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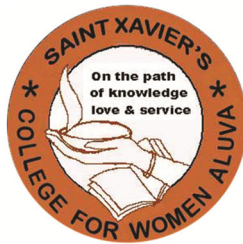
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EDITORIAL

The novel Corona Virus has transformed our lives beyond imagination. It took some time for medical experts to locate the reason behind the epidemic of viral pneumonia that emerged in Wuhan, China towards the end of 2019. Amidst a lot of confusions and misunderstandings about the epidemic, the experts managed to locate SARS --CoV-2, a simple virus that becomes deadly through mutation inside the host organism. The present world with its rapidly advancing technological know-how and lighting fast travel possibilities suddenly came to a standstill. The new 'normal' is washing hands, maintaining social distance and wearing masks. We are back into Charles Darwin's idea of 'The Survival of the Fittest'. The people with any kind of medical condition are severely affected by Corona virus. The average death toll in the world, including the most developed countries is in millions despite the ultramodern advancements in medico-scientific disciplines! Unbelievable, but true. There have been some good things such as the automatic healing of the ozone layer and routine hygienic practices. But, there are unresolved issues--the digital divide in the educational scenario and the negative impact of social distancing.

Innovation helped human beings beat other species during various stages of evolution. When all other species waited for millions of years to evolve naturally, human beings applied science into the process. As a result, there have been many inventions such as wheels to help faster movement and aeroplanes to fly high. Now, the pandemic has forced human beings to innovate and apply scientific knowledge. Sadly, there are a number of unknown characteristics of the deadly virus that still remain mysterious to human intelligence. But, sheer human determination cannot fail. As Hemingway wrote in *The Old Man and the Sea*, "A man can be destroyed, but not defeated". We shall overcome the virus; it is just a matter of time.

What are the socio-economic implications during the Covid-19 days? How has the world looked at the pandemics so far and how far have these been brought to public attention through movies? Has the pandemic reduced the bio-political life of human beings into a worthless existence? Has the new 'normal' affected the people with various disease conditions? This Special issue takes up some of the pertaining questions regarding the pandemic and opens up further questions for research.

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IMPLICATIONS OF MYTHS AND TRAUMA IN PANDEMIC MOVIES *CONTAGION*, *OUTBREAK* AND *93 DAYS*

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Abstract

Trauma narrative, besides being a therapeutic technique, is also an emergent critical approach for the study of narratives related to war, disease and disability in literature, film and other art forms. There is neither a single school of criticism nor a single methodology for dealing with this evolving genre. The significant surge in the viewership of pandemic related movies in the wake of COVID-19 prompts one to probe into the psychoanalytical and mythical implications of pandemic narratives. The movies taken up for analysis include *Contagion*, *Outbreak* and *93 Days*.

Keywords: Trauma narratives, Pandemic movies, Psychoanalysis, Myths, Binaries

Narratives of trauma, diseases, and pandemic are found in literature and art forms from ancient times. In the Bible and the ancient Greek plays one can find several instances of this. In the modern period, Albert Camus' *La Peste* (*The Plague*) published in 1947 is a superb narrative on the plague that affected the African coastal city of Oran. The current COVID-19 pandemic has brought many changes in the psyche and the behavioural pattern of human beings and has also increased interest in the narratives of pandemic related movies, literary

works and other art forms all over the world. *The Eye of Darkness* by Dean Koontz is one such work which has been in great demand during the Pandemic lockdown period. But there is a danger inherent in these narratives that they may create binaries in the approach to pandemics, cultures and societies in different parts of the world. This may lead to the exclusion of certain communities and also to the view that the animal world is a carrier of deadly diseases.

The Pandemic movies discussed in this paper are the *Outbreak*, *Contagion* and *93 Days*. The *Outbreak* is an American movie directed by Wolfgang Petersen which is based on Richard Preston's 1994 nonfiction work *The Hot Zone*. The film is about the fictional outbreak of Motaba virus in Zaire and later in a small town in America. The film shows how military and other agencies handle the crisis which took the lives of many in the town. It brings to the audience a dark picture of the inhuman political decisions. The film was released in 1995 and was a box-office success. It is interesting to note that an outbreak of Ebola was happening in Zaire when the movie was released on 10 March 1995.

Contagion is a 2011 American thriller movie directed by Steven Soderbergh. It is about a virus that is transmitted via aerosol and the desperate attempt by medical professionals to contain the disease and control it. The film was praised by the scientific community for its accuracy in depiction about the virus. It was also a financial success when released in 2011. The renewed interest in this movie occurred in the wake of Covid Pandemic and it was the most watched pandemic movie on OTT (over-the-top) platforms because of its similarity to the present situation. It is a common place statement that life is reflected on art, but art can not only find reflection in life but also alter it. In this case it is by creating powerful binaries of "the country of origin" of pandemic against all other countries affected by it, and human beings and certain animal

species capable of propagating the virus. Powerful multidimensional binaries are generated in the wake of the pandemic.

93 Days is a Nigerian movie released in 2016 and recounts the Ebola outbreak in Nigeria in 2014. It is about the successful containment of the outbreak by the health workers from Lagos Hospital. The film is dedicated to Ameya Adadevoh, a Nigerian physician who played a key role in identifying and containing the outbreak.

We can see multiple and diverse responses to pandemic in the wake of the spreading of infection. One such reaction came from the philosopher Agamben, who says that panic is created in the minds of people to force them to the confines of the house (Zizek 84-85). Zizek explains it thus: “The Italian philosopher Giorgio Agamben has reacted to the coronavirus epidemic in a radically different way from the majority of commentators” (84). Agamben deplored the “frantic, irrational, and absolutely unwarranted emergency measures adopted for a supposed epidemic of corona virus, which is just another version of flu, and asked: why do the media and the authorities do their utmost to create a climate of panic, thus provoking a true state of exception, with severe limitations on movement and the suspension of daily life and work activities for entire regions?” (Zizek 84-85). The creation of binaries posing a threat to life and civilization is conspicuous in the narratives of Agamben.

The apocalyptic movies *Contagion* and *Outbreak* have narratives that are remarkable for their scientific precision about the spreading of the disease. But they create panic in the mind of viewers about infections and epidemics. These two American movies are more fictional than the Nigerian movie *93 Days*, which is a more realistic account based on the containment of Ebola epidemic in Nigeria.

A study of the “Pandemic Imagery” created in the movies reveal the difference in the underlying pattern of American and African science fiction. Africa the land of myths, creates a more realistic narrative of pandemic in the movie *93 Days*. But the United States of America, a developed nation and an economic super power creates new myths about the medical issue of pandemic Covid 19. The American psyche with its confidence in the power of western medical science and its efficient medical system was overwhelmed and felt helpless at the appearance of the Covid 19. When societies with increasing need of social networking all of a sudden confront the binary of social distancing, extreme confidence in the modern medical science is super imposed with diffidence in these systems. Such feelings of helplessness and panic reduce the psyche to its infantile state of myth making while confronting a phenomenon of great destructive power. This is similar to the situation in which primitive cultures created myths while experiencing awe and wonder at the manifestations of nature such as thunder and lightning, storms, sunrise, and also life threatening diseases. The fascinating and terrifying mysteries of nature prompted them not only to myth making but also to an adoration of that mystery in rituals and ceremonies. On the other hand why Africa which was steeped in myths and primitive rituals produced a movie realistic in nature about the pandemic? The exploration will lead us to the evolving psyche of modern Africa on the path of development along scientific lines. Christos Lynteris comments that “... narratives of human extinction tend to be forms of mystification, which reduce concrete and complex historical processes into an anthropological abstraction” (5) and adds that “the next pandemic is part of a broader apocalyptic imaginary in Western society” (15). The myth about the apocalypse lingering in the American narrative is completely absent from the African narrative.

Western pandemic narratives have created binaries of human and non-human, social distancing and social networking to build the myth of survival in such a way that epidemiologists become the next saviours of human race. As Lynteris remarks, it is in “Wolfgang Petersen’s film *Outbreak* (1995) that we first come across the epidemiologist as culture hero on the big screen” (100). The narrative of the movie is interestingly crafted with a clear African phase to the narrative. As elaborated by Lynteris, the film begins with a black screen featuring a foreboding quote by biologist and Nobel laureate Joshua Lederberg, which has become a mantra of the pandemic imaginary: “The Single biggest threat to man’s continued dominance on the planet is the virus” (Lynteris 100). Lynteris explains it thus:

The opening scene of the movie takes us to the Congo Basin. The plot unfolds as a prototype of what we may call the first “African phase” of emerging infectious diseases discourse. This corresponded to the mid-1990s fears that the next pandemic would arise from sub-Saharan (the silent operator here being “tropical”) Africa, usually due to unwarranted animal to human contact, and would assume a hemorrhagic form of “organ melting” proportions, like the Ebola virus of Richard Preston’s pathologically misleading narrative *The Hot Zone* (Lynteris 100).

The threat of virus breakout with the close human and animal contact should be contrasted with the outbreak of Nipah with the deforestation of a bat colony.

The film *Outbreak* should be specially studied because it is the first Hollywood movie about zoonosis. The prominent theme is military sabotage, but the audience gets to hear about the concept of contact tracing in the movie,

which has become the norm of the present times due to COVID-19. Colonel Daniel, the military virologist, becomes the saviour of humanity as he is able to trace and find out the monkey which has developed antibodies for the virus and separates the serum for treatment of the patients affected. The myth/scientific theory of Darwinian evolution also lingers throughout the scenes where monkeys are shown often reminding one of the whole evolution of human race. As Lynteris puts it, “What makes Colonel Daniels unique is his “real time” reaction, his ability to trace the host, isolate the mutant virus, and produce the life-saving antiserum before the disease spreads” (101). Unlike *Outbreak* which is a hero centred movie, *Contagion* is about interconnected life stories during pandemic. The mythical elements that are present in *Outbreak* can also be found in *Contagion*, but there is a shift of focus from male to female protagonists: “The culture hero in place is thus collective rather than individual, composed by a triangle between three female epidemiologists.” (101). The animal/human binaries are maintained as experiments to develop vaccines for the MEV-1 virus are going on with the animals, especially monkeys. The origin of the virus is also traced back to a Chinese market, reminding one of Wuhan Wet Markets in China, where “the wrong pig met with the wrong bat,” as the movie phrases it:

On the one hand, we have Centers for Disease Control and Prevention (CDC) epidemiologist Dr. Ally Hextall (Jennifer Ehle) who discovers the genetic drift event that lies at the root of the killer virus: a bat-to-pig jump, which leads her to pronounce the key phrase of the film: “somewhere in the world the wrong pig met the wrong bat”. More than this, however, Dr. Hextall uses the discovery made by a precursor character, University of California San Francisco professor Dr. Ian Sussman (Elliott Gould), so as to manufacture a vaccine (Lynteris 102).

The concept of collective unconscious as developed by the psychologist Carl Gustav Jung and the concept of binaries in the deconstructive criticism are useful in the analysis of these pandemic narratives. The collective unconscious of the American society has developed a myth about the apocalypse and it finds its way to the movies *Contagion* and *Outbreak*. The binaries of human and animal world have been troubling the collective unconscious of the West as the terrible pandemics of recent times have some relation to human interference of animal world. The United States with its self-conscious sense of correct healthy habits and scientific thinking is giving in to the unconscious tendency of tracing the origin of all pandemics either to Africa or China in both the narratives. When it comes to African narrative there is no need to create any myth, the narrative is clear and sharp. The virus is contagious and deadly, and the African society faces it realistically as a scientific fact and no new myth is created by the myth loving African society. But in the movie we find a contrast in the American epidemiologist who comes to set up a temporary care home for those affected by the virus. His presence brings in a kind of mystery to the virus and his narratives have elements of myth in them as human mind makes sense of things which are not clear to the conscious mind through myth making. As Jung has remarked it is an unconscious process involving the collective unconscious. The unprecedented existential threat of the pandemic and the helplessness of modern science prompt the collective unconscious of the West to give birth to new myths of nature, animals, social contact, survival and heroes/heroines. The myth making is implied in the Hollywood narrative of deadly viruses that have started annihilating the human species. The helplessness felt is impressively brought out mostly through pandemic narratives. As Slavoj Žižek would put it,

In the last couple of years, after the SARS and Ebola epidemics, we were told again and again that a new much stronger epidemic was just a matter of time, that the question was not IF but WHEN. Although we were convinced of the truth of these dire predictions, we somehow didn't take them seriously and were reluctant to act and engage in serious preparations—the only place we dealt with them was in apocalyptic movies like *Contagion*. (73)

Zizek in his recent book on Covid Pandemic writes, “despite all its tremendous activities of transforming nature, humankind remains merely another of many living species on planet Earth” (64).

When the film *93 Days* is examined in the light of this comment, the contrast of the African response emerges once again. In spite of being convinced of the fact that the virus can annihilate large number of people, the community of medical practitioners in the small hospital in Nigeria is very realistic in their response. The movie concludes with a nostalgic and yet prayerful remembrance of the people who helped to contain the virus outbreak, thus saving the nation. No myth is created; neither are there binaries of animal kingdom against human in the movie. An infection is just an infection though deadly, and can be contained. That which could have affected many and would have caused innumerable deaths was brought under control by the timely intervention of a doctor, in spite of the fact that she dies because of the infection. Unlike the helplessness and myth making of the scientific heroes this female saviour of Africa is depicted in a realistic down to earth manner. Unlike the Hollywood movies no myth is created about the doctor. It is remarkable that the land of myths like Africa gives occasion for realistic narratives and the land of industrialised, scientifically conscious United States of America produces narratives which are apocalyptic and mythical in nature with a lot of problematic boundaries within them.

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COVID-19 AND PUBLIC PERCEPTION

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Abstract

Novel Coronavirus Disease (COVID-19), originated from China, rapidly crossed its borders, infecting a large population. The steps taken by the regulatory authorities to control the spread of the disease received a chaotic response from the public. Pandemics can generally elevate stress levels, where anxiety is a common response to any stressful situation. The media uninterruptedly stream news across borders, informing everyone about the pandemic situation, which in turn creates a worry among people, leading to heightened levels of anxiety. During COVID-19 period, negative emotions like anxiety, depression, indignation and sensitivity to social risks increased, while the scores of positive emotions like happiness and life satisfaction deteriorated. People are concerned more about their health and family, than about leisure, outing and friends. More than half of the population has a moderate level of understanding about the COVID-19 infection, transmission and adequate knowledge about its preventive aspects. Virtual/social online media has now become a common communication platform for sharing information, and news across the world. Dissemination of misinformation is now identified as malicious. The spread of such information possesses a serious public health risk. This review attempted to assess the knowledge, anxiety experience, and perceived mental healthcare need among the public.

Keywords: COVID-19, anxiety, stress, virtual communication

Introduction

COVID-19 began in December 2019, a viral outbreak in Wuhan city of central Hubei province of China (Holshue et al., 2020). A cluster of about 40 cases of pneumonia of unknown etiology was reported, some among them were vendors and dealers in the Huanan seafood market. World Health Organization (WHO) in association with Chinese authorities started working on the outbreak and the etiological agent was soon established to be a new virus and was named Novel Coronavirus (2019-nCoV). Within a few weeks, the infection spread across the globe rapidly (WHO, 2020b). Since the infection spread in a wide stretch, WHO declared it as a public health emergency of international concern on 30th January 2020 (WHO, 2020b). On 11th February, WHO announced a name for the new coronavirus disease: COVID-19 (WHO, 2020d) and on the 11th of March, WHO declared COVID-19, a pandemic (WHO, 2020a).

Coronaviruses, named after their outer fringe of envelope proteins resembling crown ('*corona*' in Latin), are a family of enveloped RNA viruses (Burrell et al., 2017). Coronaviruses are generally pathogenic to mammals and birds and cause mild upper respiratory tract infections in humans whilst occasionally can be transmitted to a larger human population and can cause severe respiratory illnesses like Severe Acute Respiratory Syndrome (SARS) and Middle-East Respiratory Syndrome (MERS) in 2003 and 2012 respectively.

Lockdowns in many parts of the world came into effect, having a crippling effect on the economy as various services got halted. This eventually led to a break in the global supply chains and thus, affected the global economy brutally (Ebrahim et al., 2020). As COVID-19 is a new disease, its emergence and spread, causes confusion, anxiety and fear among the common public.

Many countries and research institutions started working on COVID-19, various facts keep on changing and many myths became prevalent among the common public via social media regarding the prevention and management of the infection. WHO has provided expert guidance and answers to public questions aiming to help people manage fear, stigma and bias regarding COVID-19. Even the governments, media, doctors, researchers, celebrities, police and other stakeholders of the society made efforts convincing and appealing the public to avoid public gatherings including sports, religious ceremonies, family functions, meetings as well as classes in schools and colleges, to prevent the global spread of coronavirus infection (McCloskey et al., 2020). Despite this, many ignore the importance of social distancing due to attitudinal issues. No doubt, isolation and quarantine are tough times, which may lead to sadness and even impose dramatic mental illness for those who undergo it. The anxiety and concerns vary with individuals. Evidence suggests that individuals who are kept in isolation and quarantine experience significant distress in the form of anxiety, anger, confusion and post-traumatic stress symptoms (Brooks et al., 2020).

The central emotional response during a pandemic is fear. Animals, including humans have a set of defensive systems for combating ecological threats (Le Doux, 2012). Negative emotions resulting from threat can be more contagious (Kramer, 2014), and as a result, it appears that fear can make threats more imminent. People often exhibit an ‘optimism bias’, the belief that bad things are less likely to befall oneself than others this to an extent avoids negative emotions (Strunk et al., 2006).

Public awareness

Research articles related to awareness, anxiety experience, attitude and perceived mental health care needs in the community, during the corona pandemic

conducted in the Indian population indicated an ample number of responders were aware of the basics of this disease. Some responders considered COVID-19 as a highly contagious disease and many acknowledged that social distancing, washing hands frequently using soaps and sanitizers, and use of masks during this time would help in avoiding COVID-19 infection. Most of the participants agreed to quarantine or isolate themselves, if they have a fever and cough (Roy et al., 2020).

Impact on healthcare workers (HCWs)

COVID-19 and SARS Coronavirus infections have similar modes of transmission and symptoms, and the virus was posing to be a global threat, online courses for awareness of healthcare workers around the world were initiated. The aim of these programs were to limit the viral transmission, provide early care, communicate key information and minimize social and economic impacts. WHO also focused on developing easy-to-handle diagnostic methods, accelerated existing vaccine candidates, so that the spread of the infection can be minimized (WHO, 2020c).

COVID-19: Emotions and risk perceptions

Health anxiety is the perceived sensations or changes in the body that are interpreted as symptoms of being ill. (Asmundson et al., 2010; Taylor and Asmundson, 2004). It is quite natural that everyone experiences health anxiety to some degree, and the associated surveillance can be protective to some extent, helping identify early signs of health issues. But excessive health anxiety can be detrimental. People with high health anxiety tend to misinterpret benign bodily sensations and changes as dangerous. For example, during viral outbreaks, a person with high health anxiety may misinterpret benign muscle aches or coughing as a tell-tale sign of infection (Taylor and Asmundson, 2004).

Some are worried for themselves and their close ones during the pandemic. Anxiety affected a larger population, resulting in panic buying, leading to exhaustion of resources (Roy et al., 2020). Greater number of people wanted mental healthcare during the pandemic. The study also conveyed the need to provide health education and create awareness during such situations for effective prevention of disease spread (Johnson and Hariharan, 2017).

Associations of stay at home orders results in psychological outcomes like depression, health anxiety, financial worry, perceived social support, and loneliness. It is true that, on a day-to-day basis, these emotional issues do not account for significant changes in any of the outcomes; but each of these factors independently contribute to some psychological outcomes. Stay at home orders has increased the risk for harm to one's physical, social and financial health, resulting in increased health anxiety and financial worry thus resulting in prompt change in an individual's social life. It was observed that reduced contact with one's common social connections initially brought about increased feelings of loneliness and social isolation. Ironically, findings also suggest that one potential positive outcome of this pandemic may be an increase in social support seeking where individuals try to adjust to daily life changes. Millions of individuals all around the world have been told to remain in their houses (i.e., so-called 'lockdowns') and many were financially distressed because many were unable to do their job from home (Pakpour and Griffiths, 2020). Some findings suggest that individuals with lower incomes may be particularly at-risk for the negative psychological outcomes of COVID-19 and related social and economic consequences (Tull et al., 2020).

Media coverage typically focused on the number of infected individuals and deaths arising from COVID-19. Such news imposed profound psychological

effects on all individuals worldwide (Pakpour and Griffiths, 2020). The media usually report on COVID-19 negatively—for example, by reporting the number of people infected and deaths while they were giving less focus on recovery rates initially. This also causes increased negative emotion and sensitizes people to instigate neglected risks for themselves and for others (Bavel et al., 2020). The impact of media reporting and public sentiments had a strong influence on the public and private sectors on ceasing services including airline services that were disproportionate to the true public health need (Depoux et al., 2020).

Emotions may lead to risk perceptions, sometimes more than information (Slovic et al., 2004). There are two ways in which emotion influences thinking during a risk (Peters et al., 2006). First, the emotion's quality and next the feeling used to make a judgment. With negative emotions up, people may rely on negative information about COVID-19 more than other information to make decisions (Bavel et al., 2020).

Increasing use of face masks by the general public accelerated the global supply shortage of face masks, with prices surging and reduced supply to frontline health-care professionals. People in some regions opted for repeated usage of disposable surgical masks but this could uplift the risk of infection (Feng et al., 2020). Certainly, some people do act selfishly so that some, especially those who are particularly vulnerable, experienced more distress (Van Bavel et al., 2020).

In contrast to all, a global pandemic also created opportunities to reduce religious and ethnic prejudice. Combined and interdependent efforts among individuals, and across communities and governments to fight the spread of disease can send strong signals of cooperation and shared values, which facilitates reorganization of earlier out-groups and in-groups under a single umbrella with a common motive finally resulting in a state of equal status (Dovidio et al., 2007).

COVID-19 and increase in suicide cases

The entire world under lockdown disrupted the normal lifestyle. Studies found that lockdown, isolation and quarantine elevate psychological symptoms such as depression, anxiety, phobia, trauma, etc. (Hawryluck et al., 2004) along with economic fallout and occupational deprivation paving way to psychiatric issues like depression, anxiety, stress, etc. (Rafi et al., 2019).

Widespread increase of the disease, irrespective of the area and people affected, induce fear among many people leading them to commit suicide because they believed that they would also contract the disease (Pakpour and Griffiths, 2020). Moreover, such a dilemma can impact people emotionally and psychologically, resulting in higher rates of loneliness, fear, anxiety, depression, stress, boredom, etc. (Brooks et al., 2020). Besides the fear of infection, the psychological distress is also due to stressors such as frustration, inadequate information, and financial loss (Rajkumar., 2020). Consequently, the unstable mental health conditions may easily lead the individual to commit suicide, and that is more prominent among individuals with preexisting mental illness making them unable to cope with the stressful situation (Dsouza et al., 2020). Concerning the COVID-19 outbreak (since late January 2020 in India), the first Indian suicide case (occurred on February 12) was stated due to fear of being infected with COVID-19 (Goyal et al., 2020).

COVID-19: influence of social media

Fake news and inaccurate information may spread faster than real news (Vosoughi et al., 2018). The information spreading via social media can strongly influence people's behavior and alter the effectiveness of the countermeasures deployed by governments (Shaman et al., 2013).

Within weeks of the emergence of the COVID-19 in China, misleading rumors and conspiracy theories about the origin circulated worldwide. Chinese restaurants, Chinese tourists etc. witnessed widespread distrust and outburst of racism (Depoux et al., 2020), which propagated the need to rapidly detect and respond to public rumors, perceptions, attitudes and behaviors around COVID-19.

Social media use predicted prejudice towards Chinese people during the COVID-19 pandemic in the U.S. Women felt more threatened than men as they are more likely to believe the presence of Chinese people has a negative influence on their welfare, political and economic power and increasing unemployment. Despite the threat being unreal, in-group members have prejudicial attitudes to out-group members (Stephan and Stephan, 2000).

In the U.S., social media has become a means to either discriminate against Asian Americans as well as to fight against prejudice. Media outlets are one of the main factors contributing to discrimination and xenophobia (Aten, 2020). Some media outlets even had misleading headlines such as “Chinese virus pandemonium” or “China kids stay home” (Wen et al., 2020).

On the other hand, social media also played a crucial role in spreading awareness and knowledge about public health; however, it has also been misused for spreading fake news, hatred and creating racism during epidemics and civil unrest. Messages containing fake claims about use of herbal and immunity-booster medicines, religious and spiritual ways for prevention and treatment were widely circulated which added to the confusion (Kadam et al., 2020).

Role of governments to control the COVID-19 spread

Schools, museums, cinemas, theatres, and any other social, recreational, or cultural center stay closed. Any gathering in public spaces was forbidden,

including sporting events and funerals. Most shops must stay closed. Those selling essentials, such as supermarkets or pharmacies, were asked to ensure a distance of at least 1 meter between customers (Lazzerini and Putoto, 2020).

Conclusion

The anxiety and concerns in society are globally affecting every individual to variable extents. Recent evidence suggests that individuals who are kept in isolation and quarantine experience significant distress in the form of anxiety, anger, confusion and post-traumatic stress symptoms. The knowledge and attitudes of the public are expected to largely influence the degree of adherence to the personal protective measures and ultimately the clinical outcome. The mental health issues are other major health concerns, which are expected to increase day by day during this pandemic.

It also recommends online-based mental health intervention programs as a way of promoting more reliable and authentic information about COVID-19 and making telemedicine available to required ones. The role of a psychiatrist during a pandemic such as COVID-19 should include (i) educating individuals about the common adverse psychological consequences, (ii) encouraging health-promoting behaviors among individuals, (iii) integrating available healthcare services, (iv) facilitate problem-solving, (v) empowering patients, their families and health-care providers and (vi) promoting self-care among health-care providers.

The governments should underscore an urgent need to effectively control the social media seeking a careful balance of its use and misuse. Health authorities should ensure that actions are taken based on reliable information that helps them understand the circulating narratives and changes in the flow of information, questions, and misinformation in communities.

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LITERATURE AND LITERARY THEORY IN THE PANDEMIC: POLEMICS AND PRACTICES

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Abstract

The pandemic urges humankind to center its discourses on the bare body of the individual. The body, then becomes a site of power and a locus for the state to exercise its control. With the growing uncertainty individuals have become willing to sacrifice their right to life and this has resulted in the production of *homosacers*. Literature and literary theory is not neutral to the unjust events that occur around the globe, and it posits a critical lens at the biological, ethical, philosophical and social subjects concerning life. Taking cues from the theories of Louis Althusser and Michel Foucault, the paper analyses how the government machineries function in a state of exception. It also throws light on the ideas put forward by Slavoj Zizek regarding the relationship between capitalism and the pandemic. The networked society is the present and future ecosystem and a medium for communication and transmission of knowledge. But it is controlled by the apparatuses via an algorithm and is a medium of post truth. The paper analyses the undercurrents of remembering and forgetting as advocated by the media today. The production of history has sidelined the voices of the subaltern and the less fortunate, especially in times of crisis. The paper highlights the possibility of literature to advocate the narrative of the silenced. Literature is an illustration of a free and open space in the society where different voices can coexist and find harmony.

Keywords: Homosacer, apparatus, post truth, remembering, forgetting

The relevance of literature when the world wrestles for life is a significant matter of discussion. The time calls for all estates of human power to focus on how to stay safe and how to save lives. Even capitalism seems to be at halt yet it strives its best to reinvent itself. The pandemic urges significant changes in the manner in which an individual perceives himself and his neighbour. The focus shifts from merit and social standing of an individual to the bare body. The human body is seen as a susceptible one or as a potential site of threat with respect to the disease. And this engenders an aura of panic and fear of the neighbour. Theories of the methods and importance of transnationalism have taken a standstill.

The theories on biopolitics and surveillance become pertinent in society once again. Issues such as privacy and right to space is brought to the dominance and control of the state. The situation of uncertainty is intensely pressing that the individual is ready to sacrifice his privacy in fear of life. Hence the state acquires an overpowering authority to draw and erase boundaries and juggle with the public and the private. Education, health, career, mobility and family is brought under the surveillance of the state. The individual, being a citizen of the state has little option but to comply with its policies. Pushing away the social and economic rights, the right to life is considered the supreme of all. In the writings of the Italian philosopher and thinker, Giorgio Agamben explains that the situation such as this is characterised as a state of exception, where all the laws of the land can be suspended by the state in order to exercise control. The state of exception leads to the production of *homosacers*. A *homosacer*, a figure from the Roman law is an individual who is banned from the society but can be killed by any person. He is an unholy figure who cannot be sacrificed in any religious process and acquire an inside-yet-outside position. In the current socio-political context, a person affected with COVID-19 virus is

a *homosacer*. The right to life is determined by the government in power. The living conditions in quarantine, the route-map or travel history, family, acquaintances are all brought under surveillance. The functioning of the government during pandemic has exposed its folly of privileging certain bodies over the others when it is ready to cater to the needs of a few, whereas the others do not matter at all. The conundrum of bio inequality and bio legitimacy brings an ethical and cultural crisis.

Censoring and infiltration of data and media is another sign of power in daily life. Slavoj Žižek in *Pandemic: Covid-19 Shakes the World* discusses the experiences of Li Wenliang, the doctor who discovered the impending virus as a threat to the world. His information to the media was distrusted and censored, and he became martyr of free speech. According to Wenliang the virus became uncontrollable because China was adamant to believe in its own ideology (9). The situation stresses on the need for the presence of different opinions be it similar or contradictory. This would give an ordinary citizen varied options to choose from before developing a distinctive viewpoint. “There should be more than one voice in a healthy society, said doctor Li from his hospital bed prior to his death... it demands an open space for citizens’ critical reactions to circulate” (10).

Žižek discusses the relationship between capitalism and the pandemic. “The coronavirus epidemic confronts us with two opposed figures that prevail in our daily lives: those, like medical staff and carers, who are overworked to the point of exhaustion, and those who have nothing to do since they are forcibly or voluntarily confined to their homes” (19). The first category of figures is celebrated once in a while after which they are forgotten. They are remembered when there is a sensational detail, but when it extends to the issue concerning their wages, living and health conditions, their voices are often

ignored. There emerges a privileging of those lives that matter and those that do not. This classification results in a hierarchy that compartmentalise resources and favour the fortunate. This distinction also happens when the news and the media record experiences of people. The information that discusses a concern of a celebrity in crisis is regarded as a potential source of deliberation and hence it would be barged to the frontlines. But the experiences of the common man is often left to the margins, or not discussed at all. The larger narratives of the media are overshadowed by the apparatuses. In their oeuvre, Michel Foucault and Louis Althusser have dealt with the power structured around the discourse. According to Foucault the production of knowledge is directly linked to the ones that have a control of power in the society. For instance, the material available on televisions can be scrutinised to understand that each channel perpetuates the ideology of the party and politics that they subscribe to. In *Ideology and Ideological State Apparatuses* (1970) Louis Althusser distinguishes between the functions of the two kinds of apparatuses: the Repressive State Apparatus (RSA) and the Ideological State Apparatus (ISA). The former consists of the armed forces and the police, and the latter denotes institutions such as religion, family, trade, media and others. The two forces function unanimously to maintain order in the society. In the pandemic the algorithm of knowledge circulated in the media is regulated and controlled by the government via the apparatuses. The voices and problems of people working in the forefront to battle the virus, i.e. the health care workers, and the data on the number of people infected, death tolls are altered and misrepresented in the mainstream media. Joe Martino in “Exposed: YouTube, Google & Facebook Blatant Censorship Tactics” discusses the issue of modern censorship that curtail ordinary people of receiving factual information. “Censorship has shown up in the form of calculated social media algorithms that push out ‘unfavourable content,’ and it has even shown up as extreme as all

out action to delete accounts or profiles on social media platform whose voices dissent from mainstream narratives” (Martino). The information displayed is then designed to suit the narrative of the government in place.

The dynamics of remembering and forgetting is analysed by the interdisciplinary field of Memory Studies. It incites academics to think of history as more than a circular or linear model of representation. It combines intellectual outline of ideas from anthropology, politics, philosophy, psychology, education and sociology. According to Memory Studies, forgetting is never an innocent act. Most of the time it is intentional and done for convenience unless confronted with a medical condition. What is remembered as history is cross examined by historiographers to conclude that history is always partial and never complete. A historical text will inevitably honour certain perspectives, and will therefore leave gaps or what is otherwise known as intentional silences. The British social anthropologist, Paul Connerton distinguishes between the seven types of forgetting: repressive erasure; prescriptive forgetting; forgetting that is constitutive in the formation of a new identity; structural amnesia; forgetting as annulment; forgetting as planned obsolescence; forgetting as humiliated silence (Connerton 60). Repressive erasure, in its most brutal form surfaces in totalitarian regimes. Connerton mentions the predicament of the rulers and other powerful persons; on their death or after a revolution they were declared to be enemies of the state by the Roman criminal and constitutional law (60). For the condemnation of memory their images were destroyed, statues were razed to the grounds and their names were removed from all inscriptions (60). “Repressive erasure can be employed to deny the fact of a historical rupture as well as to bring about a historical break... need not take malign forms, then; it can be encrypted covertly and without apparent violence” (60). Prescriptive forgetting is also an act of the state, “but it differs from erasure because it is believed to be in the

interests of all parties to the previous dispute and because it can therefore be acknowledged publicly (61). It presupposes a collective forgetting of a memory by a body in order to continue its functioning. Forgetting that is constitute in the formation of a new identity is the process of discarding certain memories that “serve no practicable purpose in the management of one’s current identity and ongoing purposes” (63). Structural amnesia was identified by John Barnes in his study of genealogies. In this type of forgetting a person remembers only those connections “in his or her pedigree that are socially important” the others are systematically forgotten (64). Forgetting as annulment results from a “surfeit of information” (64). In the twentieth century the great archivalization and new information technologies have brought surplus amount of information that the concept of discarding memory became necessary (65). Forgetting as planned obsolescence is built over the capitalist system of consumption. It is very important for the functioning of the market as consumer ‘objects’ obey the pressure of increasing velocity of innovation and neglect long term planning before buying a product. Forgetting as humiliated silence implies the purposeful attempt at forgetting after a distressing event. Connerton refers to the anonymous war diary, *A Woman in Berlin*, that recounts the author’s experiences from a few days at war (20 April to 22 June 1945) covering the escape from air raids, Hitler’s suicide, bombardment, artillery fire and rape. It was published in English translation and later into seven other languages. But it took another five years for the book to find a German publisher. “The German readership reacted to the book with neglect, silence and hostility, for it broke the taboo of post-war amnesia” (69). German women were denied from speaking about rape or about their sexual past which were for the sake of survival as it affected the honour of the German men. In 1923, the International Labour Organisation calculated that about 10 million soldiers from German, Austro-Hungarian, French and English

armies walked the streets of their country after the war (69). There were 10 million mutilated men who were half or totally blind, disfigured or, missed a hand or a leg that hobbled around like ghosts in streets (69). They never received any financial assistance from the country that they served in their healthier days. “They were dismembered – not remembered – men; many were subject to chronic depression, frequently succumbed to alcoholism, begged in the street in order to be able to eat, and a considerable number of them ended their days in suicide” (69). They were kept away from public sight because “the living did not want to remember them; they wanted to forget them” (69). Forgetting of seven kinds operate in this manner.

In this pandemic the narrative that acquires a voice in the media is to be analysed very closely to understand that there is larger power at play. The information broadcasted for the public is controlled by government. In Kerala, the number of COVID-19 cases reported from the month of March 2020 to September 2020 appears to have climbed in numbers. But the common man is made to believe that the government and its health ministry have a controlled check over the spread of the disease. Any information that is likely to instil panic among the society is curtailed and any voice that criticises the measures of the government is reprimanded by the ministers-in-charge. The Central Government of India attempted to celebrate the efforts of the health workers during this period. But when these professionals had put forward their demands for a better and safer work environment the government paid no heed. By the month of September 2020, the media has forgotten the debates on such essential subjects.

This spearheads the discussion on post-truth which is the information manipulated and broadcasted to attract emotional validity and to gain the

interest of the public. Here, facts are obfuscated and viewed as irrelevant, whereas attitudes, interests and beliefs are given more importance to the shaping of public opinion. The consumers of post-truth submit to a kind of wilful ignorance by sacrificing their ability to verify the fact value behind it. The networked society which consists of the media and television is the present and future ecosystem that can bring transformative changes in the reception of truth. It is also an avenue for the trumpeting of post truth. The networked society can shape and disseminate discourses regardless of its authenticity and credibility. In this vogue, elections are won, authorities are pulled down and corrupted bodies are painted as angelic. Therefore after an event (here, the pandemic) the voices recorded as history and cultural memory is not apolitical. Herein lies the relevance of literature that becomes a medium for recording individual voices that counter the mainstream narrative. Literature has the inexorable quality to mirror the predicaments of the unrepresented or the subaltern. It can be a polyphonic medium to display numerous voices that do not receive representation. Testimonial narratives from survivors of an event or political crisis in literature have the potential to change history, politics and life in itself. It gives a first-hand account of the individual experience, and is not shadowed by the influence of the historian. Fiction in literature is perceived as reconstruction, and can therefore develop to be subversive arena of protest. It can represent the alternate possibilities and temporalities of an event, and can reconstitute another universe within itself. It has an extended quality to reach out and influence readers to think of an altogether different possibility. Its prospective outlook can stimulate readers to re-vision the future as a healthier place to live.

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“WHAT THE STORIES TELL US”: A GLANCE THROUGH PANDEMIC LITERATURE

“Yes, there was an element of abstraction and unreality in misfortune.
But when an abstraction starts to kill you,
you have to get to work on it.” -Albert Camus

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Abstract

Each epoch of human existence is marked through literature which is perceived as the milestones of human race. It teaches, instructs, revives, enlightens and more over assures us of hope in times of fear and anxiety. This research paper aims to learn from notable literature scripted about pandemics and contagions that have occurred so far, and attempts to analyse the way in which these scriptures, that records the history, helps the survivors of the current pandemic, who struggles to rebuild their worlds among the ruins.

Keywords: Pandemic literature, contagion, fear, hope, solidarity.

The existence of Pandemics has always been marked throughout the world’s history, and literature has never failed to mirror them. Not only does it records instances, but also teaches us the patterns that commonly and repeatedly occur. It aids us to foresee matters accurately and balms the unnerved minds with an assurance of a revived ecosystem. In the article *On Pandemics and Literature* Simon says, “Narrative is an attempt to stave off meaninglessness and in the void of the pandemic, literature serves the purpose of trying, however

desperately, to stop the bleeding”. In the times of pandemic, fear travels much faster than the epidemic, through false assumptions. It is more likely for a misinformed person to be vulnerable to the threats of anxieties, than a learned man, which is much toxic than the real epidemic.

Literary history traces many similarities between the effects of pandemics, which are beyond the medical standpoint. In the New York Times, Orhan Pamuk shares, “The initial response to the outbreak of a pandemic has always been denial. National and local governments have always been late to respond and have distorted facts and manipulated figures to deny the existence of the outbreak.” The initial denial of the larger damage caused by the epidemic is seen as a common factor, because it directly impacts upon the stability which nobody chooses to put under stake. The preference is to trivialize the contagion and to make a passing conjecture that the situation is under control. As victims of Covid-19 pandemic, we are quite familiar with this denial as well as various strategies adopted by governments in the initial phase. An example can be drawn from San Francisco plague of 1900-04, where the authorities of California renounced the impact of the bubonic plague. Followed by the quarantine “The city fathers, fearing the economic consequences, made a concerted effort to conceal the discovery” and was exposed to wide criticism (Kalisch 113). A similar ‘denial’ is identified in the fiction *The Scarlet Plague* (1912) by Jack London. It is one of the first post- apocalyptic fictions set in the backdrop of ‘Red Death’ in America, and the story takes place in the year 2073 which is sixty years after the uncontrollable contagion. The work mentions that people were not alarmed as they “were sure that the bacteriologists would find a way to overcome this new germ, just as they had overcome other germs in the past” (qtd. in Riva). The novel which is set in the year 2013, feels to be current as the reader is able to relate it with existing conditions of pandemic fear.

The Italian writer Alessandro Manzoni in his work *The Betrothed* also records the denial of Government about the threats of the plague in Milan during 1630. The local population gathered to protest since the Government was not even willing to cancel a local Prince's birthday celebration (Pamuk). This casual ignorance from the Government later accelerated the rapid spread of the plague massively. In all the cases, the initial denial of the contagion is replaced with fear only when the shocking quickness of the germ is apparent, resulting in direct impact. One more similar case can be traced from the work *A Journal of the Plague Year* written by Daniel Defoe published in 1722, that documents the real statistics of plague deaths occurred in London in 1664. It was manipulated by local Government, for the figures to appear lesser. Most of the literature written on contagions regards the ignorance and insensitivity of the Governments as the sole reason behind the worsening of the situation.

Common human behavioural patterns are identified historically since the outbreaks of plague and cholera, right up to Covid-19 pandemic. Primarily all these "reflect upon the ancestral fear of humans toward infectious diseases" (Riva). Whenever a contagion spreads, people tend to interpret it not only as a threat to their lives, but also, they share a terrible fear about the end of the world. Even in current conditions of pandemic, where the world stands still due to lockdown agendas, we witness this fear right before us. The exodus of migrant labourers to their homelands, no matter how famished or fatigued they are, is an apt example of this hysteria. As the germs spread fast and uncontrolled, people experience a fear that they have never felt before, reflects on realms of morality and justice as well. In the so-called civilised and modern world, the anxieties regarding these invisible germs tend to generate irrationality and most notably- avarice. In most cases, people behave in different ways as an aftermath of a pandemic outbreak. Some prefers quarantining themselves from the

contagion whereas the others indulge largely in riots, robbery and even murder, for the fear of survival. Even in today's world, Darwinian theories resonate, as the scattered survivors struggle to fight for their existence. It is quite frightening to witness the civilised man's return to primitive barbarianism, when circumstances turn unfavourable.

Fear of epidemics persists throughout human history, and it is likely that people yearn to put the blame on someone or something for the misfortunes. This tendency is repeatedly spotted every time a contagion occurs, and it continues to recur even now, as we witness allegations showered on China and persecute it to be sole reason for the Covid-19 outbreak. In the historical novel *The Betrothed* (1827), which is considered as the most realistic work written about contagions, "Manzoni describes a figure that has been a fixture of the popular imagination during outbreaks of plague since the Middle Ages: Every day there would be a rumour about this malevolent, demonic presence who went about in the dark smearing plague-infected liquid on doorknobs and water fountains" (Pamuk). Such rumours have circulated from Renaissance onwards and are quite common too. During the times of Antonine smallpox plague, Emperor Marcus Aurelius blamed Christians in the Roman empire for the cause, ". . . as they did not join the rituals to propitiate the Roman gods. And during subsequent plagues Jews were accused of poisoning the wells both in the Ottoman Empire and Christian Europe" (Pamuk).

In ancient times, plagues were seen as the repercussions of God almighty for the misconduct of human race and it is extensively recorded in various parts of Bible. "In the Bible (e.g., Exodus 9:14, Numbers 11:33, 1 Samuel 4:8, Psalms 89:23, Isaiah 9:13), the plague was viewed as one of God's punishments for sins, so the frightening description of its spread was interpreted as a warning

to the Israelites to behave morally” (Riva). Even in Greek literature such as *Iliad* (Homer) and *Oedipus the King* (Sophocles) the link between sin and punishment can be traced. It is only much later that people became aware that plague never distinguished between moral and sinful, but unfortunately triggers much greed and immorality. In *Canterbury Tales* (1392), Geoffrey Chaucer clearly demonstrates this impression of sudden upsurge in the growth of violence and corruption, which he exposes as the immediate result of the anxiety over plague (Beidler 259).

More than mere narration of incidents, pandemic literature reminds us about the temporary nature of our existence that is perishable at any point of time. Some notable literary works on pandemic are *A Journal of the Plague Year* (1722) by Daniel Defoe about the Great Plague of London of 1665, *The Betrothed* (1827) and *History of the Column of Infamy* (1829), written by Italian novelist Alessandro Manzoni, which describes the plague that struck Milan around 1630, the apocalyptic novel *The Last Man* (1826) by English novelist Mary Shelley about plague attack in a futuristic world, *The Masque of the Red Death* (1842) a short story by the American novelist Edgar Allan Poe, and the post-apocalyptic fiction *The Scarlet Plague* (1912) by Jack London about the Red Death of 2013, which is retold in 2073 America. In the short story *The Masque of the Red Death*, plague is personified and appears as a mysterious figure. More than the plague, people got affected by the fear of death, through which the author intends to remind the readers about transient nature of human life. In the novel *Station Eleven* (2014), Emily St. John Mandel instigates the need of literature in post pandemic era. She asserts that the duty lies in the hands of literature to restructure the world for the survivors who battles for their existence.

Unlike the current times, in a world without media or internet, people created fear through their imaginary powers, and they fancied conditions of plague through stories of their own sensibility, creating much havoc. People relied on their imagination which gave “each person’s fear its own individual voice, and imbued it with a lyrical quality — localized, spiritual and mythical” (Pamuk). As a privileged generation, we have access to unlimited reliable sources of information than any other times of pandemic history. Thereby, the fear we experience currently is based on authentic information and hardly tinted with individual estimation. Fear of death intensifies our solitude, “. . . but the recognition that we are all experiencing a similar anguish draws us out of our loneliness” (Pamuk). However, pandemic leads to a fear that is capable enough to alter human mannerisms and conduct that result in the breakdown of civilisation. History and literature have taught us enough of the aftermath of contagions and plagues, that only through solidarity and cohesion the society will be able to recover. Stories about pandemics repeatedly assert that, “We have seemingly become such lords of nature that we’ve altered the very climate and geologists have named our epoch after humanity itself, and yet a cold virus can have more power than an army” (Simon). Literature is an affirmation of our ephemeral lives that eventually assists to reform our understanding of human existence and thus motivates to reconstruct our worlds upon the remains.

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MANAGING BIPOLAR DISORDER IN COVID-19 PANDEMIC SITUATION

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Abstract

The novel corona virus disease (COVID-19) is a global health crisis that affects directly or indirectly the mental health of patients with bipolar disorders. Control measures to break off the spread of COVID-19, such as lockdowns and social distancing can cause emotional stress and adverse psychological effects in patients with depressive disorders. People with mood disorders have high rates of co-occurring medical conditions such as obesity, diabetes and cardiovascular disease. While maintaining a healthy schedule with relaxing activities, proper sleep wake cycle, taking the prescribed medicines and contact with mental health professionals can help these patients to lead a near normal life, extra care should be given by the family members and friends to help them overcome this stressful situation.

Keywords: COVID-19, Lockdown, Quarantine, Bipolar, Social distancing

Introduction

Bipolar people are sensitive to factors that disturb the biological and social rhythms. COVID-19 has disturbed the habitual patterns of sleep and wakefulness. The psychological distress levels are increased in people with mood disorders (Rajkumar, 2020). Mood disorders in bipolar individuals are a set of chronic psychiatric symptoms characterized by onset of manic or

hypomanic episodes followed by depressive episodes (Dubey et al., 2020). These pathological variations of moods are commonly accompanied by variations in energy, sleep and behaviours. We can observe risky behavior, psychotic symptoms (delusion, hallucination, etc.), aggressiveness or suicidal behaviour in its most severe forms (Van Rheenen et al., 2020). The reason of this disease is not exactly known but genetic, neuro biochemical and environmental factors seem to contribute a major role in this disorder. The Mood stabilizer treatment, medications associated with psychotropic clinical symptoms should be continued if prescribed by the mental health professionals. The psychotherapy and a healthy lifestyle with a regular rhythm of life are very useful for the prevention of relapses in bipolar people (Karrouri et al., 2020). Therapists should be in contact with the patient over phone to avert the behaviour crisis which may occur if not attended (Kopelovich et al., 2020).

Problems faced by Individuals with Bipolar Disorder:

Bipolar patients and their caretakers face mental stress in this tough time. This may be due to the following factors:

People with bipolar disorders follow a structured style in their day to day life. They find it difficult to maintain this during these tough times. Regular treatment is important for people with bipolar disorder, but quarantine interfere with appointments and procuring medications regularly. It is difficult for patients with bipolar disorder to maintain social distancing and isolation from their loved ones. Fear of own illness and concern regarding the loved one's health can also elevate distress level in these people. The disappearance of a near normal life can be overwhelming to a bipolar person in a depressive episode. Being in isolation or under quarantine can be extremely difficult for people having manic or hypomanic episodes.

Complications:

Mood Change and suicide tendency is observed in COVID-19 patients. Though the significance of the association is unclear, it may be due to the neurotrophic potential of the coronaviruses and their ability to provoke a systemic inflammatory reaction; which is associated with the mood dysregulation (Okusaga et al., 2011). The other concern in this patient group include the general stress associated with a disease outbreak. The COVID -19 triggers anger and helplessness in these people. The thought that treatment will be denied during an epidemic can trigger a relapse in these individuals. The patients in a manic or hypomanic episode may fail to follow the rule of social distancing or other hygienic measures, placing them at a high risk of infection. Home confinement and social distancing can potentially disturb the habitual patterns of sleep and wake cycle. Their support system if disrupted can lead to adverse outcome.

Stress management in Bipolar patients during COVID-19

People with bipolar disorder must acknowledge that these are stressful times and it is quite natural to feel concerned. These individuals should establish a schedule for work, relaxation and social networking. They should keep in touch with friends and family while maintaining correct social distancing measures. They should eat healthy meals at a fixed time. People with bipolar disorder should maintain good sleep habits. Doing some outdoor activity everyday should be encouraged.

Staying fit by means of physical activity such as walking, jogging, running, biking, aerobic exercise in an online mode can be encouraged. They should try to do online therapy sessions like virtual therapy. It is good if they could make arrangement with the pharmacy to deliver the medication to the

house. Performing various relaxing activities like yoga and online music session which gives calmness to the mind and energy to the body can be encouraged.

When to seek help

If the friends and families are concerned about the mental health of the patient, it would be a good idea to speak with a mental healthcare professional. It is of utmost important that during the pandemic mental health problems should be regularly monitored and kept under control.

- a) If an individual show any of the following signs for a few days or more, it is better to seek help at the earliest.
 1. Talking more in an unusually excited way than normal
 2. Unable to sleep properly thinking that sleeping is not necessary
 3. Racing and unwanted thoughts
 4. Overconfidence and euphoria
 5. Behaving recklessly and impulsively

- b) Similarly, if an individual shows signs of any of these depressive symptoms for a few days or more, it is time to seek help:
 1. Feelings of despair and the thought that they are not good for anything and loss of hope
 2. Lack of interest in things which they enjoyed doing previously
 3. An inability to focus their thoughts or concentrate
 4. Changes in sleeping, eating, or bathing habits
 5. Feeling of worthlessness

- c) If a person is thinking of suicide, it is important that they get immediate help.

Conclusion

The pandemic forced us to rethink on how to improve the psychological and psychiatric intervention services specific to bipolar disorder. These measures should not only include regular home visits with social distancing measures in place but also the telepsychiatry assessment should be done in a regular basis. The online prescription and medicine delivery, teletherapy, online psychoeducation programs, online mindfulness based interventions, telepsychology management interventions, online sleep management by playing relaxing music, hygiene resources and apps, and facilitating access to existing phone and online support lines staffed by mental health professionals trained in treating bipolar disorder should also be implemented at the earliest. The emerging number of apps and mental health resources may play a positive role. Training and supporting clinicians to go to places where people may not have internet facilities and taking care of their mental health is the need of the hour.

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A REVIEW ON SOCIO PSYCHOLOGICAL IMPACT OF COVID-19

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Abstract

Coronaviruses are a family of viruses that cause respiratory diseases that range from common cold to more serious diseases eg: Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The spread of the SARS epidemic in 2002-2003 was successfully contained through effective control measures. Unlike SARS, the emergence of a new coronavirus strain called coronavirus 2 (SARS-CoV-2) or Coronavirus disease 19 (COVID-19) in Wuhan, China in December 2019, has become one of the biggest threats ever faced by mankind in history. This has profoundly impacted nations worldwide. This review has been undertaken to define the psychological impact of COVID-19 on different groups of people in the society. The pandemic has caused financial, economic, health and social crisis which has led many to become psychologically and mentally dysfunctional. Public fear of COVID-19, referred to as "corona phobia," has created several mental symptoms in the general public. This psychological toll was on all groups of people, including elderly and children. People of various economic strata that include working professionals, marginalized communities, domestic caregivers, are all equally affected. Social media and other mediums of instant information also contributed to this condition. Eventually the post COVID era would redefine the way of human life from the pre-COVID era.

Keywords: Psychosocial, COVID-19, Quarantine, Mental Health, Stigma, Pandemic

Introduction

The coronavirus infection or COVID-19 outbreak is one of the biggest medical challenge faced by humankind in recent times. The episode of COVID-19 that began in China in December 2019, has spread to practically all the nations of the world by January-February 2020. The World Health Organization declared COVID-19 as a pandemic on March 11, 2020, and on March 31, 2020, about 7 lakhs cases have been confirmed and more than 33,000 deaths have been reported (Chakraborty et al., 2020). COVID-19 has resulted in a widespread change in the lifestyle of people in the past few months. It has affected people mentally, financially and emotionally since its spread. While the physical and financial impact find a voice by many, the emotional side somewhere remains less expressed but no doubt it is of great relevance and needs to be analyzed. Although isolation is the most desirable option and proposal to check the rapid spread of disease, this may affect various components of the well-being of isolated patients, particularly those referred to as being at higher risk. This unpredictable, fast spreading infectious disease has been causing anxiety and distress, all of which according to WHO are natural psychological responses to the randomly changing conditions (Ghosh et al., 2020). Adverse psychosomatic outcomes among common people are nevertheless expected to increase significantly due to the pandemic itself and due to constant flow of readily available information and reinforced messaging obtained via online social networking services of almost all forms (Ghosh et al., 2020). As a result, quickly extending widespread panic and frenzy with respect to COVID-19 may bring forth suffering mental issues. Earlier studies indicate that psychological stability is adversely affected by devastating worldwide pandemics (Ghosh et al., 2020). In this context, knowing the various possible ways by which COVID-19 pandemic can impact the psychological well-being of the world is crucial.

COVID-19: Impact on working individuals

COVID-19 pandemic is indicative of how unstable and uncertain our lives can be in an unprecedented situation for most citizens around the world today. The nationwide lockdown enforced in various countries has limited the mobility of people and forced the employers to work from home, bringing a tremendous impact on the work culture. The 'work from home' has ensured a healthy work-life balance and created a tensionless mind among themselves and their family. But there are also negative effects among some people which include, working ladies who are unable to work from home, people with lack of knowledge about the internet and its various options which will increase the workload and also lead to stress. Global mobility has also come to a standstill at the lockdown period. People stay updated and feel connected through many digital platforms such as Google Meet, Zoom, Easyclass, Microsoft Teams, Google Hangouts, Join.Me, etc. During this period people are looking for several other alternative methods to carry out their work. Sarah Kirby, Group Head, Organization Design and Human Resource Strategy of Zurich Insurance Group says, COVID-19 is a catalyst to reinvent the future of work for managers. It has a direct impact on the responsibility surrounding youth employment. Through industries and economics, this crisis sent shockwaves, but perhaps its greatest impact was human, namely fear and confusion (Kirby, 2020). This period has made us supportive of one another, as we all face uncertainty. The pandemic and lockdown are putting pressure on employees in ways that not only test their well-being and private lives but also the society as a whole (Kirby, 2020). Even though there are some positive sides regarding the work from home, there are also many working individuals who have lost their job because they were not able to work from home.

Marginalized Community

Marginalized groups exist everywhere and these groups experience discrimination and exclusion because of the unequal power distributed either in social, political, or economic basis. Migrant workers generally have a high prevalence of psychological problems, due to misery and low quality of life, which are further threatened by administrative forced isolation and loss of wages during COVID-19. Considering the fatal quality of this epidemic, transitory displaced persons and inhabitants of the ghetto are at high risk of contracting and rapid dissemination (Ghosh et al., 2020). The migrant workers experience the highest level of distress (Qiu et al., 2020). Losing jobs, leaves these individuals unable to make both ends meet, ultimately leading to frustration, poverty, depression and mental anguish, finally promoting utilitarian impedance and increased suicide rate (Subbaraman et al., 2020).

During this pandemic, which is inferable from controversial government policies, slum dwellers may also encounter a steady fear of enmass removal. They don't have the option to stay home and work, their work is all outside the living space. The long lockdown period has adversely affected the life of migrant workers, daily wages and billions of slum dwellers worldwide (Liem et al., 2020).

Effect of COVID-19 on different age groups

Children:

During the outbreak of the pandemic, community-based migration programs such as the closing of schools, parks and playgrounds disrupt the usual lifestyle of children and create distress and confusion (Ghosh et al., 2020). Both young and old children are challenged to cope up with the situation which can lead to impatience, annoyance etc., causing physical and mental

violence by overly pressurized parents (Ghosh et al., 2020). These troublesome and adverse mental consequences in children are caused due to the lack of face-to-face contact with classmates, friends and teachers, lack of personal space at home, families and financial loss during lockdown. Kids parented by single parent who has the role of health care workers dealing with COVID-19 patients may experience the ill effect of change if their parents should be isolated; this can lead to prolonged psychological impact. Being at home can place some children at increased risk of violence or make them witness to interpersonal violence if home is not a safe place, this is something that is very concerning.

Although all children are perceptive to change, young children may find the changes that have taken place difficult to understand and both young and old children may express irritability and anger. Children may find that they want to be closer to their parents, make more demands on them and in turn some parents or caregivers may be under undue pressure themselves. This can be addressed by giving young people the love and attention to resolve their fears and being legitimate with youngsters, clarifying what's going on in a manner they can understand. Parents also need to be supported in managing their own stresses so that they can be models for their children. Mental wellbeing and mental help administration ought to be set up and child security administrations should be adapted to ensure that the care is still available for children of families who need it.

Old age people

The thoughts that older people and individuals with genuine comorbidities are that they are especially powerless against more regrettable results from COVID-19. This can cause fear among the old (Ghosh et al., 2020). Indoor physical activity can be a possible therapy not only for

maintaining a healthy physical well-being but also for neutralizing the mental impact during this difficult period. Old people and also those with underlying health conditions have been identified as more vulnerable and this can be extremely frightening and fear inducing.

The mental effect for these populaces can incorporate tension and feeling focused or angry (Li and Guan, 2020). Its effect can be especially hard for more seasoned individuals who have been encountering intellectual decrease or dementia. There are many things that old people can initiate themselves or with the support of a caregiver to protect their mental health at this time. It includes undertaking physical activity, keeping to routines or creating new ones and engaging in activities which give them a sense of achievement. Maintaining social connections is also important. Some old people may be familiar with digital methods and others need guidance in how to use them.

General Public

Mass fear of COVID-19 termed "corona phobia" because of the dubious character and capricious course of the sickness can create pessimistic reaction including maladaptive practices and evasion response among citizens (Asmundson et al., 2020). Anxiety is a common reflex to any stressful situation (Roy et al., 2020). Members at home can find it emotionally difficult if they are unable to visit their sick relatives at the hospital because of strict lockdowns. Religious misbelief and communal disharmony are significant issues which may discolor all the incredible endeavors taken against the pandemic in India. Reports of expanding abusive behavior at home especially towards women were reported universally during this pandemic (Ghosh et al., 2020).

COVID-19 pandemic sweeps across the world causing widespread concern, fear and stress. With the destructive effect of COVID-19 including social distancing currently dominating our daily life, it is important that people check on each other, call and video chat and are mindful of and sensitive to the unique mental health needs of those they care for. The anxiety and fear ought to be recognized and not be disregarded and should be better comprehended and tended to by people, networks and governments.

Healthcare workers and domestic caregivers

The mindset and the mental health of front-line workers during the pandemic are unpredictable and complex. Studies of the 2003 SARS outbreak in Canada, Taiwan and Hong Kong have addressed how the war against SARS has led to enormous psychological morbidity among frontline HCPs (Ghosh et al., 2020). Health care workers are at a significant risk of adverse mental health outcomes during the COVID-19 outbreak. Reasons for this include long working hours, risk of infection, shortages of protective equipment, loneliness, physical fatigue and separation from family (Kang et al., 2020). An increase in COVID-19 cases has made acute anxiety, irritation and stress among doctors and nurses common (Ghosh et al., 2020). Health care providers (HCP) directly involved in the care-taking of confirmed/ suspected COVID-19 patients are being isolated and quarantined and this kind of separation from their family can even create an emotional toll among them. Daily basis hospital workers are also facing a risk of anxiety regarding the fear of transmitting the disease, especially if there are elders as well as toddlers in the family. Due to a lack of conclusive therapies, preventive vaccinations and an uncertain duration of incubation of the virus as well as its potential asymptomatic transmission, a sense of worry may increase among clinical staff (Ghosh et al., 2020).

The recently produced secondary traumatic stress responses because of this pandemic may incorporate exhaustion, dread, withdrawal and blame (Ghosh et al.,2020). Members at home may feel it emotionally difficult if they cannot visit their sick relatives in the hospital due to strict lockdown situations. It is very important that the respective authorities should classify the high-risk psychological morbidity classes during COVID-19 by proper screening. The WHO recently found that 45% of health workers in China are suffering while the prevalence of depression in Ethiopia tripled in April, “2020” alone (Kirby, 2020).

COVID-19 Pandemic: Challenges

Pandemics are far from being just medical phenomena. They disrupt personal and professional lives severely and affect people and societies on several levels. The key strategies promoted for containment of an outbreak of this nature are isolation and physical distancing, both can have significant impact on life and relationships. Like any other fast spreading infection COVID-19 comes with an exponentially increasing baggage of misinformation. Constantly thrown at via social media, fueling stress and mass hysteria. In addition, the fear of transmission generates stigma, marginalization and xenophobia, kicking in the fear of fellow humans. The WHO's mental health and substance abuse department has emphasized the importance of a mental health response to the growing COVID-19 situation (Banerjee, 2020).

Protecting the most vulnerable

According to some authors, the vulnerable groups include older adults (Yang et al., 2020), homeless people (Tsai and Wilson 2020), migrants (Liem et al., 2020), the mentally ill (Wu P et al., 2009, Zhu et al., 2020) pregnant women (Fakari and Simbar, 2020). Social or physical distancing and the risk of

losing livelihoods to a pervasive stress puts a burden on vulnerable populations. Many small-scale business or setups are going bankrupt and government policies to help them appear far-fetched. They also need to be made aware that help is available (Banerjee, 2020).

Corona positive - a stigma

The COVID-19 outbreak has also given rise to stigmatizing factors like fear of isolation, racism, discrimination and marginalization with all its social and economic ramifications. A stigmatized community tends to seek medical care late and hide important medical history, particularly of travel; this can increase the risk of community transmission (Ghosh et al., 2020). During the start of this epidemic most people hesitated to wear masks fearing they may be isolated from the social group to which they belong. Studies have explained that mental well-being have been heavily affected in this global pandemic (Ghosh et al., 2020).

Netizens, social media and COVID-19

Social media has made some disastrous effects on control and outcomes of the pandemic. Within days of the outbreak in China, the "social media panic" created by fake and negative information which spread faster than the coronavirus was referred to as "coronavirus infordemic" by the Director General of WHO (Depoux et al., 2020). This has created confusion and panic among the mass. This invites several overwhelming mental burdens in the form of anxiety, phobia, panic spells, depression, obsession, irritability, delusion of having symptoms like COVID-19 and other paranoid ideas. On the other hand, social media played a positive role in suppressing the effect of the disease by focusing the mind towards other things like actors practicing dish preparation, creating artistic knowledge and so on.

As a result of 'lockdown' created by this epidemic, man has re-established his long-lost link with nature, which through agriculture is so indispensable for his overall survival and sustainability, as well as adopting healthy habits, such as exercise, yoga, meditation etc.

Home quarantine for "homeless"

India with many homeless people may face specific challenges while battling COVID-19 (Tsai and Wilson, 2020). For homeless people, many of the COVID-19 prevention initiatives aimed at the general population, such as self-isolation, increased hygiene, home containment and strict social distance, are not feasible. For them it is very difficult to face this challenging situation. Most of them suffer from chronic mental illness, drug addiction, difficulties in accessing adequate treatment and increased mortality, which in this crucial time may be worsened (Ghosh et al., 2020). Many still lack adequate food and shelter, this pandemic situation has an adverse impact on them. State and concerned non-governmental organizations (NGOs) will resolve the protection of the rights of this unprivileged segment of society, providing them with proper shelter and healthcare (Vince, 2020). The forceful hospitalizations and imprisonments make the homeless people more sensitive to this situation.

Effect on people with pre-existing psychiatric illness and the role of mental health care workers

Patients with pre-existing psychiatric illnesses may be at increased risk of relapse or new episodes of COVID-19 outbreak stress (Wu et al., 2009). Mentally challenged patients are increasingly inclined to contact resistant infections. Specific attention needs to be paid for more vulnerable groups such as quarantined people, HCPs, children, older adults, marginalized communities (including daily wagers, migrant workers, slum dwellers, prisoners, and homeless

population) and patients with previous psychiatric morbidities. Healthcare providers (HCP) in case of patients with COVID-19 are provided with mental health care. Various online platforms have been used by mental health care takers to provide proper guidance and direction to HCPs regarding the psychological issues. In order to prevent separation and stigma around COVID-19, administrative officers, political pioneers, and social insurance specialist need to assume a necessary job for keeping up interracial accord during and after the pandemic.

The psychosocial burden of quarantine and isolation

Even though quarantine is a fundamental disease control tool, the consequence of this quarantine on mental health and well-being at personal and population levels are many. Imposing quarantine on a massive group of people can result in mass hysteria, anxiety and distress due to factors like the sense of getting cornered and loss of control. The condition gets even worse if the families need separation, by uncertainty of disease progression, insufficient supply of basic essentials, financial loss, increased perception of risk, which usually get magnified by vague information and improper communications through the media in the early phase of the pandemic. Other psychological impact of quarantine can vary from immediate effect like irritability, fear of contracting and spreading infection to family members, anger, confusion, frustration, despair to extremes which includes suicide (Brooks et al., 2020). Effects such as post-traumatic stress disorder (PTSD) have been reported, in association with duration of quarantine (Reynolds, 2008, Hawryluck, 2004). Socioeconomic distress and psychological symptoms due to financial losses are some of post quarantine psychological effects (Cao et al., 2020).

Post COVID-19: Redefining Global Outlook

The current crisis due to pandemic has impacted human behavior in an unprecedented manner. According to the World Health Organization the problem does not lie in COVID-19 alone but rather in the fear, panic and terror caused by the spread of this virus and amplified by the media, which has been presenting the situation as if it were the end of the world (Ghosh et al.,2020). The post pandemic stage will see the emergence of new human beings whose day by day conduct and thinking will contrast from what it was before the COVID-19 flare-up. It is also shown that the current safety measures will be practiced among the society even in the post pandemic phase. Steps such as quarantine enforcement and new laws for handling the pandemic have positive and negative impacts on humans.

The positive effects include the increased awareness about hygiene and social distancing which would become the new norm, adoption of agricultural practices to ensure self-sufficiency to meet food demand during lockdowns and sustain the environment through pollution control measures. Recent data released by NASA (National Aeronautics and Space Administration) and ESA (European Space Agency) show that pollution in some of the COVID-19 epicenters, such as Wuhan, Italy, Spain and the USA has decreased by up to 30% (Muhammad et al.,2020). Negative effects include the rise in psychosomatic illnesses due to quarantine and social distancing. Man being a social being, efforts should be made to maintain social relationships through digital platforms while ensuring physical distancing. The lockdown period provided ample time for retrospection. Nature and its resources have been irreparably damaged and exploited by humans for selfish needs. COVID-19 outbreak has succeeded in persuading mankind to rethink and reset the priorities that would be all inclusive and sustaining for the planet Earth (Paital, 2020).

Conclusions

COVID-19 pandemic has affected mankind like never before regardless of age, caste, creed or social strata. Future studies should investigate the psychological impact of COVID-19 pandemic in a large population which should be representative of the whole of India. It is quite premature to assess the long-term psychological impact on the society as the pandemic has still not receded. Structured instruments can be used to assess the psychological impact of COVID-19 pandemic among the frontline healthcare workers, COVID-19 survivors and caregivers. Even though there are many negative effects, it is also considered as a “Blessing in Disguise”, where pollution is decreasing and nature is reclaiming itself. It has been noticed that this lockdown has reduced the exploitation of many natural resources and facilitated self-regeneration of nature

For the better management of psychosocial issues of various layers of the general public, psychosocial emergency avoidance and mediation models ought to be desperately evolved by the administration, human services staff and different partners. It is possible to launch organized websites and toll-free helpline numbers to alleviate psychological distress among the general public. Strict government laws and regulation on fake news, social media rumors, propaganda and misinformation should be enforced to protect social media from devaluations. The COVID-19 pandemic will definitely reset the goals of mankind which will certainly be all inclusive that will sustain nature and its impact on the society evaluated in terms of the pre and post COVID era.

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Book

Bull AT (2004) *Microbial diversity and bioprospecting*. ASM press, New York

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