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Effects of COVID-19 on traumatic stress and psychological health: A qualitative exploratory study

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Abstract

The physical and mental health of the general people was seriously endangered by the advent of coronavirus pandemic (COVID-19). The purpose of this study was to assess the psychological well-being of people during the pandemic using stressors related to COVID-19 that produce dread, obsessions, and anxiety, ultimately leading to a scenario of collective trauma. This study adopted a qualitative methodology that focuses on a thorough justification of the events. It made use of a focused ethnographic design, a kind of ethnography that gathers information about a particular social phenomenon in a specific cultural setting from a variety of sources. Statistics were gathered in the Pakistani province of Punjab city of Faisalabad. We used the purposive random selection strategy to pick our interlocutors. 321 in-depth interviews and three online focus groups were done by us (FGDs). Although qualitative data was sorted into themes for additional research analysis, quantitative data was run via Excel to produce frequency distribution. It was investigated how trauma stresses might cause emotional discomfort such as boredom, loneliness propensity, future anxiety, and financial instability. Social media's COVID-19-related impact on mental and psychological health was detrimental. Using the explorative study approach, all these trauma determinants are investigated. *(Afr J Reprod Health 2025; 29 [1]: 87-99).*

Keywords: Trauma stressors; loneliness; social media; quarantine; mental distress

Résumé

La santé physique et mentale de la population a été sérieusement mise en danger par l'avènement de la pandémie de coronavirus (COVID-19). Le but de cette étude était d'évaluer le bien-être psychologique des personnes pendant la pandémie en utilisant des facteurs de stress liés au COVID-19 qui produisent de la peur, des obsessions et de l'anxiété, conduisant finalement à un scénario de traumatisme collectif. Cette étude a adopté une méthodologie qualitative axée sur une justification approfondie des événements. Il utilisait une conception ethnographique ciblée, une sorte d'ethnographie qui rassemble des informations sur un phénomène social particulier dans un contexte culturel spécifique à partir de diverses sources. Des statistiques ont été recueillies dans la province pakistanaise du Pendjab, ville de Faisalabad. Nous avons utilisé la stratégie de sélection aléatoire raisonnée pour sélectionner nos interlocuteurs. Nous avons réalisé 321 entretiens approfondis et trois groupes de discussion en ligne (FGD). Bien que les données qualitatives aient été classées par thèmes pour une analyse de recherche supplémentaire, les données quantitatives ont été analysées via Excel pour produire une distribution de fréquence. Il a été étudié comment le stress traumatique pouvait provoquer un inconfort émotionnel tel que l'ennui, la propension à la solitude, l'anxiété future et l'instabilité financière. L'impact des médias sociaux sur la santé mentale et psychologique a été préjudiciable. Grâce à l'approche d'étude exploratoire, tous ces déterminants du traumatisme sont étudiés. *(Afr J Reprod Health 2025; 29 [1]: 87-99).*

Mots-clés: Facteurs de stress traumatiques; solitude; médias sociaux; quarantaine; détresse mentale

Introduction

Lockdown of COVID-19 is one of the primary variables that have contributed to rising levels of stress, obsessions, and anxiety in the population, resulting in a slew of mental health issues. This study's objective was to evaluate psychological health throughout the pandemic utilizing stressors connected to COVID-19 that cause fear, scenario of collective trauma.

This research addresses possible mental health difficulties and discusses behavior adjustment to cope with quarantine, social isolation, and social distance. The COVID-19 wave has hit

Pakistan, a country with few resources, causing a serious medical emergency.[1] Governments throughout the world must take several preventive measures in hopes of reducing infection rates and therefore "flatten the curve." Pakistan has also proclaimed a state of emergency on March 21, 2020.[2] All public areas, including but not limited to parks, movies, gyms, and restaurants, were also closed due to the lockdown.[3] Regrettably, individuals' mental health suffered because of complying with the government's self-quarantine regulations. Several of them raised the incidence of mood disorders, irritability, and depressed symptoms.[4] The effects of the first wave of COVID-19, including economic instability, social unrest, the stoppage of foreign trade, unemployment, and a lack of basic commodities, remain to be felt.[5] 39% of Pakistanis were living in poverty prior to COVID-19, and the outbreak has made matters significantly worse.[6]

Pakistan already has a well-established mental health system, but the COVID-19's psychological consequences have made things worse. High levels of stress have severely detrimental long-term repercussions, including physical morbidities, established psychiatric diseases, impairments, suicidal thoughts, and decreased productivity.[7, 8] One or more events that are physically or emotionally distressing and affect a person's ability to function are the most frequent causes of psychological trauma. When trauma happens, an individual has been overcome by stress to the point where their physical, mental, emotional, or social well-being is jeopardized.[9] Individual traumatic experiences can include, but are not limited to, marital or interpersonal assault, long-term poverty, or community violence. Collective trauma can be inflicted on a larger scale by war or poverty, natural disasters, or a global health crisis such as the COVID-19 outbreak.[10]

When a traumatic catastrophe impacts a whole community or culture, it has a communal impact and creates a shared memory of the event (s).[11] These memories have long-term societal consequences because they frequently act as a warning to future generations about potential risks and how to avoid them. Public health, both collectively and individually, is severely impacted by trauma exposure. Catastrophic events, such as natural and man-made disasters, may have a significant influence on the social fabric of society and communities. All the foregoing, as well as injuries and fatalities might happen because of these catastrophes. This fallout can cause a long-lasting interruption in the provision of social services and the breakup of social support networks when combined with considerable element of risk. The social and physical structure of a community can be profoundly altered by these localized impacts, which can last for a very long time.[12]

Theoretical framing

The theoretical framework for this analysis is based on the Cultural Trauma Theory of American sociologist Jeffery C. Alexander and Kai T. Erikson's[13] Collective Trauma Theory, both of which discuss how people, as a collective entity, present the trauma of horrifying events that leave indelible impression on their psyche, forever changing their identities. Trauma does not arise naturally; rather, it is created by society. It is a social thing.

He went on to argue that trauma is a "socially mediated attribution... Occasionally extraordinarily upsetting events may not have occurred at all; such imagined experiences, however, may be just as destructive as those that did occur."[13]

But, in such a painful scenario, "social groupings reject solidarity, abandoning others to struggle alone."[14]

In Cultural Trauma and the Collective Identity, Jeffrey C. Alexander *et al*[14]. provide several facets to cultural trauma theory. They investigate cultural trauma via three lenses: lay trauma theory, enlightenment theory, and psychoanalytic theory. According to the public, traumas are normal occurrences, but the reaction to such events is immediate and non-reflexive. Traumatic events interact with human nature, and because people desire love, security, order, and connection, traumatic experiences undercut these desires. As a result, people are traumatized. Individual as well as collective trauma, as defined by American sociologist Kai T. Erikson,[15] is linked to this element. A psychological blow that breaks through one's defenses so quickly and violently that no one can effectively react... Collective trauma....

I refer to a blow to the fundamental tenets of social life that erodes the bonds that people develop with one another and the prevailing sense of community.[15] Defined trauma as a blow that results in aberrant feelings and behaviors. It is the outcome of a chain of events that several collectivities started. By dissolving social ties and promoting a traumatized social culture, it damages society's social fabric. Erikson[16] views traumatized communities as group acting like the victims of the trauma collectively. Erikson contends that the way society views risk might be compared to traumatic experiences. They transmit the dominant mentality and temperament of the culture they have an influence over. Future mistrust and the loss of ties to the community are symptoms of collective trauma. It simultaneously conveys depression and fear.[16]

The COVID-19 pandemic is a novel sort of trauma that has never been conceptualized or empirically tested in our field. Pandemics and epidemics have significant psychological, economic, and deadly consequences. Typically, this is followed by huge social or historical transformations. Nonetheless, the mental health impact and conceptualization of previous pandemics throughout history have varied. e.g., Spanish flu of 1918, the Black Death plague 1334–1400, and the Athenian plague of 430 B.C.[17] have never been evaluated objectively. The emergence and spread of the COVID-19 pandemic provides an opportunity to expand our knowledge of pandemics as traumatic stress, fill a gap in trauma research, and investigate the consequences of pandemics on mental health.[18, 19] The criterion that identifies COVID-19 as a separate traumatic stressor is the fact that it is a multiple complex trauma. There are various components to COVID-19 traumatic stress,[19, 20] threat/fear of infection and mortality in the present and future,[21] actual financial distress[22] in addition to the stresses and traumatic stressors associated with lockdown and the resulting isolation, changed living patterns, and family and social life. Another crucial component is sadness, which includes not only the loss of loved ones due to COVID-19 infection, but also the loss of future goals and desires because of the COVID-19 eruption.

The World Health Organization[23] is highly concerned about the pandemic's mental health and psychological consequences. It is believed that new measures such as self-isolation and quarantine have influenced people's daily tasks, routines, and livelihoods, possibly leading to an increase in loneliness, worry, depression, insomnia, risky drug use, and self-harm or suicide behaviors. Psychologists and mental health specialists predict that the pandemic is going to have an influence on the mental health of the worldwide population, with an increase in incidents of depression, anxiety, and self-harm, in addition to other symptoms recorded internationally as a result of COVID-2019.[23,24] They speculate on the potential of neurotic diseases such as obsessive-compulsive disorder (OCD) emerging in large populations. Because people are uninformed of when and how many times they should wash their hands, an overemphasis on continual hand washing (for twenty seconds) may affect a large demographic group globally.[25]It is a sanitary battle against an unknown pathogen and infection sources. In such a setting, OCD and related maladaptive behaviors are a significant concern, especially given the ongoing requirement of hand washing to prevent coronavirus infection and spread.[25] Apart from mood and emotional outbursts, psychological symptoms may include panic, anxiety, avoidance, and dread of meeting new people, fear of dying (Thanatophobia), fear of being alone, stigmatization, and worry about not having essential items, food, and so on. The lockdown might be an important method for breaking the transmission chain. But it has also led to boredom and monotony. Surprisingly, the Coronavirus pandemic has another component in this age of social media, when people are inundated with false stories and misinformation. With a steady stream of news reports about an outbreak, such rumors and unverified facts cause concern, anxiety, and stress.

Methods

The present exploratory study aimed to gain a deeper understanding of how COVID-19 has influenced society as a whole and how ordinary individuals have responded to it.

This research especially intended to investigate the factors that affected experiences of survivors, families, community members, and care providers during COVID-19in Faisalabad, Pakistan. It focused on "what," "how," and "why" of responses to COVID-19.[26] We used a qualitative approach that focuses a comprehensive explanation of occurrences in the context in which they happen.[27] The current study used a focused ethnographic design, which is a type of ethnography that collects data from various sources about a single social phenomena or institution in a given cultural context and timeframe.[28,29] It was chosen because it is excellent for obtaining specific data from various points of view within a greater focus of inquiry.[29] In this research, data were collected regarding disruptions, and cultural resilience during collective traumatic phase of the first wave of COVID-19 outbreak.

Data collection and sampling methods

To choose interlocutors, we employed the purposive random sampling approach. We conducted 321in-depth interviews and three online focus groups (FGDs). Data were gathered between February 2020 and October 2020. But first, we carried out a preliminary survey and recorded internet conversations. Following that, we performed three focus group discussions (FGDs) in which 7 to 9 participants used online tools and 321 online interviews. All individuals who demonstrated their interest were sent interview invitations. 56 interviews for the online survey reached code saturation. However, further interviews and responses to the online survey were necessary to fully understand the process underlying those issues and reach meaning saturation. Consequently, the data collection was continued until absolute saturation was reached, after which no new data were uncovered. Most data were gathered in Punjabi and Urdu. Later, it was transcribed in English by researchers as they are proficient. Quantitative data was put through Excel to provide frequency distribution, while qualitative data was organized into themes for further study. (View Table 1) Brief dialogic story vignettes are presented in this article to demonstrate how our interlocutors generate COVID-19. We'll demonstrate how many kinds of reasoning, beliefs, and facts, as well as rumors, conspiracy theories, debates and religion, are at play in these Covidian vignettes.

Results

Although social distancing strategies have been effective in limiting the spread of COVID-19, they come with significant costs. While these measures help reduce the transmission of the virus, they also limit people's ability to socialize, which has put substantial pressure on their mental health. As a result, there has been a significant increase in the number of people experiencing depression and mental health problems in countries where 'lockdowns' have been enacted. Figure1

Physical distancing

The lockdown had tremendous impact on the social, professional, and financial lives of everyone involved. Maintaining social distance while having no access to basics such as products, services, healthcare, and leisure activities proved tough. The influence of COVID-19 on an individual's mental health has been seen to differ considerably. Several people reported mood swings or depression as a result of both acute concerns about infection risk and physical health, as well as the long-term effects of lockdown and the pandemic response. These include a loss of social contact and support, which leads to isolation and loneliness; a loss of access to usual activities or coping mechanisms, which leads to a loss of purpose; stressful practical challenges such as overcrowding or job loss; and, for some, the experience of stigmatising reactions from others. Confusion regarding official lockdown and separation protocols also caused some participants discomfort or frustration. Several people reported a loss of routine structure and usual means of coping with psychological and psysical health problems. During the interview, one of the male respondents (32 years old) who works as a government officer stated:

"Prior to the coronavirus, the gym became my life, and I went there three, four, five times a week... That helped me deal with my health situations ... My routine workout structure was destroyed by the don't perform well like that".

Table 1: Socio-economic characteristics of respondents

	Characteristics	Percentage based on (N=321)
Age	15-25	46%
	25-35	37%
	35-45	10%
	Above 45	7%
Gender	Male	51%
	Female	49%
Household monthly income	Less than 20,000 PKR/120US$	32%
	20000-40000 PKR/120-240US$	21%
	40000-60000 PKR/240-360US$	13%
	Above 60000 PKR/360US$	34%
Family Structure	Nuclear	49%
	Joint	51%
Household location	City	66%
	Town	6%
	village	28%
Education	Above 16 years education	18%
	16 years education	57%
	14 years	13%
	12 yeas	7%
	10years	3%
	Less than 10 years	2%

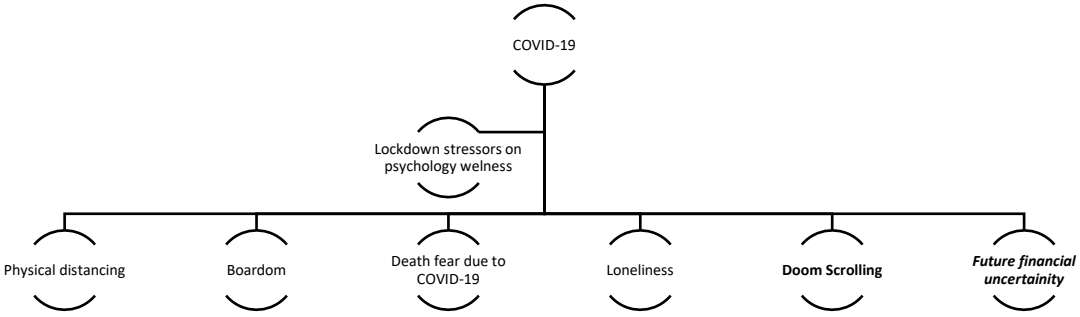

Figure 1: Lockdown stressors contribution mental health

The diagnosis lacked any discernible pattern. Participants described how living with specific illnesses had a negative impact on them and how this interacted with associated symptoms. According to one of the female responders (29 years old) who works as a school teacher was patient of hypertension expressed shared her thoughts that:

"It has an influence on overthinking and other things...I live in a joint family structure, and interference is a typical part of our family system, which irritates me at times. I can't get away from them, I can't get some fresh air or clear my mind by walking outside, and I've noticed that my ruminating thoughts, which I suppose you'd call paranoid thoughts, have gotten a little worse since the lockdown".

The salesperson career entails visits and engagement with consumers, which improves sales and social circle. One of the respondents, a 41-year-old medical rap who also suffers from arthritis, stated

"I was once an active person who was in contact with 100 people every day for my profession and went to numerous locations; now I sit all day,my disease worsens when I reduce my activity. And i

can't communicate to anyone; it feels like torture to me. On the other side, following illness and quarantine, I am unable to conduct my selling tasks, which makes me quite concerned that I may lose my job".

Boardom

After reviewing all interview transcripts, boredom emerged as the most common cause of anxiety and tension during covid-19. Respondents expressed boredom throughout the shutdown.Boredom was described by informants using adjectives like monotony, lack of work, sedentary, ideal, and unenthusiastic. Respondents claimed on many situations that the Covid-19 lockdown's severe social distance limits, restricted activities, and seclusion had reduced their social connections, which explains the increase in boredom. Boredom proneness considerably and positively moderated the relationship between perceived stress, anxiety and emotional pain.[30]one of the male respondents (22 years old) who was a masters level student stated:

"My undergraduate career came to an end on March 24, 2020, and I've been confined to my home ever since. I was first happy that I didn't have to attend classes in person, and that I could sleep late, relax, and play video games instead. Yet I can't continue to live this sedentary lifestyle. I used to go to the movies and hang out with my companions at cafés every Friday and Sunday. It was great fun. My friends, I truly miss my days. It is causing now irritation and stress".

one of the male respondents (27years old) working in a private firm as assistant manager stated that

Prior to the lockdown, my regular days were pretty hectic. Because I had so much work, meetings, and projects, my office hours started at 9 a.m. and ended at 6 p.m. I was distracted. But I won't be able to accomplish anything during the lockdown. I used to watch movies and talk on the phone, but that's all I do anymore. I'm sick of sitting ideal.

During a lockdown, boredom is defined as "the state of non-optimal arousal that occurs when there is a mismatch between an individual's intended arousal and the availability of ambient stimuli."[31] Prior to the corona shutdown, people had access to ambient (or external) stimulation such as family, friends, relations, colleagues, hotels, cafés, movies, nightlife, and hobbies. During a corona lockdown, however, environmental stimuli are limited to homes, family, and social media. People prefer to divert their emphasis to inner feelings and thoughts in the lack of appropriate outer stimuli to achieve an individual's necessary arousal, which, when surpassed, results in concern and stress. It might be difficult to deal with boredom when you are confined. Past studies have shown that boredom generates anxiety and depression in individuals.[32,35]

Death fear due to COVID-19

Patients reported feeling on the verge of death and in a life-or-death situation in the face of disease-related stresses such as rising mortality. Participants shared their experiences in this respect as follows.

Female respondent age 27 a private school teacher by profession, stated that

"Corona is a name connected with death. Everything you watched on television was about death. My stress level grew as the number of deaths increased. It even attacked the teenagers. While searching the Internet, I came across photographs of people my age who had died. Once I realised that this illness was no joking matter, I kept asking myself, "What if I die?"

Male respondent age 27 shopkeeper by profession, stated that;

I was under severe stress on the second or third day after losing my sense of smell and taste; I was terrified, and I kept telling myself, "What if I sleep at night and don't wake up in the morning?" This is known as a sense of impending death. I was scared I wouldn't be alive an hour later.

Male respondent age32, a factory worker by profession, stated that;

"Throughout this experience, I felt like I was dangling. I truly believed I was on the verge of death. On days when I felt fine, I'd say, "No, I'd be OK." I was getting worse the next day and declared, 'I'm on the verge of death".'

Male respondent age 35 a Doctor by profession, stated that;

"Indeed, the pandemic scenario and dealing directly with coronavirus are both dangerous and anxiety-inducing, but I believe it all comes down to how you interpret it. I keep reminding myself that it

is my responsibility to offer emergency treatment, and I am simply carrying out the same task that I have been carrying out for the previous decad".

"Another respondent mentioned how his mental health issues made these obstacles more concerning or difficult to manage. It was challenging to buy at the grocery store or get things online. This was difficult for me because I don't drive. I was having increasing trouble getting out to eat or doing anything else due to my escalating social phobia".

Loneliness

While reflecting on their experiences and views of loneliness, participants frequently identified situational explanations, such as life events, relocation, and changes in relationships, employment, and education. Participants frequently referred to a combination of these aspects, as seen by the descriptions of loneliness provided by the respondents:

"Participants expressed various distinguishing aspects that described their loneliness experiences, concentrating on the causes and effects of loneliness, as well as their drive to regulate their loneliness-related thoughts."

Loneliness was perceived as a result of the loss of in-person contact, the inadequacy of digital communication, and the absence of physical touch. Several people reported feeling lonely as a result of the lack of in-person interaction. This was acknowledged in a number of ways. During physical separation, the loss of in-person interaction was constantly noted as a source of loneliness.

A male responder, age 27, who works as a teacher, remarked that;

"This sense of sadness and loneliness, in my opinion, is caused by our isolation from the outside world. Face-to-face interaction is very important in our everyday social relationships. The family of the elder brother lives in another town in this city. We haven't seen him in a long time, and even though we are in contact by phone, there is still a feeling of separation".

Participants described loneliness as missing specific persons and the social support they give while socialising in-person, as well as an inability to passively be with others, such as by spending time in a crowded library or café. Because individuals couldn't spend time with one another informally, there was a lack of social presence. The typical pattern of meeting people had been disturbed due to the physical separation, resulting in loneliness and a lack of diversions.

A 30-year-old male responder working as a manufacturing worker indicated that;

"You don't realise how gregarious you are or how much of a habit you have of meeting people until you can't anymore. I used to play cards at the nightly tea stall. Before COVID-19, I had no idea I was so accustomed to that environment, but now I genuinely miss it".

Female respondent age(36) working as Polio eradication officer in the community stated that

"Because the nature of my employment necessitates frequent field trips, I keep informed about the living situations of local families. People support each other in times of need, but now I can't meet other people because of lockdown limitations, and no one realizes how terrible socioeconomic situations are being confronted. Such issues cause loneliness, and there is no one with whom to communicate personal problems".

Some participants stated that being acclimated to social isolation made the physical alienation more acceptable. One participant who lived in the country, another who had previously isolated themselves by living with someone who had a drug problem, and one who claimed that someone in their life found the scenario comfortable since they were a less gregarious person in general all highlighted this. This subject included two sub - themes: 'Digital Communication as Inadequate' and 'Lost Contact.' Digital connection via video conferencing, phone conversations, texting, and social networking has repeatedly been characterised as

"No comparable" to in-person involvement, and as a means to an end during physical separation and "not a long-term solution."

Male respondent age(36) working as shopkeeper stated that;

"This was exemplified by an ethereal contrast between in-person and digital connections, with in-person participation being, simply actual, it's more credible.You felt quite alone since doing it through the phone, video chat, or text messaging is not the same".

This was also connected to objective digital connection limits, such as the presence of other persons restricting openness, technological barriers, or differences in the usage or selection of various platforms by social friends. Others see understanding and using technology as either a help or an obstacle to engaging digitally. A lack of visual clues was noted by some as a drawback of digital interactions. This was also addressed in the context of video calls. Female respondent age(23) university student stated that:

"Since you can't judge individuals properly on the other end of a computer, reading the other person was more difficult without a thorough grasp of their body language."

Doom scrolling

Respondents in the current study admitted to constantly searching the internet and consuming negative news about the covid-19 outbreak. Doom Scrolling is the practise of constantly searching the internet for news about heinous happenings or circumstances, particularly in the context of coronavirus-related material. Respondents stated that they are unaware of the true situation surrounding the COVID-19 outbreak; there is an overflow of information, some of which is true and some of which is false, so they are constantly scrolling through news articles and various social media platforms, such as Facebook, Twitter, and WhatsApp, to ingest as much information as they can.

Confusion occurred from uncertainties about the accuracy of information provided by the media, being overburdened with information, and hearing contradictory news.

Age of female respondents (29) a mother of two children who is a housewife said that

"Nearly everyday, we received contradictory information about the disease; for example, one person would say take vitamin C, but another would say, 'No, it is acidic and would aggravate coughs'; one person would say this is the disease's vaccine, but another would say no, it isn't; what worried me the most was what we should finally do with this disease".

A 45-year-old male responder who works in manufacturing said;

"When one of my family members or I were unwell, I would look up information on the Internet. Unfortunately, almost all of the information on this illness on the Internet was questionable and speculative. One website would say one thing, another would say another, and each TV channel would say something else about the illness. I couldn't decide which was accurate".

Male respondent age(36) working as assistant professor stated that;

"Doom scrolling activity has increased since the lockdown, when people have no work to do and are sitting idle at home. Despite the fact that it is painful and depressing, many people are compelled to scroll for COVID-19 articles and news".

A 40-year-old male responder who works as a newspaper editor said;

"These days, all I do is read medical magazines, WHO documents, and other similar materials to keep up with the development of vaccine human trials and the most recent information on medications to cure COVID-19. I'm scared about the present situation, and with no immunisations available, it's just growing worse [...] My wife has asked me to stop looking at COVID-19. Yet, despite the fact that such publications make me anxious, I continue to read them".

Future financial uncertainity

The major problem producing concern and anxiety among individuals is financial loss as a result of the Covid-19 lockout. Numerous different respondents said that they had already lost their employment, that they had been informed they would be fired, that they had already experienced payment delays and wage cuts, and that they had been forced to take unpaid leave.

Female respondent age(27) working quality insurance supervisor in a textile factory stated that

"I'm already on leave without pay. I'm not sure when the lockdown would be lifted, and even then, I'm not sure if we'll get paid. I'm out of money after spending it all on a medical emergency. I started saving money in March of this year, but I am currently squandering it because I am not being paid. I'm worried since I'm responsible for my elderly mother".

Male respondent age(34) working media reporter in a local news channel stated that

"Every morning, I wake up with a heavy heart and a racing mind, wondering if I'll still have a job. [36] When I get up, the first thing I do is check my email to see if there is any such message from my workplace, and this is what I do till I go to bed, continually checking my email and discussing with my colleague about any rumours regarding this".

Financial and economic losses have raised the prevalence of anxiety, mood swings, despair and depression.[3] Male respondent age(47) running his own restaurant stated that

"My company operates a restaurant. It was fully operational prior to the shutdown. For the past two months, it has been closed. I have expenses, but my source of income has ceased. And the money is running out. I've given up on a better future. I only see a fight ahead of me to restart my business once the lockdown is lifted".

Discussion

Nobody in the world was prepared for or able to handle the COVID-19 outbreak because it spread so quickly. Few mental health professionals have recently performed extensive scientific research into the psychological impacts of COVID-19, and there is a dearth of information on the breadth of the psychosocial emotions experienced and expressed by this unexpected event. Pakistan is a developing country with limited healthcare facilities, low levels of education, and little knowledge of the situation, which has intensified terror and dread. Moreover, abrupt lockdowns and social isolation have raised stress and anxiety.[38] In contrast to previous explanatory investigations, the current study tries to characterize the type, pattern, and degree of psychological problems experienced by individuals as a result of COVID-19. The current study's initial concern was the use of specialized evaluation by identifying qualitative tramatic stressors that contribute to psychological distress, rather than generally used anxiety and depression measures created in other contexts and utilizing a diverse ethnic population. COVID-19 has a negative impact on their social, emotional, and psychological well-being.' This result is consistent with previous studies that mentioned mental trauma issues that people faced, both as a result of restricted movement during the lockdown and as a result of financial stress faced by families, which has been persistently ignored and is largely unavailable in the current debate.[39]

Isolation, quarantine, and academic institution closures, unemployment, financial troubles, and illness are all risk factors for psychological tramatic suffering. Many have suffered anxiety, panic attacks, and hopelessness as a result of breaking news about the expanding burden of COVID-19 patients on a national level.[39, 40] Regarding the degree of the impact, the associations between loneliness and deteriorating mental health shown here are comparable to those found in earlier study conducted prior to the epidemic.[41,43] Furthermore, our research has shown that these relationships are still relevant in the context of the COVID-19 pandemic. Loneliness is a distressing feeling produced by a mismatch between a person's desired and actual social contacts. Limiting social ties and closing off social spaces can help to prevent COVID-19 increase, but they can also worsen feelings of loneliness. [44, 45]

This is of particular concern since the epidemic limits people's ability to socialise with friends and family, which increases the number of individuals who experience loneliness as a result[46, 47]and might have a significant indirect influence on public health.[41]Loneliness has serious health consequences, including an increased risk of cardiovascular disease and immunological malfunction, as well as feelings of despair, anxiety, and suicidal ideation.[48]Getting social support and participating in digital social activities may aid in reducing feelings of loneliness during lockdown.[49, 50] The most common concern expresses uncertainty about the future, which connotes dread and anxiety. This could be because few people are aware of the illness and there isn't a workable cure designed specifically for COVID-19.[51] It is crucial to note how swiftly our existence has been turned upside down, changing how we view the outside world and ourselves. We are now afraid to think about the future since we came from a life that was mainly stable and predictable. These worries are a reasonable reaction considering how the events transpired.[52,53] COVID 19 picked up steam in a variety of disinformation mechanisms, including tales, myths, phobias, conspiracy theories, claims, scams, false misdirection, biased media,

antagonism, disbelief in science during emergencies, a lack of real reporting, and deception. The COVID-19 pandemic outbreak has overwhelmed major media channels, which are disseminating information on a global as well as local level. Similarly, social media platforms have turned into a convenient source of (mis)information. Numerous incidents triggered by these rumors have resulted in a slew of calamities.[10] Many earlier studies done in Pakistan demonstrated that a considerable majority of its participants believed that unauthentic information and fraudulent news propagating on social media about COVID-19 had a negative influence on their mental health and psychological well-being. Unverified data is commonly sent to social media circles in Pakistan via social media posts or videos.[54,55]

The source is social media, which spreads myths about disease prevention and resistance.[56] The confluence of virology and virality is an important characteristic of this crisis: not only did the virus spread swiftly, but so did information—and misinformation—about the outbreak, and therefore the public fear that it produced. The social media hysteria spread quicker than COVID-19.[57] Social media platforms were more widely used by people to learn about COVID-19 and to get news and information. This exacerbated the COVID-19 epidemic's public anxiety.[36]

Limitations of the research

While this study offers valuable insights into the psychological well-being of people during the COVID-19 pandemic, several limitations must be acknowledged. Firstly, the study was conducted in a specific cultural context—Faisalabad, Pakistan—which limits the generalizability of the findings to other regions with different social, economic, or cultural dynamics. Additionally, the sample was based on purposive random selection, which may introduce bias and does not ensure a fully representative sample of the population. The study's reliance on in-depth interviews and
online focus groups (FGDs) may also have excluded certain individuals who lack access to digital tools or prefer face-to-face interactions, potentially skewing the perspectives captured.

Conclusion

The study is distinctive in that it assesses the cumulative impact of all COVID-19 stressor types using a valid COVID-19 cumulative stressor measure, which most past studies did not do. Moreover, the findings of the COVID-19 impact go beyond the impact of preceding cumulative stressors and traumas. The current study employed a comprehensive analysis of accumulated pressures and traumas. It made it simpler to distinguish the overall impact of the COVID-19 stressors.The study concluded that that COVID-19 had an effect on the social, psychological, and mental health aspects. Despite the fact that this study's results offer substantial early evidence in favor of the use of COVID-19 in predicting mental health while taking other traumas and pressures into consideration, it has a number of drawbacks. The convenience sample that was employed, which had biased representation, a highly skewed age distribution, and the availability of an internet connection, is what initially limits the study. Moreover, sample dispersion varies significantly among countries.

This unbalanced portrayal may have an effect on how the results are understood. Also, only civilization from the pakistan was included in the samples used in the current study. The results of the study should be evaluated and repeated in subsequent studies. Sadness was one of the main COVID-19 psychological impact dimensions, however it was left out of the COVID-19 measure, which is another flaw. In addition to the loss of loved ones, sorrow also includes the loss of expectations for the future as a result of the COVID-19 eruption. Future development will need to be on this size. Yet, despite these limitations, the study
expanded our understanding of trauma and offered preliminary evidence of COVID-19's effects.

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Authors' contributions

Sara Akram conceptualized the study, methodology, literature review and contributed to the manuscript drafting and revisions. Humera Amin led the data collection and analysis, conducting interviews and synthesizing qualitative data. Muhammad S. Alam provided guidance on interpreting the findings, while Sarwar Khawaja helped refine the research framework. Muhammad Imran assisted with the overall organization of the study. Anum Obaid contributed to manuscript development, ensuring clarity. Rashid Iqbal coordinated the research process, managed timelines

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