



PEACE OF MIND (THE INNER PEACE) AND MENTAL HEALTH: A COMPARATIVE STUDY OF TWO AGE GROUPS DURING THE COVID19 PANDEMIC

Subtitle: *PoM and mental health*

¹Neha Sharma

Ph.D. Scholar

Department of Psychology

Maharshi Dayanand University, Rohtak, Haryana

The recent pandemic has changed people's lives in many ways be it physically or mentally. People all around the world have faced omnipresent fear of getting infected with COVID-19. It has affected lives of people around the globe. Lockdown, quarantine, isolation and hygiene have become indispensable part of lives. Amidst this situation people's peace of mind and mental health has also suffered. Insecurities about life and death have posed a danger on the mental well-being of individuals. This research tries to find out the peace of mind and mental health of people. The sample has been divided into two groups which are divided on the basis of their age. The first group comprised of individuals whose age ranges from 18 to 35 years and the second group comprised of individuals whose age ranges from 36 to 55 years. The total number of participants is 100. The results of the study show low level of peace of mind among people and a higher level of anxiety and depression. This shows that peace of mind and mental health of people has been sacrificed.

Indexterms: Peace of mind, mental health, COVID-19, pandemic

INTRODUCTION

Any situation which poses a danger to the life definitely brings anxiety, stress and depression along with some other mental health issues. The past and current years have been difficult time for almost every person across the globe. We are facing the COVID-19 pandemic all over the world. The world has encountered numerous variants of COVID-19, which are posing life threatening dangers to everybody. There has been a lot of destruction worldwide. Many people have lost their lives over COVID-19. Till date, in India only, more than 4.23 lac people have fallen prey to this virus and lost their lives (Haidar, 2021). Due to this prevailing situation death, destruction, pain, sadness, helplessness and hopelessness are lingering in the world.

The novel coronavirus was said to be more dangerous for older adults (World health Organization, 2020) but India has faced recently a new variant which was found to be dangerous for the younger adults as well. Due to these prevailing conditions some measures were taken by the government. These measures include isolation, lockdown, social distancing, proper hygiene and quarantine. Numerous research and reviews found that these measures are putting people's mental health in grave danger (Brooks et al., 2020; de Figueiredo, 2021). Studies also indicate that prolonged period of quarantine is increasing chances of post traumatic stress disorder,

and it can increase the risk of psychopathology among the people requiring isolation (Huang & Zhao, 2020; Lai et al., 2020). Along with this, research also indicates increased level of insomnia among general population due to COVID-19 pandemic (de Figueiredo, 2021; Lai et al., 2020). The survivors of COVID-19 are now facing the side effects and after effects of this dreadful disease. India also became a victim of eye fungus. Many people who suffered from COVID-19 virus fallen prey to black eye fungus and white eye fungus (News18, 2021). This situation also added another issue to be tackled by the people and government. Hence, the situation in India became more vulnerable. This situation led to pose another lockdown in many states of India. In the month of May and June, 2021 Indian people were vulnerable to many deadly situations including COVID-19, eye fungus and the after effects of surviving these diseases. Due to this new lockdown, schools and colleges were again closed and hence it increased the feelings of loneliness among younger adults. Studies showed the negative impact of lockdown on mental health of younger adults and older adults as well (Robb et al., 2020). Incredible amount of research in this area suggests an alarming increase in the rate of anxiety, stress, depression, sleeping disorders and loneliness (Robb et al., 2020). Evidence also suggests that younger people are at higher risk of having anxiety, stress and depression during this dreadful situation (Varma et al., 2021).

As is already known, the COVID-19 disease is posing direct danger to physical health of individuals, it is also anticipated that the measures taken for fighting this disease like lockdown, quarantining, isolation and social distancing will also have a long term effect on mental health of the individuals. So it is not wrong to say that we will have to face a mental health pandemic in the world pretty soon. This mental health pandemic will stay in this world for years to come and it might happen that even after developing perfect treatments for this disease people will still be the victims of aftereffects of this disease. As has been mentioned earlier, research has started to speculate that long period of quarantine may increase the chances of psychopathology and post traumatic stress disorder (Huang & Zhao, 2020; Lai et al., 2020). So it might have already started.

In a situation like this, the peace of mind and mental health are at stake. So the present study tries to find out the level of peace of mind and mental health in two age groups during COVID-19 pandemic. This study tries to compare the level of peace of mind and mental health of two age groups. In the lieu of review of previous literature, the study expects (a) low level of peace of mind (b) lower level of mental health (Huang & Zhao, 2020; Lai et al., 2020; Robb et al., 2020; Varma et al., 2021). As far as I know, this is the first study measuring peace of mind of two age groups during COVID-19 pandemic. It is expected that this study will provide an insight to the researchers and it will contribute to the review of literature of peace of mind and mental health. It will also help policy makers, government and mental health professionals in making plans to cope up with mental health and psychopathological issues yet to come.

RESEARCH METHODOLOGY

Population and Sample

The participants of the study include individuals from two age groups. The age groups are 18 to 35 years (Group 1) and 36 to 55 years (Group 2). The total number of participants is $n = 100$ (Group 1 = 50 and Group 2 = 50). The mean age of participants of group 1 is 23.44 and group 2 is 45.94. All participants belong to Haryana state. See Table number 1 for full demographic characteristics of participants. A google form was generated in English language to reach all the participants. Invitations to all the participants were sent with the help of social media including WhatsApp, Instagram and Facebook in the form of google form link. The sampling method used here is convenient sampling.

Table number 1:

Demographic characteristics of participants:

| Variables | N = 100 |
|-------------------------------------------------------------|----------------|
| Age in years (including group 1 and group 2) mean (SD) | 34.69 (12.424) |
| Age in years (group 1, n = 50) mean (SD) | 23.44 (4.390) |
| Age in years (group 2, n = 50) mean (SD) | 45.94 (5.857) |
| Gender (including group 1 and group 2), n (%) | |
| Male | 50 (50) |
| Female | 50 (50) |
| Socioeconomic Status (including group 1 and group 2), n (%) | |
| Lower class | 4 (4) |
| Middle class | 87 (87) |
| Upper class | 9 (9) |
| Gender (group 1), n (%) | |
| Male | 24 (48) |
| Female | 26 (52) |
| Gender (group 2), n (%) | |
| Male | 25 (50) |
| Female | 25 (50) |
| Socioeconomic Status (group 1), n (%) | |
| Lower class | 0 (0) |
| Middle class | 47 (94) |

| | |
|---------------------------------------|---------|
| Upper class | 3 (6) |
| Socioeconomic Status (group 2), n (%) | |
| Lower class | 4 (8) |
| Middle class | 40 (80) |
| Upper class | 6 (12) |

Procedure

The form contained demographic questions and participants were asked to complete standardized scales. These include Peace of Mind Scale, Patient Health Questionnaire-9, and Zung Anxiety Scale. Data were collected with the help of online survey from 20 June to 20 July 2021.

Statistical tools

The Peace of Mind Scale (PoM)

Peace of Mind Scale (Lee, Lin, Huang & Fredrickson, 2012) consists of 7 items. It is a self-report measure having a 5 point Likert scale. It has been used to find out the peace of mind (inner peace) of the individual. The 5 point scale ranges from 1 = not at all, 2 = some of the time, 3 = often, 4 = most of the time to 5 = all of the time. The scores range from 7 to 35. Higher scores indicate greater and better peace of mind. It has been standardized and validated in both the populations, including young adults (Lee, Lin, Huang & Fredrickson, 2012) and older adults (Tendhar, 2014). This scale has five positive worded statements like, 'my mind is free and at ease' and two reverse worded statements like, 'it is difficult for me to feel settled'. Studies revealed PoM to have good criterion-related validity and good discriminant validity (Lee, Lin, Huang & Fredrickson, 2012). The alpha reliability coefficient of the PoM was .91.

Patient Health Questionnaire

Patient Health Questionnaire (PHQ-9; Kroenke, 2002) consists of 9 items. It is a self-report measure used to measure severity of depressive symptoms in general population. It assesses the severity of depressive symptoms in the past two weeks. It is a 4 point scale ranging from 0 to 3. Here the options include 0 = not at all, 1 = several days, 2 = more than half the day and 3 = nearly every day. The severity is calculated by assigning the scores. The scores of PHQ-9 range from 0 - 27. If an individual score between 0 - 4, then he does not have any symptoms. The score range 5 - 9 indicates mild level of depressive symptoms, 10 - 14 moderate, 15 - 19 moderately severe and 20 - 27 indicate severe level of depressive symptoms. It has a good validity and high reliability.

Zung Anxiety Self-Assessment Scale

Zung Anxiety Self-Assessment Scale (Zung, 1971) consists of 20 statements. It is a self-report measure which measures the anxiety of individual. The scale has 20 statements having 4 options each. These include none or a little of the time, some of the time, good part of the time, most or all of the time. 1 mark is given to none or a little of the time, 2 marks are given to some of the time, 3 marks are given to good part of the time and 4 marks are given to most or all of the time. The severity of anxiety is calculated after assigning the scores to every statement. The raw scores are calculated by adding the marks of each statement and then those marks are to be changed to the anxiety index. After this the interpretation is done with the help of norms provided. The range of scores is 20 to 80. An individual scoring below 45 would fall under a normal range, 45 - 59 anxiety index means minimal to moderate anxiety, 60 - 74 anxiety index means severe anxiety and the individual whose anxiety index is 75 and over would come under most extreme anxiety. This scale has been used in general population many times and it has high reliability and validity.

Statistical Analysis

First of all for every psychological measure descriptive statistics were computed. Then with the help of standardized norms and cutoff scores the level of peace of mind and level of mental health was reported. The present study is a comparative study and hence with the help of t test comparison has been computed between two age groups. The comparison between two age groups for peace of mind and mental health was done.

Results:

The sample consisted of 100 participants having equal number of male and female. There were two groups the discrimination was done on the basis of their age. The participants from 18 to 35 years of age constituted group 1 and the participants whose age range was from 36 to 55 constituted the group 2. The mean and standard deviation of group 1 is 23.44 (SD = 4.390) and mean and standard deviation of group 2 is 45.94 (SD = 5.857). The participants belonged to Haryana state only and they came from mostly middle socioeconomic strata. 87% of the population is from middle socioeconomic strata.

Peace of mind (PoM) has been used as a tool to measure the inner peace of the individual. The mental health is measured using two tools namely, patient health questionnaire (PHQ) and Zung anxiety self-assessment scale. Patient health questionnaire (PHQ) has been

used to measure the level of depressive symptoms of an individual. It has been used in general population many times. The Zung anxiety self-assessment is used to measure the level of anxiety in clinical population and general population.

The descriptive statistics of all the variables for group 1 are shown in table number 2 and the descriptive statistics for group 2 are shown in table number 3. As can be seen group 2 scored higher in peace of mind (PoM; mean = 23.76, SD = 5.723), a little more severity of depression (PHQ; mean = 8.60, SD = 6.664) and lower level of anxiety (ZASAS; mean = 35.46, SD = 11.046) than group 1. On the other hand, group 1 scored little less on peace of mind (PoM; mean = 21.82, SD = 4.575), less severity of depressive symptoms (PHQ; mean = 8.40, SD = 4.189) and a little higher level of anxiety (ZASAS; mean = 38.06, SD = 8.140) than group 2.

Table number 2

Descriptive Statistics for Group 1

| Variables | N | Mean | Std. Deviation |
|-----------|----|-------|----------------|
| PoM | 50 | 21.82 | 4.575 |
| PHQ | 50 | 8.40 | 4.189 |
| ZASAS | 50 | 38.06 | 8.140 |

PoM = Peace of Mind, PHQ = Patient Health Questionnaire, ZASAS = Zung Anxiety Self-Assessment Scale

Table number 3

Descriptive Statistics for Group 2

| Variables | N | Mean | Std. Deviation |
|-----------|----|-------|----------------|
| PoM | 50 | 23.76 | 5.723 |
| PHQ | 50 | 8.60 | 6.664 |
| ZASAS | 50 | 35.46 | 11.046 |

PoM = Peace of Mind, PHQ = Patient Health Questionnaire, ZASAS = Zung Anxiety Self-Assessment Scale

The results for peace of mind show that the two groups do not differ significantly see table number 4. The level of peace of mind of the younger and older people does not have any significant difference. Again there was no significant difference found for mental health. The groups do not differ significantly on the level of depression and anxiety. The value to t test shows no difference in the level peace of mind and mental health (PoM = -1.872, $p = .064$; PHQ = -1.180, $p = 0.858$ and ZASAS = 1.340, $p = .184$).

Table number 4

Comparison between Group 1 and Group 2

| Variables | Groups | N | T | P |
|-----------|---------|----|--------|------|
| PoM | Group 1 | 50 | -1.872 | .064 |
| | Group 2 | 50 | | |
| PHQ | Group 1 | 50 | -1.180 | .858 |
| | Group 2 | 50 | | |
| ZASAS | Group 1 | 50 | 1.340 | .184 |
| | Group 2 | 50 | | |

PoM = Peace of Mind, PHQ = Patient Health Questionnaire, ZASAS = Zung Anxiety Self-Assessment Scale

DISCUSSION

The aim of the present research was to find the difference between two age groups on peace of mind and mental health during COVID-19. The study was conducted after a year of initiation of COVID-19 pandemic. Since the very start of this pandemic people became victims of isolation, quarantine and lockdown worldwide. These situations posed a danger for peace of mind and mental health of the individuals. Many studies have found a negative impact of social distancing, isolation, lockdown and quarantine on the mental health of the individuals (Brooks et al., 2020; de Figueiredo et al., 2021; Varma et al., 2021). Some researches show that younger people are at higher risk of having mental illness due to these situations (de Figueiredo et al., 2021; Varma et al., 2021). These studies show that there is a negative impact of COVID-19 pandemic on mental health of children and young adults. They are more vulnerable. It has also been estimated that due to this prevailing situation the world may face a mental health pandemic in near times to come. The researches have taken under consideration youth, students and older adults and their mental health during COVID-19 pandemic (Chen et al., 2020; Pellerin & Raufaste, 2020) but peace of mind has not been a variable under consideration. It has not been used in sufficient amount of studies. So, it has become imperative to find out the peace of mind of young people and older people. This is why this study undertakes peace of mind and mental health.

The study found that the level of peace of mind was higher for group 2 than group 1. This shows that younger people have lower level of inner peace than older people. The reason behind this might be a delay in completing the education and getting employed. The education and employment of younger people has suffered a lot in India due to COVID-19 pandemic and lockdown than for the older adults who already were employed. The younger population suffered lack of employment and their education came to a halt due to lockdown and quarantine (Gupta, 2020; Rodricks, 2021; Roy, 2021). In India younger people who were enrolled in educational

institutions have suffered a lot. For nearly a year and even now education system has been shut down and no new people got employed. Due to this situation maybe, they have a lower level of peace of mind.

The severity of depression was nearly same for both the groups and the level of severity of anxiety was higher for group 1 instead of group 2. So the mental health of younger and older people has suffered during the pandemic. As is known the coronavirus had more negative impact on the physical health of older adults, it was assumed that they will be having severe level of symptoms of anxiety and depression. But the results show that younger adults were having severe symptoms of anxiety during COVID-19 due to isolation and quarantine. These results are in favor of study done by Varma et al. (2021). Similar results were reported by Chen et al. (2020), Shah et al. (2020) and de Figueiredo et al. (2021) as well.

It was assumed that there would be a significant difference between these two groups. On the contrary, no significant difference was found on level of peace of mind and mental health among younger and older adults. The reason being, that pandemic is causing harm to every person be it physically or mentally. So, all of the people are in anxiety and are feelings symptoms of depression as well. Younger people having higher level of anxiety may be due to other underlying factors. These factors might be gap in education and higher levels of unemployment in India.

It can be concluded that no doubt pandemic is deteriorating the peace of mind and mental health of people. There may come a time when the world will be suffering from mental health pandemic. The level of depression and anxiety are increasing and it might result in other psychopathologies. The deterioration in the level of peace of mind and mental health may inculcate feelings of insecurity and other psychological illness. There is a dire need of prevention. The government must look towards the peace of mind and mental health of all the individuals to save the world from mental health pandemic. Many methods of preventions can be taken into consideration including yoga, mindfulness practices. Psychological help should be provided to the needy. This research may attract the attention of government towards this issue and may help in making policies for better education and better employment for younger people and this may decrease the level of anxiety and depression among younger adults. This research provides the insight into the peace of mind and mental health among younger and older adults amidst pandemic. Other researches may focus on the later impacts of the pandemic and these studies can also look for other aspects like education and employment in India.

ACKNOWLEDGMENT

I humbly want to thank my family and the research participants.

References:

- al Dhaheri, A. S., Bataineh, M. F., Mohamad, M. N., Ajab, A., al Marzouqi, A., Jarrar, A. H., Habib-Mourad, C., Abu Jamous, D. O., Ali, H. I., al Sabbah, H., Hasan, H., Stojanovska, L., Hashim, M., Abd Elhameed, O. A., Shaker Obaid, R. R., ElFeky, S., Saleh, S. T., Osaili, T. M., & Cheikh Ismail, L. (2021). Impact of COVID-19 on mental health and quality of life: Is there any effect? A cross-sectional study of the MENA region. *PLOS ONE*, 16(3), e0249107. <https://doi.org/10.1371/journal.pone.0249107>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *The Lancet*, 395(10227), 912–920. [https://doi.org/10.1016/S0140-6736\(20\)30460-8](https://doi.org/10.1016/S0140-6736(20)30460-8)
- Chen, B., Sun, J., & Feng, Y. (2020). How have COVID-19 isolation policies affected young people's mental health? – Evidence from chinese college students. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.01529>
- de Figueiredo, C. S., Sandre, P. C., Portugal, L. C. L., Mázala-de-Oliveira, T., da Silva Chagas, L., Raony, C., Ferreira, E. S., Giestal-de-Araujo, E., dos Santos, A. A., & Bomfim, P. O. S. (2021). COVID-19 pandemic impact on children and adolescents' mental health: Biological, environmental, and social factors. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 106, 110. <https://doi.org/10.1016/j.pnpbp.2020.110171>
- dos Santos, C. F., Picó-Pérez, M., & Morgado, P. (2020). COVID-19 and mental Health—What do we know so far? *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsyg.2020.565698>
- Gupta, P., & Gupta, A. (2020). Impact of covid-19 on education sector. *Indian Journal of Applied Research*, 23–25. <https://doi.org/10.36106/ijar/7314325>
- Haider, S. (2021, July 30). Coronavirus. *The Hindu*. <https://www.thehindu.com/coronavirus/>
- Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: A web-based cross-sectional survey. *Psychiatry Research*, 288, 112954. <https://doi.org/10.1016/j.psychres.2020.112954>
- Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals*, 32(9), 509–515. <https://doi.org/10.3928/0048-5713-20020901-06>
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*, 3(3), e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>

- Lee, Y. C., Lin, Y. C., Huang, C. L., & Fredrickson, B. L. (2012). The construct and measurement of Peace of Mind. *Journal of Happiness Studies*, 14(2), 571–590. <https://doi.org/10.1007/s10902-012-9343-5>
- M. (2020). Psychological impact of covid -19 on university students. *International Journal of Engineering Applied Sciences and Technology*, 5(5), 298–301. <https://doi.org/10.33564/ijeast.2020.v05i05.051>
- News18. (2021, May). *Black fungus vs white fungus: Know the cause, symptoms and treatment*. <https://www.news18.com/news/india/as-india-tackles-the-white-and-black-fungus-know-the-cause-symptoms-and-treatment-3765866.html>
- Pellerin, N., & Raufaste, E. (2020). Psychological resources protect well-being during the COVID-19 pandemic: A longitudinal study during the French lockdown. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.59027>
- Robb, C. E., de Jager, C. A., Ahmadi-Abhari, S., Giannakopoulou, P., Udeh-Momoh, C., McKeand, J., Price, G., Car, J., Majeed, A., Ward, H., & Middleton, L. (2020). Associations of social isolation with anxiety and depression during the early COVID-19 pandemic: A survey of older adults in London, UK. *Frontiers in Psychiatry*, 11, 1–12. <https://doi.org/10.3389/fpsyg.2020.591120>
- Rodricks, Z. (2021, July 12). Covid-19 and its impact on education system. *The Times of India*.
- Roy, D.K. (2021, June 9). Impact of covid-19 on employment in India. *The Times of India*.
- Shah, K., Mann, S., Singh, R., Bangar, R., & Kulkarni, R. (2020). Impact of COVID-19 on the mental health of children and adolescents. *Cureus*. Published. <https://doi.org/10.7759/cureus.10051>
- The psychological impact of the covid-19 lockdown on medical students of a college in north India. (2020). *Indian Journal of Public Health Research & Development*, 11(10), 82-87. <https://doi.org/10.37506/ijphrd.v11i10.11118>
- Varma, P., Junge, M., Meaklim, H., & Jackson, M. L. (2021). Younger people are more vulnerable to stress, anxiety and depression during COVID-19 pandemic: A global cross-sectional survey. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 109, 110236. <https://doi.org/10.1016/j.pnpbp.2020.110236>
- World Health Organization. (2020, April 30). Coronavirus disease (COVID-2019) situation report – 101. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200430-sitrep-101-covid-19.pdf?sfvrsn=2ba4e093_2
- Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., Chen-Li, D., Jacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of Affective Disorders*, 277, 55–64. <https://doi.org/10.1016/j.jad.2020.08.001>
- Zung, W. W. (1971). A rating instrument for anxiety disorders. *Psychosomatics*, 12(6), 371–379. [https://doi.org/10.1016/s0033-3182\(71\)71479-0](https://doi.org/10.1016/s0033-3182(71)71479-0)

