

Unravelling COVID-19 Through Spanish Flu Lens Psycho-Social Analysis

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ABSTRACT

Dr. Anthony Stephen Fauci, an American physician and immunologist working for National Institute of Allergy and Infectious Diseases (NIAID) and one of the pilot members of the Trump Administration's White House Corona virus Task Force address the COVID-19 pandemic in United States “ stated that the corona virus is a pandemic of 'historic proportions' and has the probable to be as hazardous as the 1918 Spanish flu.” Though researchers still have a lot to discover about COVID-19, its beginning, spreading, contagiousness and deadliness makes it comparable to 1918 Flu Pandemic. This paper draws an analogy between the pandemics set apart from each other by almost a century. The world of 1918 is visited in John M. Barry's account of *The Great Influenza: The Story of the Deadliest Pandemic in History* and the modern society equipped with advanced technology and science is brought to light through the documentaries and articles surrounding a world dealing with COVID-19. The vital elements are the psychological effects of a pandemic surrounding the patients and their family, fear of isolation during lockdown period, panic among the public, desperation of the scientists, confusion related to uncertainty of the future, helplessness of the doctors, terror of the virus, and the horror of death. While many heroic warriors perish in this fight against the virus, they bind the collapsing humanity with the scanty hope of healing the world.

Keywords

Spanish Flu, COVID-19, Psychological, John. M. Barry, Social

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Introduction

Bearing in mind the resemblances of the viruses, understanding the Spanish Flu which is so comparable to COVID-19, will also help to understand the upcoming challenges, and how to face them in the uncertain future that is currently troubling all of humanity. The Influenza virus of 1918 is believed to have originated from a farm in Haskell County, Kansas, U.S. (probably from a bird or an animal) and then infected humans. It first surfaced at Camp Funston where hundreds of soldiers were hospitalized and with the movement of the soldiers during World War I, the virus also moved to British, French and American troops. (Barry, 2018, pp. 169, 171) In a time where movement was so restricted as compared to the present, the explosive virus spread from the army to the civilians in no time and soon enveloped the whole world. Coronavirus also has a huge resemblance to a virus which was discovered by the scientists in bats, it probably began in a live animal marketplace in Wuhan, China and then soon spread around the planet. Both the viruses being air-borne helped to spread the diseases with the infected people's coughing, sneezing or speaking. In its parameters of contagiousness and deadliness, Coronavirus is very close to the Influenza virus. (Simmons, 2020, Episode 1)

Very similar measures were taken by the state and medical authorities during both the pandemics. While waiting for the scientists to come up with a vaccine, the only treatment advised by the world leaders, and health professionals remained washing of hands, wearing of masks and social distancing. The viruses are also alike in the way that they can easily be confused with flu or common cold due to similar symptoms in the early stages. (Simmons, 2020,

Episode 1) The Spanish Flu which lingered for two years is estimated to have killed 50 to 110 million populace of the world inhabitants of 1.8 billion people in 1918. And as of 16th July 2020, confirmed COVID deaths have been exceeding 500,000 around the world.

Methodology

An attempt has been made to draw a parallel between the two pandemics for that the following method has been adopted: -

- 1) John M. Barry's *The Great Influenza: The Story of the Deadliest Pandemic in History* has been studied in detail to understand the social and psychological conditions of the state, health authorities, healthcare professionals, victims and the general public during the Spanish flu in 1918.
- 2) To understand the social and psychological conditions of the above-mentioned victims during the COVID-19 pandemic a lot of literature especially documentaries, docuseries and articles on Corona virus pandemic has been studied.

The Warriors

Nervous physicians who were experiencing this first hand took rapid action for expansion of hospital space, and isolated the soldiers in an attempt to contain the virus in the camps. They were moving among dead people for autopsies and among dying people for swab and blood tests. But soon the hospitals were overcrowding, the virus reached the civilians, and the doctors and nurses were exhausted. (Barry, 2018, p. 267) Police professionals also responded

voluntarily for helping with disposing the dead bodies which was a risky job. (Barry, 2018, p. 330)

Similarly, in case of COVID-19, downplaying and delaying in declaring COVID-19 as a pandemic led to the severe explosion of the virus worldwide. Italy (a country which in 2020 is ranked world's second best in healthcare) became the hotspot of the virus due to negligence and delaying lockdown and the medical facilities were rendered powerless. [Episode 1: The Pandemic Explained] Radhika P. Ramachandran, Scientific Officer, Anand Diagnostic Laboratory, Bengaluru mentions how the number of COVID tests per day and the number of positive cases detected in the lab have been increasing. Hamna Abdu Nazir, Resident Doctor, Miraj Covid19 Hospital, Sangli talks about the working hours and the exhaustion of being in protective gear (wearing the PPE kit, and other protective equipment) which is stressing, irritating and frustrating. Ramesh B. Nangare, Senior Police Inspector, Dharavi, Mumbai expresses how he could not go home for five days at a stretch in the initial days of the lockdown in India. And when at home he had to maintain distance from his family to reduce the risk of infecting them. And when he was questioned about what he would do when the pandemic ends, he replied that he would sleep for 2 days straight, since he does not get much sleep due to his demanding duties. (Ray, 2020)

Stories of the Survivors

"It was not only death but these symptoms that spread the terror." (Barry, 2018, p. 236) The terror of the horrifying symptoms added to the extreme unpleasantness of the victims during the illness. (Barry, 2018, p. 231) Clifford Adams of Philadelphia remembers how all he cared about was breathing, and nothing else ever crossed his mind. Bill Sardo of Washington D.C. had delusions. William Maxwell of Lincoln, Illinois felt nothing except sometimes when he heard his mother crying. Josey Brown only remembered shivering. Harvey Cushing, in his journal, wrote about various neurological problems he suffered. Rudolph Binding described his illness as pain and weakness. Katherine Anne Porter, author of *Pale Horse, Pale Rider* mentioned how she felt numbness at the beginning "no longer conscious of the members of her own body, completely withdrawn from all human concern", and later pain and weakness. (Barry, 2018, pp. 232, 233) Coronavirus survivor Fiona talks of the panic attacks, anxiety and sleep disorders she felt when she was diagnosed positive for COVID. (Simmons, 2020, Episode 3)

Fear Psychosis of Health Care (Doctors and Nurses) Professionals

Identical to the victims, the healthcare professionals were also vulnerable to the fear of the disease. The doctors and nurses during the Spanish Flu feared the virus as they witnessed the suffering, pain and deaths of their patients. Dr. Roy Grist, Army Physician at Camp Devens was horrified by the deaths of patients, nurses and doctors, piling up of bodies, and shortage of coffins. He sighs, "It is horrible...to see these poor devils dropping like flies." (Barry, 2018, p. 187) The physicians Dr. Victor Vaughan and Dr. Rufus Cole who were inspecting the camp horridly reminded the hallway

where they stepped among the corpses to reach the chilling sights of the autopsy room. (Barry, 2018, p. 189) At the end of exhausting days a nurse at Great Lakes was haunted by nightmares of the feelings of the boy squeezed at the bottom of the pile of dead bodies which led from the floor up to the ceiling of the morgue. (Barry, 2018, p. 201) A Navy nurse's memory of the sound of the influenza patients which she compared with Rice Krispies made her intolerant to Rice Krispies for her whole life. (Barry, 2018, p. 235) The healthcare professionals (doctors and nurses), already insufficient in numbers compared to the patients, were contracting and dying of influenza. By and by there was no one to care as the overpeopled hospitals were bloody everywhere. (Barry, 2018, p. 189) A victim Robert St. John recalled how he would lie on a cot unattended by any doctor. (Barry, 2018, p. 201)

Doctors treating COVID patients have experienced similar fears. One doctor in the docuseries *Coronavirus Explained* says, "Such concentrated and intense suffering. I've never seen this much of it in my life." (Simmons, 2020, Episode 1) Another doctor says, "One shift, declared 6 people dead." (Simmons, 2020, Episode 2) Hamna Abdu Nazir, Resident Doctor, Miraj Covid19 Hospital, Sangli talks of the negative thoughts that rammed her mind when she was alongside her first COVID positive patient. When she had to test a dead body to rule out the possibility of death from COVID, she felt scared as she had never done it before. She was seen in tears while she talked about how everyday she walked into the ICU to see only very sick patients or dead bodies. She also expressed her anxiety of contracting the disease like other doctors. She felt her fear growing when she soon found her colleagues falling ill. (Ray, 2020)

Desperation and Helplessness of the State, Health Authorities and Healthcare Professionals

The desperation and helplessness in the situation surrounding the deaths of influenza victims and healthcare professionals reflects in the suicide of Colonel Charles Hagadorn, commander of Camp Grant who "had made the army his home", cared about his troops and always taught his soldiers to survive, kill and not to die. He even ignored the army regulations of overcrowding the barracks for the comfort of his men who were his family. He was confident that his medical staff could control the disease. But as he saw the medical staff collapsing from overwork and disease, while the death toll increased he felt powerless and shot him. Barry comments on the incident saying that his sacrifice could not stop the epidemic. (Barry, 2018, pp. 212-219) The confident physician Dr. William Henry Welch who believed in the power of science and research later made a frustrating prediction, I believe that this outbreak is probable to surpass and we are no more recognizable with the manager of the ailment than we were in the outbreak of 1889. It is humiliating but true. Hermann Biggs echoed Vaughan saying, "There has never been anything which compares with this in importance...in which we were so helpless." (Barry, 2018, p. 403)

Though there was a need and demand for doctors everywhere, all they could do was advice and the best

advice being, "...stay in bed". (Barry, 2018, p. 319) The message of Dr. Alfred Stengel, the expert on infectious diseases in the lecture for the medical students was simple, "This doesn't work. That doesn't work. Nothing worked." (Barry, 2018, p. 226) Doctors became desperate and started trying everything and published anything without peer review or careful analysis. Later JAMA editorial published a warning instructing the doctors to refrain from activities which would demean the medical profession.

By the same token desperate COVID warriors are trying everything from existing medicines to new therapies since they do not have the kind of time to wait for a confirmed solution while people are dying. (Simmons, 2020, Episode 2) Dr. Kathryn talks about the difficult conversations she has to have with patients' families, and how video chats are not enough. (Simmons, 2020, Episode 3) Another doctor says, "When you arrive at this point, you realize that you are not enough." (Simmons, 2020, Episode 1) Healthcare workers working at COVID hospitals were troubled about how they could possibly allocate the scant resources available to them to equally needy patients. These situations brought about negative thoughts leading to depression and suicidal tendencies. (Greenberg, 2020)

Finally, Acknowledging the Pandemic

One of the major similarities lies in the attitude of the people i.e. when the Spanish flu started in March 1819, it was taken lightly resulting in spread of infection which became difficult to control. The same has been witnessed in the present when Coronavirus spread in demonic proportion infecting and taking the lives on a massive scale. Surgeon General Rupert Blue, head of the United States Public Health Service, initially dismissed the need of strict quarantine and did nothing to contain the virus, or prepare for a crisis thinking, "It was influenza, only influenza". (Barry, 2018, pp. 309-310) Dr. Wilmer Krusen, Director of the Philadelphia Department of Public Health also believed that the "old-fashioned influenza or grip" posed no threat to the city and permitted the Liberty Loan parade amidst the outbreak. (Barry, 2018, pp. 202, 203, 208) As the situation worsened, Surgeon General Rupert Blue, head of the United States Public Health Service was suddenly scared of the explosive spread and lethality of the virus and felt the necessity of doctors, nurses and resources. (Barry, 2018, p. 316) Dr. Wilmer Krusen, Director of the Philadelphia Department of Public Health started prioritizing sanitation when deaths confronted him. (Barry, 2018, p. 325) On sudden explosion of the disease in Pennsylvania strict quarantine was enforced and public gatherings were banned. Placards warned the public to avoid crowding, sneezing, coughing and spitting. (Barry, 2018, p. 220) Health and city workers wore masks constantly. (Barry, 2018, p. 221) Coronavirus has been explained as "That simple little vehicle that's paralyzed economies and ended hundreds of the thousands of lives around the world." (Simmons, 2020, Episode 2)

The Pandemic Is Here, There, Everywhere

In The Great Influenza Barry says about the Spanish Flu "The war was over there. The epidemic was here." (Barry, 2018, p. 350) The World War I during the time did not scare people as it was away from the common public, while the epidemic was the war that was in every home, a war against death.

Dr. Peter Daszak, President of Ecohealth Alliance in his statement, "I think one of the big lessons about pandemics is, we think that it's something happening over there. Well, we know from COVID-19 that what happens over there can very easily get here." tells how the pandemic had reached everywhere. (Simmons, 2020, Episode 1)

Panic Among the Public

Everyone had recognized that the pandemic had reached them. This fear among the health authorities and healthcare professionals smoothly and swiftly found its way into the minds of the civilians. The fear had a stronger impact on the public and travelled faster than the virus.

There was fear of the disease, "The symptoms chilled laypeople, chilled them with winds of fear." (Barry, 2018, p. 235)

There was fear of the virus which left many pleas unanswered. People did not volunteer for the emergency when requests or to care taking of orphaned children. Few people who did respond were scared of going close to the patients. (Barry, 2018, p. 329) Susanna Turner, a volunteer remembered how people were afraid of going out, and helping neighbours. (Barry, 2018, p. 331)

There was fear of deficiency, Louise Apurchase recalled the parents of the dead young boy putting him in a macaroni box, shortage of coffins and gravediggers. (Barry, 2018, p. 223) Selma Epp reminded of how bodies wrapped in sackcloth were carried in wagons. (Barry, 2018, p. 327) Nurses were being kidnapped or physically being forced to stay as it was getting impossible to find nurses. (Barry, 2018, p. 276)

There was fear of death as Anna Milani and Clifford Adams recalled how every door in Pennsylvania hung a crepe (used to mark a death in the house). People were terrified about the lasting of the epidemic seeing their friends and neighbors die suddenly. (Barry, 2018, pp. 222-223)

Fear of uncertainty, "What should I do?"... "How long will this go on?" (Barry, 2018, p. 321)

Many journals and newspapers advised against fear, but people were scared when they read it. (Barry, 2018, p. 336-341) Terror among public brought rumours like "Black Death had returned." (Barry, 2018, p. 224) When rumours spread that dogs could be carriers of influenza virus people started killing and abandoning their pets whom they loved. (Barry, 2018, p. 350) Fear also led to the arrest of H.M. Thomas, a travelling salesman who was suspected as a German agent spreading influenza death. He was later found dead in a hotel room. (Barry, 2018, p. 343)

And there was a fear of the victims/survivors, A survivor from Norwood, Massachusetts recalled how his manager would spray the money he gave before picking it up from the table. (Barry, 2018, p. 347) Other survivors suffered similar isolation and the sign outside their houses "INFLUENZA in red letters" isolated the family even more. (Barry, 2018, p. 348) Many nurses who had

volunteered earlier had withdrawn considering the exhausting work, and the risk of contracting the disease. (Barry, 2018, p. 329)

In 2019, Panic on social media travelled faster than the pandemic. (Depoux, 2020)

A man talks about the uncertainty of the future, and how he sees Corona everywhere. A woman admits how she is terrified of going out, and on seeing people. Another woman confesses of obsessive washing of hands and cleaning resulting from the anxiety of having a four-year-old kid. (Simmons, 2020, Episode 3) Pablo talks about sleeping difficulty while Anna feels stress. (Simmons, 2020, Episode 3) Radhika P. Ramachandran, Scientific Officer, Anand Diagnostic Laboratory, Bengaluru sent her daughter away to keep her safe and is frightened of the uncertainties of when she would get to meet her daughter again. (Ray, 2020) There is anxiety in the general public relating to shortages of masks and antiseptics in drug stores. (Shigemura, 2019) There is the fear of the health professionals who work closely with the infected patients. Fear of contracting the virus made many doctors a victim to isolation by the landlords and neighbours, which was highly discouraging and dehumanizing for them. (Dutta, 2020) Thus the government had to step in to arrange for their accommodation close to their workplace. (Giordano, 2020)

Quarantine and Isolation – Psychological Effects

Feelings of uncertainty, desperation, inability, hopelessness and helplessness led the state, health authorities, and healthcare professionals to decide in favour of lockdown, quarantine and isolation. Only few places that had enforced extreme and brutal quarantine had avoided the ferocity of the vicious virus to some extent in 1918. When a whole city is quarantined, panic and community anxiety related to deaths, escalating numbers of new cases steps in. Mass quarantine usually sends the message among public that the authorities consider the condition to be harsh and responsible to worsen. Public infers a fear of loss of control of the situation. [12] Dr. Issac Starr, cardiologist at Philadelphia on his way to the hospital saw “The city was iced up with fear, frozen quite literally into stillness...The life of the city had almost stopped.” (Barry, 2018, p. 226-227) Alfred Hollows of Wellington, New Zealand said, “It was really a City of the Dead.” (Barry, 2018, p. 333) And this isolation led to fear and depression. (Barry, 2018, p. 238) In Philadelphia, people were isolated and scared. They avoided other people, conversations and even their breathe as despite all precautions 43 percent of hospital staff were hospitalized. (Barry, 2018, p. 225) People were scared for themselves and the victims. William Sardo in Washington D.C. believed that the epidemic “took away all your community life...destroyed intimacy...you were surrounded by death.” (Barry, 2018, p. 346) John Delano from New Haven, Connecticut recalled how nobody brought food or visited the sick, which was a usual custom. (Barry, 2018, p. 347)

In an analysis of the people who were quarantined vs the people who were not quarantined it was noted that quarantined people reported fear, nervousness and sadness. Isolated people who were separated from their loved ones

and had lost their freedom felt anger, boredom, and suicidal. Workers also displayed poor concentration, deteriorating work performance, and reluctance to work. Healthcare workers felt their jobs to be too risky. (Brooks, 2020) The people isolated during the lockdown of 2012 MERS had experienced social anxiety, fear and anger. Patients also experienced depression, anxiety and social stigma. (Jeong, 2016)

COVID 19 Is Nerve Racking

This pandemic has traumatic effect on the mental health of people worldwide. People are gripped by fear and anxiety by being apprehensive of its deadly effect. This is further aggravated by the thoughts of isolation. Stress during such a pandemic situation can result in an outbreak of many sorts of mental illness. So, the most important point is to develop better coping mechanism to deal with stress in a healthy way which can develop a stronger community which can face it boldly and be able to overcome it successfully.

Conclusion – How to Deal with

WHO stresses on the importance of both physical and mental health. Feelings of stress, fear and loneliness are normal. WHO suggests checking on people you care for, seek emotional and social support, acknowledge anxiety and fear, breathing exercises and mindful meditation. (Kluge, 2020) Psychologist like Ali Mattu and Lori Gottlieb advice to consume less news, keep schedules, spending time with family, listening to music, singing together, and helping other people to cope better with the psychological impact of the current situation. (Simmons, 2020, Episode 3)

During 2002 SARS, hospital employees who were exposed to stressful situations, and high risks of contagion felt panic, anxiety and depression. (Lui, 2012) The medical workers of Wuhan, China in 2019 were not only threatened by the inadequate protection from contamination, and bothered by overwork, they also simultaneously had to deal with emotional issues relating to isolation from their families. (Kang, 2020) They were often torn between their desire and duty towards their patients vs their friends and family. (Greenberg, 2020) This could have a lasting effect on their wellbeing. Thus, many policies were implemented to help them in their work, like shift system, and online medical advice. (Kang, 2020) Voluntary medical staff were recruited to help the original medical staff at infectious disease department. They were allotted places to rest in the hospital. Food and daily living supplies were provided to them. Hospital security helped them to deal with uncooperative patients. They were briefed about the rules on use and management of protective gear. Training and leisure activities ensured some relaxation and psychological counselors were made available to them for help. (Chen, 2020)

Peer support programmes could also help doctors to deal with the different mental health challenges faced by them. (Greenberg, 2020)

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