

ANXIETY AND AGGRESSION DURING SOCIAL DISTANCING IMPOSED BY THE COVID-19 PANDEMIC

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Abstract

The relationship between anxiety and anger or aggressiveness is well known, and much is done at the level of each community and at a global level to prevent violence and other forms of aggression. The paper proposes an analysis of the manifestations of aggression, in conditions of heightened anxiety and physical social distance, imposed by legal measures during the COVID-19 pandemic, compared to the associations between the variables prior to the pandemic, while patterns of social relating remain as internal values and less conscious connection with others. Depriving the person from the social support, which buffers the effects of existential isolation, the lack of activity and stimulation, the information in the media, and interpersonal conflicts tend to maintain or increase anxiety. In a correlational study we have investigated the associations of anxiety, state or trait, with different manifestations of anger, and its interior or exterior control. Furthermore, a qualitative study addresses the personal reactions and actions people have used to face the challenge of physical distancing and that of a possible infection. The article comes with alternatives such as mobilization of personal resources, creative expression, activities purposefully enhancing well-being, but also the tendency to rely on quality relationships for satisfying the affective and belonging needs, and avoidance of superficial ones, suggesting that social isolation allows people to be more emotionally aware and to focus more on the quality relating with self or others.

Keywords: acceptance, emotional awareness, health worry, quality relationships, self-awareness

1. INTRODUCTION

Since the beginning of the COVID-19 pandemic, many articles focused on the negative psychological consequences of the infection have been published, concerning the need to support the medical staff treating patients with complications, exhausted both physically and emotionally, the patients and their families; to avoid stigma and get thorough the isolation period; or to support people in general to overcome the effects of physical distancing measures (Choukér and Stahn, 2020). Before social distancing measures being taken, people lost their lives, highlighting the great need for medical support, the danger implied by the infection with COVID-19, and the great importance of keeping the rate of the infection under control (*A review of the 2020 through Nature's editorials*, 2020). It soon became a problem of personal autonomy and values, as people could be infected from the contact with other persons. Hao and colleagues (2020) compared acutely ill

patients with COVID-19 infection, isolated in a hospital, with psychiatric patients and healthy control participants: COVID-19 patients had experienced mild impulsivity and insomnia with a higher frequency than psychiatric or healthy participants. They reported higher health anxiety and symptoms of posttraumatic stress. Wang and colleagues (2020) turned the attention on the patients with cancer during the COVID-19 pandemic, who had depression (23.4%), anxiety (17.7), PTSD (9.5) and hostility issues (13.5%), with only 1.6% of them seeking psychological counseling.

Fear is a normal emotion experienced when a person faces a threat to her integrity. It has cognitive and somatic manifestations, involving the “fight or flight” reaction in front of an exterior threat (Horney, 2010). By understanding the human being as a system with a certain identity, psychology takes into consideration the tension coming not only from facing external threats to the personal integrity, but also from interior, in the form of needs, reflecting deficits in the organism. By satisfying the deficit needs the person reduces internal tension. In order to do this, she uses more or less complicated behaviors, but, during the first years of her life, she depends on others to gratify her needs and, thus, to survive, to maintain wellbeing, a positive affective state. Usually, significant others help the person during early years of her life to calm the anxiety by satisfying basic needs, social needs, offering emotional comfort, and protection from threats (Bowlby, 2016, Schore, 2019, Winnicott, 2004), until she gradually becomes able to do so for herself, and, afterwards, in situations of temporary incapacity, like when being ill, hurt, or simply tired. In their absence, internal tension accumulates and may turn into aggressive manifestations directed towards the person of support (Bowlby, 2016). While the cognitive understanding may not seem so difficult, the immediate response to aggressive behavior is more challenging. Freud defined anguish as a conglomerate of feelings, containing powerful, real or imaginary, fear because a catastrophe, physical or emotional pain might be experienced and the individual feels he's constrained and powerless in such a situation, without the possibility to defend himself. It is associated with the feeling of being deprived, the fear in front of an unknown danger, a fear connected with the person's Ego (Freud, 2000). Perls (2008) discussed aggressiveness from a positive perspective, as enabling the person to assimilate what she needs from the environment, starting from the example of using our teeth in order to eat, and continuing with more complex forms. It is not meant to be directed towards other persons, but other elements from the environment, and the impulse decreases as the need has been satisfied.

Even after growing up, when they feel bad, people tend to get involved in social relationships which enhance their affective state, and, when feeling good, they tend to engage in happiness decreasing solitude or in relationships which show their benefits in the future (Quoidbach, Taquet, Deseilles, & de Montjoye, 2019), according to a study which involved 30000 participants, for one month. The human being is a social being, the relationship with others developing from total dependence on others for survival, to gradual independence or interdependence (mutual support) (Bowlby, 2016, Winnicott, 2004). While many use the term independence, autonomy is a term used to refer to the process of personally satisfying the needs, as only the person can be fully aware of them. This does not mean imposing to others personal rules or ways of acting. It refers to using her resources according to her needs, which help maintain the integrity of her identity and the relationships with others only for their emotional quality.

Regarding the COVID-19 pandemic, exposure to information in media was associated with unspecific depression and anxiety in Germany, pre-existing fears representing a vulnerability for mental distress (Bendau, Petzold, Pyrkosch, Maricic, Betzler, Rogoli *et al.*, 2020). Health anxiety was equaled by the level of economic anxiety, both of them surpassing isolation and routine change

anxiety in USA, UK, and Israel (Barket-Bojmel, Shahar, & Margalit, 2020). In Iraq, fear from the risk of COVID-19 infection was higher or equal to war scare, with females and younger ages reporting higher health anxiety (Karim, Taha, Amin, Ahmed. Yousif, & Hallumy, 2020). According to a meta-analysis, 29.6% of the population has experienced stress, 31.9% has faced anxiety and 33.7% has struggled with depression during this pandemic (Salari, Hosseini-Far, Jalali, Vaisi-Raygani, Rasoulpoor, Mohammadi *et al.* 2020). Exposure to news in the media evoked mostly negative sentiments (52%) and only 30% lead to positive feelings; fear, trust anticipation, sadness, and anger being the emotions people felt when watching the news headlines (Aslam, Awan, Syed, Kasif, Parveen, 2020)

Normally, as the person develops into being more autonomous, other people are seen as a source of satisfying affection and belonging needs directly, but also as a support in satisfying other needs (instrumental support), including safety. The complexity of the social relationships and scientific knowledge complicated this relationship, as microorganisms have been found to be life threatening or others have become sources of fear (when infected or when competing for the same objective) or fail to offer the necessary support to the individual (neglect). Bavel, Baicker, Boggio, and colleagues (2020) note that fear is one of the central emotional responses during a pandemic, infectious diseases being responsible for the greatest human death tolls. In the context of the COVID-19 pandemic and the social distancing measures, which have been mandatory in more countries, facing the psychological consequences, especially resulting from the lack of sense of control, the difficulty to identify the threat to personal health and the health of dear ones, the threat to the means of gratifying basic needs, has become more and more of a challenge as the infection continued to spread.

One of the most important needs remain that for belonging, appreciation, respect and meaning in the community. For a healthy, fulfilling life, each person needs to feel she is part of a whole and her role in this whole is important, that she has a contribution, a sense of direction convergent with the one of the whole she is part of (actions, beliefs, sheared knowledge, political ideologies, sports competition or performance etc) (Maslow, 2013). In the context of pandemic and social distancing measures, the persons who fail to gratify their need for belonging, are predisposed to feel increased anxiety, leading to panic attacks, confusion, heightened apprehensive reactions, agitation and, afterwards, depression, frustration, anger (Zhao, He, Fan, Li, Huang, Qiu *et al.*, 2020). There are two types of belonging: one resulting from the comfort of respecting the same rules, of sharing the same values as others, which may limit spontaneity, and another, resulting from close quality, relationships of mutual understanding, emotional resonance, close psychological and physical contact, which allow self-regulation and self-actualization (Maslow, 2013, Shore, 2019). Yalom (2012) described three types of isolation:

- interpersonal isolation (lived as physical loneliness, resulting from the absence of other persons from the physical environment),
- intrapersonal isolation (when the person isolates herself from parts of her Self, a defense mechanism also called dissociation, used to overcome experiences of threats to personal integrity),
- and existential isolation (lived as the feeling of being separated from others, death anxiety, in connection with moral values, more subtle, but also strongly lived even in the presence of others, and diminished by attempts of affiliation).

Social distancing involves depriving the person from the social support which buffers the effects of existential isolation, while the lack of activity and stimulation, or consuming personal resources on

cleaning rituals and interpersonal conflicts tend to maintain or increase anxiety (Silva, Shavitt, & Costa, 2020). One incomplete form of gratifying social needs are the social rituals from official ones, to more informal ones, like going out for a drink with friends, shopping, or more complex “games”, in transactional analysis (Berne, 2012). Social rituals, although ensure the proximity of others, may prevent the development of a more profound psychological bond, real intimacy, which involves self-appreciation and appreciation of other (Berne, 2012, Csikszentmihalyi, 2015). This pandemic may transform the routine of washing hands in a compulsive ritual meant to decrease anxiety, without confronting the actual stressor. Routines have been mentioned to be transformed into rituals in order to deal with environmental unpredictability, especially in non-social contexts, when the person has trouble identifying the stressor, while non-verbal synchronization increases group cohesion (Tonna, Marchesi, & Parmigiani, 2019). “Private social meetings of individuals are small markets where individuals exchange the need to talk about self and the need to be listened with the others’ need to be offered the same opportunity. The modern man has estranged himself from others and faces the following dilemma – he is afraid of close interpersonal contact with the other and afraid to be alone and not to have any contact. The listener creates the discussion of a dialog when, in reality, it is only a monologue.” (Fromm, 2019, p.45-46). So, we may understand why interpersonal violence and family conflict increased in frequency and severity (Sharma & Borah, 2020) and lead to an increased divorce rate during pandemic (Zhang, 2020).

The article presents the results of a mixed-methods research design with the objective of understanding the relationships between different aspects of anxiety, starting from the emotion of fear and including the general tendency to experience anxiety, and facets of aggressiveness in the form of anger expression and control, both internal and external, and how people coped with these emotions during the COVID-19 pandemic and preventive measures. The specific hypothesis of the correlational study, prior to the COVID-19 pandemic, were:

- There is a positive association between anxiety and verbal expression of anger.
- There is a negative association between anxiety and the control of anger.

After studying these associations, we conducted a qualitative study to explore the personal ways of dealing with anxiety and anger issues during the COVID-19 pandemic.

2. MATERIALS AND METHODS

The research contains two studies: a correlational one and a qualitative one, using grounded theory. We conducted the first study before the pandemic of COVID-19 and the second one six months after declaring the pandemic. The correlational study included psychometric and statistical methods exploring the correlations between different aspects of anxiety and anger or aggressiveness in general. The statistical analysis was computed using SPSS 20.0. In the second study, we used grounded theory methodology (Chun Tie, Birks, & Francis, 2019), starting from a questionnaire with three types of answers (“yes” or “no”, on a Likert scale, and open answers) that we composed in order to gather information about how people experienced anxiety, anger or aggressiveness, then how they coped with them, in order to understand the complicated relationship between the two variables at a deeper, personal level.

Participants

The participants in the first study were 65 persons, with ages between 18 and 35 years (mean age of 22.58 years, standard deviation 4.72), 36 females and 29 men. The qualitative study involved 33 persons from the community, with ages between 18 and 25 years (mean age 22.69 years), with the

same distribution on gender and with no significant health problems. They participated as volunteers for the research.

Instruments

The State-Trait Anxiety Inventory (STAI, Spielberger, 2007) is a questionnaire containing 40 items, divided in two parts, which allow the assessment of anxiety both as a transitory affective state and as a trait, representing the tendency to experience anxiety in general. The respondents have to choose from four answer variants, and a total score is calculated for the two sections, each with 20 items. Higher trait anxiety also indicates the person's tendency to experience anxiety in social situations. The internal consistency was .90 for the state-anxiety and .89 for the trait-anxiety.

The State Trait Anger Expression Inventory – 2 (STAXI 2, Pitariu, Iliescu, & Spielberger, 2015) is an instrument allowing the assessment of state-anger (the feeling of anger, the tendency to verbally express anger, the tendency to physically express anger), but also trait-anger (angry temperament and angry reaction). Five other scores represent the exterior expression of anger, the interior expression of anger, the exterior control of anger, the interior control of anger, and a global anger index. It has good validity and reliability.

Procedure

The participation in the research was volunteer and anonymous. The instruments were administered in group, in person, before the discovery of the new coronavirus, for the first study, and individually, online, for the second study, in November 2020.

3. RESULTS AND DISCUSSIONS

The *first hypothesis* was that there would be a positive association between anxiety and verbal expression of anger. The hypothesis was confirmed for both state-anxiety ($r=.514$, $p=.000$) and trait-anxiety ($r=.412$, $p=.000$).

The *second hypothesis* was there would be a negative association between anxiety and the anger control. State-anxiety had a negative correlation with internal anger control ($r=-.317$, $p=.010$) and with external anger control ($r=-.427$, $p=.000$). Also, trait-anxiety had a negative correlation with both internal ($r=-.304$, $p=.014$) and external ($r=-.362$, $p=.003$) anger control. So, we may conclude that the data confirmed the second hypothesis.

The qualitative study showed that the participants reported feeling more worried than they considered to be normal during the last period (N=17), feeling rebellious (N=24), surprised by losing their patience (N=18), having the necessary resources to cope with the present situation (N=24), being aggressive (N=19), vulnerable to health problems (N=8), more vulnerable to develop mental health issues (N=16), isolated from the persons emotionally close to them (N=16). They reported that this period of social distancing did not affected negatively their relationships with the family (N=29), but the case was not the same regarding friendships (17 personas felt that their friendships were negatively affected). Table 1 presents the categories of emotional and behavioral reactions to the pandemic, the preventive measures, their effects, the coping strategies the respondents have used, and the connection between anxiety, anger and aggressiveness at internal level. First, we came up mostly with to four categories of answers, considering the emotional tone, and the awareness level (answers connected with the Self), the frequency of answers being reflected in the positioning of the category (the first – with the higher frequency).

Table 1. Personal reactions during COVID-19 pandemic on different levels (personal or interpersonal, close or distant social circle, emotional or cognitive)

Dimension	Categories with examples of answers
Observed negative aspects since the beginning of the pandemic until now	<ul style="list-style-type: none"> • limitations to personal autonomy, feeling isolated: “losing my job and my freedom, being restricted especially during the period when I used the declaration to go to the store”, “the danger for everybody's health, the uncertainty, the restrictions, sudden changes in life for everybody, financial problems connected with jobs and salary, stress”, “home isolation and wearing a mask”; • social rituals, interactions with others being affected, feeling lonely: “communication and interaction have become weaker”, “isolation from the other persons”, “not interacting with so many people, somehow becoming lonely”; • worries and panic about health, measures adopted by the authorities and economy: “the danger for everybody's health, the uncertainty, the restrictions, sudden change of everybody's life, financial problems, stress, relationships being affected”, “propagation of panic and draconic preventive measures instead of promoting health care for the individual, not enough care for people to become healthy, the purpose being running away from the illness and not becoming healthy”, “people’s panic, stress and worries”, “the danger of becoming ill without being aware of it or to have been ill without knowing it. Practically not knowing if you can face this virus or even if you have been infected, the possibility of being asymptomatic.”, “lack of socialization, of participation at different events, the impossibility to go to school or to find a job as nobody hires”.
Positive aspects of the pandemic:	<ul style="list-style-type: none"> • Appreciation for the simple things and for the relationships within family and with other close persons: “we learn to cherish what we have, especially time”, “we will appreciate more simple things”, “I'm an introvert, so, being forced to stay at home didn't bother me, but it helped me in relating to family members because of the quality time we have spent together”, “becoming aware of personal responsibility and increased attention to Self”, “time for self-knowledge because we are forced to stay isolated, discovering hobbies”, “becoming more aware of the importance of our health and the health of dear ones and increased responsibility concerning the aspect, more free time for individual activities”. “more time for personal health care and hygiene”; • nothing good.
Changes in personal relationships:	<ul style="list-style-type: none"> • no significant changes; • negatively affected personal relationships: “becoming more tense and colder”, “meeting my friends more rarely than I used to and not meeting some of them at all. Although we communicate through different means, I feel some distance because of this situation”, “sometimes, in the relationships with the persons I live with, I've become more tensed. Instead, we have been more connected with those far away by the phone”; • positive consequences: “they have changed for the good, because I can say this isolation separated true friendships from the ones less real and sincere”, “my relationships changed for the good”, “close persons remained the same. This period did nothing but to strengthen the relationships”
Difficulties in relationships with others:	<ul style="list-style-type: none"> • difficulties in communication and physical interactions: “not communicating as often”, “Meeting more rarely and in a closer group, difficulties in finding words to express certain ideas”, “lack of human interactions”, “misunderstandings”, “the risk of transmitting the virus, lack of trust in others, and different opinions about COVID-19”, “difficulties in relationships with my grandparents, because it was hard for them to understand the present situation”, “being afraid of going outside, being scared because the virus may come for them, being so scared and agitated that they cannot calm themselves so that you may have a dialogue with them. Shortly, being panicked.”, “not real difficulties, I have a small circle of friends and I am more skeptical when it comes to new friendships”, “the fear of not transmitting the virus to others”, “not being protective enough so that I can feel safe around them”;

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	<ul style="list-style-type: none"> • people's intolerance, aggressiveness, and difficulties in expressing themselves: "intolerance on both parts, irascibility, impossibility to meet certain persons", "especially in crowded areas where persons became aggressive and rejecting", "the difficulties in finding my words to express certain ideas".
<p>Feelings accompanying these interpersonal difficulties:</p>	<ul style="list-style-type: none"> • feeling lonely, helpless, and misunderstood: "it made me feel lonelier, helpless, sometimes accusing intense sadness and other times anxiety", "lonely, without proper communication abilities. Isolated", "very lonely", "unimportant", "uncertainty and frustration"; • anxiety, guilt and depression, changes in the way different aspects have been perceived: "I started to see things from an objective perspective which did not give me pleasure", "weird enough because I did nothing wrong to them", "I felt disconnected from these difficulties, I'm very scared that something bad might be happening to them, being so unaware of the dangers", "disconnected from the world, isolated, I have developed unreal, negative opinions about myself and I had short depressive moments", "somehow ugly but at the same time I myself try to stay away from certain people", • disturbed and frustrated: "bad", "frustrated seeing the irresponsibility of these persons", "uncomfortable".
<p>The affective states experienced more often, lately</p>	<ul style="list-style-type: none"> • anxiety, restlessness, and worry: "anxiety, helplessness, agitation, tiredness", "worry", "panic", "restlessness", "fear, restlessness, stress, insomnia"; • fury, irascibility, sadness, and stress: "annoyance and stress", "loneliness, sadness alternated with indifference, stress", "loneliness and bad temper" "boredom, routine, laziness, lack of motivation", "worry, existential turmoil", "the same states of anger and anxiety as always"; • confusion about the general disposition, oscillations: "fear, courage, love, enthusiasm, forgiveness, fury", "the same as always", "I feel safe because I stay a lot at home, but I am also a bit restless thinking about how long this is going to last and how the end of the pandemic will find me, relaxed, rested", "lots of states", "neutral", "panic, confusion", "ambition and the will to develop myself, but also hopelessness because of the bad situation" • rested and love for self and others: "in general, I had a good disposition. I have focused more on family and close friends, I started remembering from childhood and I got to know myself better", "lifted and beatitude because, with all the above being said, I also have some friends who help me and we rise above the moment in order to overcome the challenge. The feeling of belonging in such a friendship produces great love and a feeling of being accepted. There have been, also, moments when I lost my temper more easily, short, depressive moments because we have become separated and apart, not in the sense of physical distancing"; "love, happiness"; "rest, love, and happiness".
<p>Thoughts coming to mind during pandemic</p>	<ul style="list-style-type: none"> • thoughts about health, about self or dear ones becoming ill: "that me or the persons I care for will get ill, about really bad diseases, and the fact that I will lose certain relationships because of reduced interaction", "what if I will be asymptomatic and I will get somebody ill?", "have I been infected and I didn't know?"; • about others and health in general: "that they will kill us with the pandemic and the vaccines, or that people realize what is happening and they become responsible and they deal with all these in record time", • thoughts about the future: "good thoughts, I like thinking about the future and making plans", "thoughts about future came across my mind, making plans and working according to these plans", "fear about what will come", "that I will have panic attacks", "about how this pandemic will affect my future, weather my family and the ones I care for are alright", "that we will not get over this so soon"

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	<ul style="list-style-type: none"> • preoccupations connected with the present, attempts to adjust, and resignation: “the thought that I don't want to live my life according to the common patterns of the society”, “or that they will kill us with the pandemics and vaccines”, “optimistic, even though the situation is not a pleasant one”, “that I am not good enough to accomplish what I said to my mind too”, “that this will soon end and we will be able to return to our daily life”, “to love more every day”, “to give up indulging in this situation because I have no other option”, “how can I improve the present situation”, “lots of ambitious ideas, difficult to transform into reality”, “nothing connected with the virus” • negative thoughts about isolation: “the thought that relationships might become more distant”, “I can't stand to be closed somewhere”, “personal problems and thoughts about death”
<p>What did you want to do when you felt emotionally overwhelmed?</p>	<ul style="list-style-type: none"> • rationalization, attempts of detachment, and attention distraction: “to talk to someone, to consume diverse substances to help me detach, to go somewhere faraway”, “to play on my PC”, “thought rationally”, “turning my attention to different things”, “search for ways to relax myself and to forget about the present situation”, “to have a drink and sleep”, “to listen to music”, “to hide, to go home”, “what always helped me – driving at night without any destination”; • emotional discharge and coping mechanisms: “to cry”, “keep a diary”, “a more overwhelming moment made me want to break things (I broke some mugs)”, “pray, writing, reading, a glass of wine after dinner in some evenings”, “to express my feelings”, “tried to calm myself”, “to discharge my emotions on a certain object”, “to breath in a controlled manner so that I can calm myself”; • not feeling emotionally overwhelmed or lack of reaction towards it: “I did not feel overwhelmed”, “nothing”, “I felt completely demotivated”, “it did not happen to me”; • communicate with close persons and human interaction: “to sit in the arms of my lover which always makes me feel good”, “to call my friends and go out with them”, “to talk to a close person”.
<p>What do you think about the fact that you cannot see your friends as often as you used to?</p>	<ul style="list-style-type: none"> • a negative opinion motivated by the communication needs being partially or completely ignored or by the loneliness feeling that was induced, which generates sadness and worry: “a negative opinion because online, indirect communication leads to the formation of a certain routine in a circle of loneliness, blocking emotions”, “not very thrilled, because I like spending time with my friends and communicating a lot”, “worried”, “sometimes it's alright because I have time for reading, studying etc., at other times this makes me feel lonely and sad”, “it's sad”, “I consider spending time with others essential and the fact that we are not allowed becomes frustrating”, “it bothers me because it was a time when I was relaxing”; • unspecified, vague answers, suggesting lack of awareness: “makes me feel bad enough”, “it sucks”, “it is detrimental to emotional and psychological health on long term”, “I dislike it”, “a bad one”, “it gives a very unpleasant sensation”, “it is a very sad fact” “a bad opinion”; • adjustment: “it is not pleasant, but it is understandable”, “it is an important factor for me meeting with friends but, with a little patience, we'll get through this”, “I have time to connect with myself”, “not bothered at all”, “the situation is sad enough, but it must be treated as such and we need to become aware that the good and care of others must come first”, “it is alright if this means that we can slow down the spread of the virus”, “like most of my friends it does not bother me the fact I cannot see them. My connection with them remains the same.”
<p>What do you think about the fact that you cannot see your family so often?</p>	<ul style="list-style-type: none"> • Not being affected in any way because they live with the family or of some other reason: “it's not such a big problem as I live with my parents and I'm not that attached to the family”, “I see my family daily”, “we send messages almost daily”, “I did not see much of my family not even before”;

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	<ul style="list-style-type: none"> • familial support in this situation and care for the family members: “I miss strongly my family and it is pretty hard, but we encourage each other”, “I would rather protect the family and see them more rarely”; • vague, emotional answers: “it makes me sad”, “disturbing”, “I don't like it”, “very bad”, “I'm starting to lose my trust”, “not OK”, “I am sorry”.
<p>What methods did you find to face the worries during this pandemic and how much did they help?</p>	<ul style="list-style-type: none"> • activities involving connecting with self and others and expressing oneself: “I communicate as often as I can with my close ones, especially by video calls”, “I listen to music and draw. It relaxes me a lot”, “writing, painting very efficient, work”, “natural tea, nature walks, writing, growing friendship”, “it helps me so that, when I practice them, I feel that I'm alive”, “interacting with close persons and sport”, “try to develop my relationship with God”; • distracting activity such as focusing on a job, watching movies, practicing sports, playing music and sleeping: “I focus more on my job”, “games and movies are a very good method”, “I sleep. It doesn't help me with anything”, “I listen to music, I watch serials. I drink tea and it helps me pretty much”, “playing with my pet, reading, watching movies. It helped me a lot”, “I ignore everything that means COVID-19”; • personal development activities and discovering new hobbies: “I have discovered new hobbies and I used my spare time to do what I could not do normally”, “meditating, focusing on the positive side, adjustment to the present moment”, “meditating, sports, music”, “I read more than before, I focus on learning new things as much as I can, drawing, meditating. These help me stay away from thoughts and feelings connected with the pandemic”, “I started practicing sports, yoga, reading as many books, doing those things that bring me wellbeing”.
<p>How do you react when you need to postpone the satisfaction of a desire or need during this period?</p>	<ul style="list-style-type: none"> • reactions based on aggressiveness and irascibility: “I get frustrated a lot”, “aggressively”, “impulsive first, and then I calm down”, “I feel furious”, “it annoys me a lot”; • with sadness, restlessness, and resignation: “I become melancholic”, “I feel that I'm not truly appreciated because they consider me to be irresponsible and a danger”, “these measures assume that we lack discernment”, “I resign myself”, “I feel helpless and frustrated because others don't respect the rules the virus impose and they continue to live as always, without any restrictions”, “I feel at peace with the fact that the things are not going the way that they used to. I express my dissatisfaction and I let it pass” “I cannot put it into words, horrible” “I cry” “I eat cookies”; • reactions based on keeping calm and the ability to delay satisfaction: “I accept with patience the next appointment”, “I react well, it doesn't bother me to wait for my wish to become reality”, “I don't get upset, I realized this is tough and I am positive”, “it bothers me for the moment, but I immediately search for a way of replanning it in the close future”, “I'm a patient person”, “I adjust myself”, “with calm”.
<p>What can you say about your patience?</p>	<ul style="list-style-type: none"> • lower capacity for patience: “bad”, “not good at all since the beginning of the pandemic”, “10%”, “I am not patient in general”, “from 1 to 10, five”, “I don't have much of a patience in general, but I feel that, lately, I have less than usual”, “most of times I'm a patient person, but lately I don't do well with patience”, “I've been better”; • higher capacity for patience: “very well”, “well”, “pretty well”, “extremely well”, “we get along”, “pretty well if I have a good reason”; • vague answers: “6/10”, “developed through exercise”, “depending on the context”, “depending on the day”.
<p>Have you observed, lately, if you feel more often the impulse to act aggressively? How would you act?</p>	<ul style="list-style-type: none"> • the lack of impulse to act aggressively: “no”, “it's not the case”, “I don't have nervous impulses”, “I have not observed any”, “I don't behave aggressively in any situation”, “I don't feel the impulse to act aggressively”; • destructive behavior: “I felt it more often, I sometimes want to break things, sometimes I discuss with certain people who help me understand myself”, “I discharge it on objects or what gets into my hand”,

	<ul style="list-style-type: none"> aggressive or passive-aggressive behaviors towards others: “I have had the impulse and not being able to deal with it, to become verbally aggressive”, “I see the bad side and the defaults in others and in myself”, “turn offensive attitude, verbal aggressiveness”, “I swear and I scream”, “I am more aggressive and more impulsive than usual, I express all my dissatisfactions and frustration and it doesn't matter if I offend or bother others”, “I become angry too quickly”, “lately my impulse to behave aggressively has increased. In those moments, if I speak badly and on a higher tone with the people around me, even though I'm aware that they did not do anything wrong and they didn't give me that feeling”, “mostly I rise my voice”, “I fight with whomever comes into my face no matter the cause”, “physical and verbal aggressiveness”; restraining behaviors according to what I feel and do: “Just in some moments. I get angry but I would rather not show it”, “I restrained myself”.
<p>Have you observed that the situations that make you feel anxious, also make you feel angry? If so, which are these situations?</p>	<ul style="list-style-type: none"> situations of feeling lonely and/ or misunderstood and expressing anger might lead to change in an unpleasant situation: “yes I have observed. Usually, in the situations that I know that allow me to become aggressive and when being aggressive increases the odds to turn the situation in my favor”, “for example, I feel anxious when I'm lonely on the street and I'm afraid that something might happen to me, this thing annoys me because, I don't succeed in changing it and it makes me isolate myself”, “I blame it on others”, “when I have to leave the house and stay away from it”, “after work I feel very irritable and I fight for any reason”, “yes, the situations I feel I cannot cope with at least at the moment”, “the situations when I feel I am not being understood”; no connection between anxiety and anger: “I do not feel anger”, “I have not been in such a situation”, “I have not paid attention to this aspect”, “I don't feel anger”, “I rather feel sadness than anger”, “I did not go through situations that had given me anxiety and, then, lead me to feel anger”, “not often”, “I almost feel no anger at all”, “lately, more situations gave me anxiety, but they didn't give me anger, also”.

Discussions

The collected data confirmed the two hypothesis of the correlational study. The tendency to verbally express anger was positively associated with both state-anxiety and trait-anxiety. These associations and the lack of associations between anxiety and other forms of expressing anger (e.g. physically) tend to highlight the complexity of the interpersonal relationships which may be a source of comfort, need gratification, positive emotions, and a security base, but also a possible source of conflict and interpersonal stress. The positive correlations may be explained by the attachment theory which mentions aggressive interpersonal behavior as a way of reconnecting with the attachment figure (Bowlby, 2016). Anxiety was negatively associated with anger control, internal or external, suggesting that higher trait-anxiety (the general tendency to experience anxiety) and intense anxiety correlate with lower anger control. People with higher trait anxiety rely less on coping mechanisms involving superior cognitive mechanisms, and they tend to be more reactive and less reflective (Sinescu & Răban-Motounu, 2019), thus displaying less refined actions which may be detrimental to their interpersonal relationships, especially the attachment ones that normally are a security base.

The COVID-19 pandemic implied preventive measures of physical distancing, thus interfering with the satisfaction of social, besides the safety needs. The COVID-19 pandemic itself put a strain on the relationships with others, mainly viewed as a buffer against stress. Now, they also might have been a source of infection, somehow forcing people to reconfigure their relationships, as the need to see and communicate with their dear ones seems to be in conflict with the need to protect them. It is important to notice that isolation from attachment persons might have been accompanied by aggressive impulses, which, in turn increase the anxiety of others they want to protect in the first

place. Anxiety being correlated only with the verbal expression of anger may suggest that, this way, anger expression is intended to solicitate the attachment figures to offer a security base (as verbal communication is only possible between humans) and emotional comfort and it is not meant for the fight reaction in front of a danger (as it would have been the case if anxiety would have been correlated with the physical expression of anger). This may explain the increased domestic violence during the COVID-19 pandemic, according to previous studies (Sharma & Borah, 2020). We may add to this the possibility of close persons, especially family, to become infected or to turn into sources of infection without knowing it, and the isolation in case of infection. Once started behind closed doors, this type of anger expression also increases fear, but also lowers the possibility to avoid it by avoiding the aggressor, forcing the person to face aggression. While significant others might be forced to support such manifestations of anger of the people they live with, friends or other people not living together may not be their target, but also not willing to deal with them, so they might become more distant.

The results of our study are similar with the suggestions made by Bavel, Baicker, Boggio and colleagues (2020) regarding having a mindset that favors stress related growth focused on finding priorities, deeper relationships and a greater appreciation for life. The synthesis formulation shows that, first of all, the threat of infection was accompanied by worries, sadness, but also resignation and acceptance, even though people see themselves as being able to face it. Next, social distancing had some effects at interpersonal level: people kept seeing family and close friends, communicated more, which led to a disconnection among anxiety, anger and aggressiveness, as they wanted to behave protectively towards dear ones, but also to feeling misunderstood more often and to detachment from casual relationships or avoidance of new relationships. When they felt more impulsive, irritable, or aggressive, they mostly discharged it on objects. Thus, they became more aware of the aggressive manifestations towards others, the feelings of isolation, and the desire to control them encouraged emotional awareness in general, which helped them discover also the positive feelings towards self and others. This way, they have tried to adjust and to find new ways of dealing with the negative feelings, from personal activities, including professional ones, sports, self-expression, cathartic activities, hobbies on one side, and relying more on quality social support on the other, but physical distancing made it difficult to feel truly understood. Once again, coupled with physical distancing and relying more on verbal communication might have encouraged higher self-awareness, as one answer clearly shows it, leading to less, but higher quality relationships, centered more on mutual satisfaction of affective needs, and less on using others for instrumental support. It is important mention that the qualitative study included young participants, mature enough to gratify their needs, at the starting point of their career, who did not have the time to form long term couple relationships.

The research comes with alternatives such as mobilization of personal resources, creative expression which elicit immediate positive feedback, and development of activities purposefully enhancing well-being (such as sports, walking, meditation, creating social networks, and activities with social significance). On the other hand, persons who have developed appropriate means to gratify the need of belonging by meaningful, empathic, harmonious ways of relating, resulting in mutual well-being, acceptance and understanding, or professional activity focused on the needs of the community they are part of, may experience, in the context of physical distancing: an enhanced compassion for self and others; a feeling of unity and responsibility for others without losing the personal meaning of their actions; functional fear instead of anxiety; sadness instead of depression; frustration instead of anger and rely on self-regulating and gratifying actions rather than on

aggressive, violent, conflicting, destructive behavior. These persons are more able to find in isolation opportunity for developing creative, nuanced actions involving self-expression and support for others at the same time, by: meditating and becoming aware of self and others' needs, both basal and superior; observing the consequences and the meaning of their actions in the situation; by deepening the understanding of the crisis situation while keeping a relaxed and reflective state; and expressing a suitable position of solidarity with others in reducing the negative effects of different types of threats to both personal and others' integrity.

One of the limitations of our study is the low number of participants in the correlational study and the lack of data from some age groups, like older or younger persons. Having the participants with similar ages in the two studies may also be a strong point, as this may give a more complex insight on the interconnection among the study variables, at an age when self-awareness is high enough.

4. CONCLUSIONS

Physical distancing measures might have had an impact on the relationship between anxiety and anger expression or control on a personal, profound level, starting from the challenge of facing the infection, but also by spending more time in total or relative isolation, even when being healthy or suffering from other diseases. The two studies show that, while anxiety was positively associated with the tendency to express anger verbally, and negatively with anger control strategies before the pandemic, living with the threat of a possible infection and with preventive measure increased the need for quality relationships and activities enhancing wellbeing, in conditions of personal and social emotional awareness. The preventive measure might have given the people a chance to become aware and to make a change from aggressively asking others for instrumental support to becoming self-supportive and available for quality, emotional relating with others.

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