems. A highly vulnerable group is the young, who are less vulnerable to the disease and have a smoother transition, but suffer disorganization of family life, separation from peers, and the need to change habits, sometimes without the help and support of loved ones. The stress of a pandemic compounds the stress of developmental problems. Therefore, young people should receive special care (even specialized) during this period [12].

A young person is an excellent observer, watching the moods and behaviors of adults every day. Destabilization at home caused by loss of a job, lack of money, illness of someone in the family can cause a lot of anxiety. Parental anxiety causes the same reaction in children. Long-term stress often causes: insomnia, lack of appetite, headaches, stomachaches, concentration disorders, apathy, feelings of sadness, fear [11].

During a pandemic, health care workers are exposed to increased stress. This group is at risk of infection through possible or actual contact with the disease. Added to this are concerns about transmission of infection to loved ones, inadequate personal protective equipment (or lack thereof), longer work hours, and the assignment of additional job duties that are heavily weighted emotionally and ethically. Health care workers are often subjected to attacks (verbal and physical) by those who fear infection [14].

Groups in need of special care are minority groups, i.e., stigmatized, excluded, subject to social attacks and prejudices on a daily basis. Lifestyle modification due to work at home (or loss of job), significant limitation of social contacts or even lack of them, necessity to reconstitute family life (home-schooling online), etc., enforces change of habits that guarantee maintenance of physical and mental health [16]. Therefore, it causes anxiety. However, society differs in its propensity for anxiety and uncertainty. In view of this, during a pandemic we can observe a whole range of emotional reactions - from indifference, avoidance, denial, to severe anxiety [15]. These reactions result in different approaches to health recommendations. Some, out of concern for their own health, undergo frequent tests, avoid contacts with other people, do not send their children to school or kindergarten, refuse to go to work, make desperate, ineffective and often harmful attempts to protect themselves and their relatives (such as drinking chlorine, eating ginger and garlic, disinfecting banknotes by ironing, wiping doorknobs with disinfectant). Others, in turn, disregard all recommendations, thereby endangering themselves and others [16].

The trauma of the pandemic primarily affected the middle class, as it was their lifestyle that was decisively altered and they were exposed to the loss of resources. For the lower class, the advent of COVID-19 may have been less severe. They tend to live far away from the metropolitan area, restrictions in the job market do not affect them, and their social life is limited to the family. Middle class people who are active, constantly on the move and looking ahead, trying to plan everything carefully [17].

## **Summary**

Finally, two scenarios for the future can be established. The optimistic one assumes the concept of positive transformation. The pandemic breaks down old structures and new ones are built in their place. Society becomes more alive, aware of its own shortcomings, and despite existing social, political, and cultural differences, is able to work together to increase the common good. An inner transformation occurs and solidarity, mutuality, and trust are reborn. There are prognoses on this subject, because as the results of research show, the psychological well-being of Poles has not been weakened and gives us a chance to recover from the trauma of the pandemic.

The opposite reality can also occur. As a result of prolonged tension and struggle against the pandemic, society is lost in indifference and helplessness. As a result of prolonged isolation of needs, frustration and aggression intensify. Common accusations of politicians, incitement to conflict by the media will lead to much stronger divisions and misunderstandings, which are converted into political benefits for each side of the political conflict. This state of affairs is dangerous and can get out of hand because the middle class as

the shock absorber of society is subjected to maximum trauma. This makes it a very dangerous explosive charge on which society has hitherto relied. It is difficult to predict developments in the economy at present. It cannot be ruled out that representatives of the middle class will once again survive the test of loss of resources.

## References:

1. Ahorsu, D. K., Lin, C. Y., Imani, V., Saffari, M., Griffiths, M. D., and Pakpour, A. H. (2020). The fear of COVID-19 scale: development and initial validation. *Int. J. Ment. Health Addict.* 1-9. doi: 10.1007/s11469-020-00270-8.
2. Barrios, I., Ríos-González, C., O'Higgins, M., González, I., García, O., Díaz, N. R., et al. (2020). Psychometric properties of the Spanish version of the Fear of COVID-19 Scale (FCV-19S). *Int. J. Ment. Health Addict.* 1-14. doi: 10.21203/rs.3.rs-33345/v1.
3. Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., et al. (2020). The psychological impact of quarantine and how to reduce it: a rapid review of the evidence. *Lancet* 395, 912-920. doi: 10.1016/S0140-6736(20)30460-8
4. Czapinski, J. (1992). The psychology of happiness. *Eur. J. Soc. Psychol.* 22, 425-434.
5. Dendek, H., Janecki, M., Pakosz, A., and Nabiałczyk, B. (2015). Assessment of quality of life in the aspect of somatic complaints of patients of the Department of Palliative Medicine of the Hospice of Divine Mercy in Gliwice. *Med. Palliat.* 7, 115-121.
6. Eiser, C., and Morse, R. (2001). Quality of life measure in chronic diseases of childhood. *Health Technol. assess.* 5, 1-162. doi: 10.3310/hta5040
7. Fujita, K., Ito, T., Saito, Z., Kanai, O., Nakatani, K., and Mio, T. (2020). Impact of COVID-19 pandemic on lung cancer treatment scheduling. *Thorac Cancer* 11, 2983-2986. doi: 10.1101/2020.06.09.20126995
8. Glaser, R., Rice, J., Sheridan, J., Fertel, R., Stout, J., Speicher, C., et al. (1987). Stress-related immune suppression: health implications. *Brain Behav. Immun.* 1, 7-20. doi: 10.1016/0889-1591(87)90002-X
9. GLOBOCAN (2012). Estimated Cancer Incidence, Mortality, and Prevalence Worldwide in 2012. Lyon: International Agency for Research on Cancer; 2015. Available online at: <http://globocan.iarc.fr/Default.aspx> (accessed December 28, 2020).
10. Gozdziejewicz, A. (2005). "Exemplification of the use of psychobiography in research on jakości życia," in *Psychologia jakości życia*, ed A. Bańka (Poznań: Psychology and Architecture Association), 95-109.
11. Holmes, A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., et al. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 7, 547-560. doi: 10.1016/S2215-0366(20)30168-1
12. Duszynski J. et al. Understanding COVID19. *PAN.* 2020;1:7-44.
13. Heitzman J. Impact of the COVID-19 pandemic on mental health. *Psychiatria Polska* 2020;3:188-197.
14. Długosz P. Trauma of COVID-19 pandemic in Polish society. *CE-DE-WU.* Warsaw 2021:9-185.
15. Duplaga M. Infodemia COVID-19. IZP. Warsaw, 2020. <https://izp.wnz.cm.uj.edu.pl/pl/blog/infodemia-covid-19/>.

16. Mierzejewska K. & Chomicki M. Psychological aspects of remote working. Results of a study conducted during the COVID-19 pandemic. UEK, 2020;3:31-48.
17. Children's Mental Health in Times of Pandemic COVID 19: <https://medpolonia.com.pl> [Online: 01/08/2020].