

**PSYCHOLOGICAL PREPAREDNESS TO SAVE PSYCHE FROM COVID -19 FURY****\*Rajyasri Roy**

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**Received** 20<sup>th</sup> November 2021; **Accepted** 26<sup>th</sup> December 2021; **Published online** 17<sup>th</sup> January 2022

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**Abstract**

Covid 19 outbreak have once again proved that Pandemics, Catastrophes, Disasters and Natural Turbulence impose serious threats to the psyche, emotions, social relations & commitments. Psychological crisis are predestined of pandemics and epidemic outbreaks. This is because such conditions induce an intense feeling of helplessness, fear, insecurity, emotional apathy, amnesia and trauma. All such symptomatic behaviors cripples a person's capacity to cope with reality thereby precipitating psychological stress. Victims of all such natural pandemics are susceptible to POST TRAUMATIC STRESS DISORDER characterized by anxiety, emotional disorder and mental fatigue and reexperience of the event in recurring dreams, flashbacks or constant recollection. Such victims experience difficulty in concentrating in daily life activities, guilt for losing dear ones in the pandemic, aggression, self destructive motives, emotional insulation and deliberate self harm. Post traumatic behaviors' are often characterized by confusion, chaotic or bizarre behavior at home, workplace or at public place..The appreciative concern of the present paper being the construct of *PSYCHOLOGICAL PREPAREDNESS for Pandemic Disasters of COVID 19* which would prove to be a judicious investment of the psyche in present era of psychosocial threats. It is very important to prepare people living in pandemic prone areas or era for eventuality of such natural epidemic outbreaks to stimulate coping strategy for emotional disarray. The present article humbly attempts to overview, develop and validate a measure of PSYCHOLOGICAL PREPAREDNESS for COVID 19 and any such similar pandemics.

**Keywords:** COVID 19, Psychological Stress, Trauma, Post Traumatic Stress Disorder, Psychological Preparedness.

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**INTRODUCTION**

Pandemic outbreaks like the Flu, Swine Flu, HIV/AIDS have recently become frequent occurrences, rather than rare events, and are a world-wide concern. Covid 19 outbreak since its inception from December 2019 in Wuhan, China have once again proved that Pandemics, Catastrophes, Disasters and Natural Turbulence are inevitable destiny. They impose serious threats to the psyche, emotions, social relations & commitments. Psychological crisis are predestined of pandemics and epidemic outbreaks which have shaped, modified, and continue to influence human behaviour by changing the way people live with and respond to the environment. Recently, the world has witnessed the outbreak of Covid 19 which continue to impose several devastating effects, causing widespread suffering and casualties in the world. Nearly 5,00, 662 lives have succumbed to the fury of the Covid outbreak in the world. In India Covid 19 has so far claimed 16,475 lives and 548 k people are still fighting tough battle with virus and the fury of the pandemic with more deaths and inflicted figures to come in the near future of the world scenario. Undoubtedly such disease disasters have caused irreparable damage, loss of life, injury, and suffering – physical as well as mental. As a result of exposure, direct or indirect to such devastation caused by the Covid 19, some individuals have gone to develop symptoms of post traumatic stress, psychological fatigue and other psychological problems such as anxiety, phobia, hysteria and even traumatic nightmares. Social ostracization, psychological distancing and mental depression due to worldwide lockdown have thrown new challenges in the sphere of self wellbeing. While pandemic research is a multidisciplinary field, psychology now plays a central and integral part in the research, especially catering to the pandemic responses of providing counseling services and trauma management to the population in need aftermath natural disasters.

However, psychology has not always been considered an important part of disaster or pandemics of post-traumatic stress. It has only been in the past 50 years that psychologists have become more active as researchers and professionals in the field. When a pandemic strikes, several different population groups may be affected psychologically by the impact. While individuals directly exposed to epidemic disease might be affected the most by the exposure, others might also be affected through secondary exposure, such as being a friend or family member of the affected. At times emergency personnel (health workers, doctors, police, security, psychologists, mental health and social workers, and volunteers), having closely worked with those directly exposed, may be indirectly affected by the widespread infection, leading to vicarious traumatization and compassion fatigue (burnout). It is thus important to adequately prepare all kinds of different groups for the eventuality of pandemic disasters.

**The construct psychological preparedness**

While the term 'psychological preparedness' has been referred to in the disaster literature for more than 15 years, only recently has an attempt been made to operationalize this term. Furthermore, a valid and reliable scale to measure this construct is needed.

**Reser and Morrissey (2009)** suggests that psychological preparedness involves several intertwined within-individual processes and capacities, such as awareness, knowledge, anticipation, concern, thinking, feeling, experienced stress, motivation, intentions, and decision making, and management of, or coping with one's thoughts, feelings, and actions. Most emergency preparedness guides include advice on how to prepare the household or the environment for imminent threat from the outbreak of any natural disaster or epidemic, thus focusing on physical or situational preparedness. This might include making lists of emergency phone numbers, storing

drinking water and food, and making sure that a first aid kit and medicines are within easy access if an emergency occurs. However, until recently, there was very little (if any) reference to psychological preparedness for pandemics or disasters in these preparedness guides. Existing conceptualizations and measures of disaster preparedness have also mostly ignored psychological preparedness and at times confused it with situational preparedness. While there is extensive reference to 'preparedness' in the general disaster literature, this 'preparedness' is mostly considered a 'situational' preparedness in which the focus lies on the physical environment such as the household. There is relative dearth of research and its application in the area of psychological preparedness or bio psychosocial preparedness for pandemics or disasters, as well. Also the lack of a validated and reliable measure, makes it difficult to successfully evaluate the effectiveness of the various community education programs and general or school education and awareness initiatives for natural or manmade pandemic disasters. Such an evaluative instrument would be especially useful, since many different psychology bodies, such as the Australian Psychological Society, as well as the American Psychological Association, and others are now starting to include advice on how to prepare psychologically during natural disasters. Since the outbreak of Corona virus pandemic is extremely novel the concept of Psychological Preparedness is a virgin topic of research till now, and thus the present chapter has been dedicated to elucidation of the concept of Psychological Preparedness for the purpose of gathering and enriching perception in this respect. Such an attempt will definitely facilitate the sustainable development and protection of the psyche.

### Defining Psychological Preparedness

After an extensive review of the literature and the constructs in the field which are thought to be related to psychological preparedness, an operational definition is proposed. In the context of a serious threatening event or disaster warning situation, psychological preparedness is a heightened state of awareness, anticipation, and readiness for: (1) the uncertainty and emotional arousal in expectation of the possible occurrence of the threat, (2) one's own psychological response to the unfolding threat situation, and (3) the ability to manage the demands of the situation.

Three steps are involved in psychological preparedness. These are

- Anticipate scenarios in the field including any anxiety and concerns that may arise.
- Identify uncomfortable or distressing thoughts and feeling that may cause further anxiety along with way of managing the situation both physically and psychologically.
- Manage the response so that the ability to cope remains as effective as possible.

Response strategies that are primarily initiated at time of pandemics refer to the action of emergency service providers like doctor, police, ambulance or health professional and first responder in the pandemic affected or containment areas. Response also involve people's own action and reaction together with the strategies to assist people at this time. It is important to consider the different levels of psychosocial support that can be offered to people affected by pandemics or

disasters depending on their different developmental, gender and socioeconomical needs. It is vital that psychosocial support is amalgamated with other recovery efforts. It is important to realize that the impact of pandemic or disease outbreak, like that of Covid, is not only limited to the person or family affected but also cast its evil shadow upon the social cohesion of the society and community. It is not unusual to see strong rifts occurring within previously close -knit communities. Like the relationship constraint witnessed in India in the past few days with the migrant workers or non residents who are returning back to their motherland at time of pandemic crisis. The analyses of the psyche of the victims affected in pandemic disaster reveal that in such endangered existence situation anger and other negative emotions are very often directed towards friends and neighbors.

### Common Responses aftermath Pandemic Disaster

People who are affected in pandemic disasters of Covid Outbreak can have a range of emotional, cognitive (thinking), physical(health) and behavioral reactions to the event after recovery. These are:

- Emotional Reaction like shock, distress, grief, anger, anxiety and depression.
- Cognitive reactions may include unpleasant memories, poor concentration and difficulty making decision.
- Physical reaction may include feeling, tense, sleep disturbances, stomach upset, general ache and pain not covered by symptoms of Corona.
- Behavioral reaction may include irritability, loss of interest in activities, and wanting to be alone.

For most people these reactions are relatively mild and reduce over the initial days and week with the support of family or friends. A significant proportion of people will experience worry, distress, sadness, insomnia, anger or other psychological well being issues after being affected primarily or secondarily by the Covid outbreak. This level of distress will be more common than formal diagnosable mental disorders. This level of need can be addressed by providing basic strategies' aimed at assisting people to manage the common reactions following pandemic disaster. Supportive counseling can be useful for people who are dealing with distressing symptoms or problem like relationship difficulties, family functioning, coping strategies, grief and loss. People are more likely to access formal services when they are linked to informal, flexible, community based, outreach -oriented initiatives and activities.

## RESULTS

Keeping in mind the intelligence and the skill required to empower one with psychological preparedness a scale has been prepared in this chapter so as to facilitate recovery and relief from the psychological problems concomitant of any pandemic disaster. The scale is a self administering questionnaire that assesses an individual standing in psychological preparedness and mental set toward emergent crisis in disaster.

### Development of the scale items and analyses performed

First, an initial version consisting of 51 items was constructed and a 4-point Likert scale rating system was chosen, ranging from (1) Not at all true of me to (4) Exactly true of me. Content and face validity of the 51-item PPDTs were assessed

by 12 experts, who assigned the different items to their respective sub-domains, rated their fit, and also rated the items for clarity. Face validity was additionally assessed by 10 university students, enrolled in subjects other than psychology, who also rated each item for readability and clarity. After revising the scale in light of recommendations by experts and university students, a pilot test was performed using five non-psychology university students. The initial scale was again refined in light of the feedback from the pilot test, leaving a 40-item version of the scale for Survey 1. The scale was named the Psychological Preparedness for Disaster Threat Scale (PPDTS). The 40-item PPDTS scale and overall survey, including additional self-report instruments, measuring related constructs of hardiness, self-efficacy, psychological mindedness, and neuroticism, demographic information, and previous experience with natural disaster situations, was administered to 150 students and staff members of several departments (other than psychology) of a university. A t-test was performed in order to investigate whether the participants who completed the survey were significantly different from the participants who aborted the survey. The t-test showed that non-completers were significantly younger than the completers. No other significant differences were found between completers and non-completers were excluded from all further analyses. There were no significant differences between the females that were randomly selected into the data set and those selected out on any demographic variables, or other measured constructs. There were no significant differences between the males and females in this final sample on demographic variables, or any of the other constructs measured.

the factor analysis. Next, the data set was examined for high or low inter-item correlations. There were no inter-item correlations above .80; the highest inter-item correlation was .73. Therefore, no items were excluded on the basis of too high inter-item correlations. However, based on low inter-item correlations, four further items were deleted (items 1, 10, 15, 28). Bartlett's test of sphericity was also performed, which was significant,  $\chi^2(153) = 2911.191, p < .001$ , allowing for the sample to be investigated through factor analysis.

### Exploratory factor analysis

Responses of 289 participants to the 28 items were analysed using principal axis factoring rotation. This gave a final result of 18 items, which loaded onto two robust factors, Factor 1, which has 10 items (items 30, 31, 32, 34, 35, 36, 37, 38, 39, 40) that relate to *knowledge* and accounted for 43.64% of the variance, with an initial eigen value of 7.85, and Factor 2, which has 8 items (items 7, 16, 17, 18, 19, 20, 25, 27) that relate to *anticipation and awareness* and accounted for 14.47% of the variance. These factors relate to all three hypothesized sub-domains (Factor 1, *Knowledge and Management of the External Situational Environment* and sub-domain 3, and Factor 2, *Anticipation, Awareness and Management of One's Psychological Response* and sub-domain 1 and sub-domain 2). Both factors together, accounted for 41.16% of the total variance and a moderate correlation between the two factors was observed ( $r = .48$ ). This moderate correlation indicates that the factors are correlated and part of the same construct, however are not redundant.

Item no.	Item summary	
<b>Subscale 1: Knowledge and Management of the External Situational Environment</b>		
1	I am familiar with the pandemic /severe outbreak of disease .	.846
2	I know which household preparedness measures are needed to stay safe such pandemic situation.	.837
3	I know how to adequately prepare my home/family members for the forthcoming epidemic.	.828
4	I know what to look out for in my home and work place if an emergency pandemic situation should develop.	.784
5	I am familiar with the disaster warning system messages/pandemic outbreak alert message used for extreme pandemic events.	.766
6	I am confident that I know what to do and what actions to take in a severe situation.	.736
7	I would be able to locate the nearest health center/hospitals easily.	.667
8	I am knowledgeable about the impact that very severe diseases can have on my family members at home.	.665
9	I know what the difference is between a pandemic warning and a pandemic watch situation.	.660
10	I am familiar with the health symptom of the approaching epidemic outbreak	.639
<b>Subscale 2: Anticipation, Awareness and Management of One's Psychological Response</b>		
1	I think I am able to manage my feelings pretty well in difficult and challenging situations.	.881
2	In a severe pandemic outbreak situation I would be able to cope with my anxiety and fear.	.742
3	I seem to be able to stay cool and calm in most difficult situations.	.728
4	I feel reasonably confident in my own ability to deal with stressful situations that I might find myself in.	.705
5	When necessary, I can traverse myself through the challenging situations.	.643
6	If I found myself infected with the severe disease I would know how to be cured and come out safe..	.585

The final sample consisted of 289 participants and was randomly split to provide two samples for the exploratory factor analysis and confirmatory factor analysis. Both samples were checked to see if the assumptions of factor analysis had been met (normal distribution); there was no bias in selection. The samples were checked visually for skewness, using histograms, and subsequently analysed for skew by calculating skewness and kurtosis statistics. Of the exploratory factor analysis sample, four items (items 4, 5, 14, 24) were deleted due to unacceptable skew, and all other items were retained for

The administration of the scale empower the victims of pandemic or epidemic outbreak with the necessary psychological skill and mental strength needed to recover well on their own or with support of companionate and caring disaster responder family and friends. Qualitative analyses reveal that that certain psychological qualities emphasized in the scale (Table 1) could be instilled among the people to make them self sufficient and ready to meet pandemic disaster in the coming future. Rather than a formal mental health intervention aftermath the exposure to pandemic or any natural disaster, it

is more effective to teach people the basic psychological skills to alleviate the distress as is needed before seeking professional help.

## IMPLICATIONS OF RESEARCH

The construct of Psychological Preparedness as explored in the present chapter empower the Psyche, susceptible to pandemic or natural disasters, with the following abilities and thereby placing them in an advantageous platform to fight emergent crisis after exposure to disaster situation.

- ✓ Gathering Information and prioritizing assistance
- ✓ Building problem solving skill
- ✓ Breaking down problem into more manageable chunk considering a range of ways of responding and choose the best actions to take.
- ✓ Promoting positive activities' and helping attitude along with helpful thinking.
- ✓ Encourage people to plan and participate in positive meaningful activities' to help improve mood and regain a sense of control and normalcy
- ✓ Managing reactions
- ✓ Teach the psyche calming skills ways to put thoughts and feelings into word and techniques to manage reactions to triggers or reminders of the disaster.
- ✓ Helping people understand how thought influence their emotions and how to replace their unhelpful thoughts with more helpful thoughts.
- ✓ Rebuilding healthy social connections
- ✓ Help people identify supportive individuals and groups in their network, then create social support plan to access and/or offer support.

A significant minority of significant minority of survivors will develop a diagnosable mental disorder, most commonly posttraumatic stress disorder, depression, complicated grief, anxiety or substance abuse. Proper clinical diagnosis and assesment is required for framing policies and planning for appropriate interventions.

## Conclusion

Most people will recover from traumatic events like emergencies and disasters without professional intervention. However some are likely to need additional support and care to cope with such pandemic outbreaks. A small minority (10-20%) are at risk of developing significant mental health conditions and will require specialized mental health care. Decisions regarding the level and timing of this care require careful clinical judgment, with the recognition that formal intervention may not be appropriate until sometime after the catastrophe. However the main objective and purpose of the present study is to accelerate the reorientation and recovery from psychological ailments post pandemic outbreaks and disasters. The Scale for Psychological Preparedness will add a new dimension to self therapeutic intervention and provide psychological first aids for the victims of any natural disasters, pandemics or unprecedented occurrence like the outbreak of COVID 19. Empowered with the mental quality of Psychological Preparedness one can glorify the words of the Great Poet Rabindranath Tagore "*Save me from all odds is not my prayer but let me have the courage to face all the odds in life ....*"

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