

# Unravelling Cognitive Dissonance: Exploring Psychological Impacts of COVID-19 Lockdown and Social Distancing on Women Living in Orissa

<sup>1</sup>Pinki Nayak, <sup>2</sup>R Gurumoorthi

Research Scholar, Department of Sociology and Social Work, Annamalai University, Annamalai Nagar Tamil Nadu, India-608002

Associate Professor, Department of Sociology and Social Work, Annamalai University, Annamalai Nagar Tamil Nadu, India-608002

## Abstract

The experience of living alone during COVID-19 social-distancing measures can have negative effects on the health and wellbeing of individuals in single households. This article explores the experiences and perspectives of single women in relation to COVID-19 social-distancing measures and physical isolation. A study was conducted during a period of restricted movement, involving interviews with 35 women residing in Orissa, within the age range of 25 to 48 years. In this manuscript, we outline three distinct levels of responses to social-distancing measures: cognitive, affective, and behavioural. Discrepancies were observed in the various levels of responses, highlighting the influence of affective responses on individuals' attitudes and adherence to social-distancing measures.

**Keywords:** cognitive dissonance, COVID-19, social distancing, behavioral science, isolation

## Introductions

The COVID-19 pandemic has prompted the implementation of various strategies worldwide to combat its spread, with one of the primary approaches being the widespread adoption of lockdown measures and the practise of "social distancing." In recent years, there has been a growing body of research focused on understanding the various processes and outcomes associated with quarantine. One prominent finding that has emerged from this line of enquiry is the consistent association between quarantine and negative psychological effects. Specifically, individuals who undergo quarantine often report experiencing a range of distressing symptoms, such as post-traumatic stress symptoms, confusion, and anger. These discoveries highlight the importance of further investigating the psychological impact of quarantine and developing effective strategies to mitigate its adverse effects.

The impact of certain events or circumstances can be far-reaching, with various factors contributing to its lasting effects. These factors include the duration of the event, concerns about infection, feelings of frustration, boredom, limited access to essential goods and information, financial setbacks, and the potential for social stigma. Prior to the current global health crisis, there was a lack of substantial evidence indicating that any specific demographic group was more susceptible to experiencing adverse psychological effects as a result of quarantine measures. However, with the emergence of the pandemic, it has become crucial to examine the potential differential impacts of COVID-19 on various demographic groups in order to better understand and address the psychological consequences of prolonged isolation.

In a recent study conducted by Wang and colleagues (2020), an alternative perspective is proposed. This paper aims to explore the varying psychological states among women of different age groups and educational backgrounds in response to the sudden outbreak of COVID-19 in the state of

Orissa. In a recent study conducted by Wang et al. (2020), it was discovered that women exhibit three times more anxiety than men. Additionally, individuals under the age of 40 were found to be twice as anxious as those over the age of 40. Interestingly, the study also revealed that individuals with higher levels of education, specifically those with a master's degree or above, and professional workers displayed a higher prevalence of depressive symptoms compared to nonprofessional, manual workers with lower levels of education. The impact of social-distancing measures and lockdown on various social groups may be influenced by additional factors. In addition, this paper aims to shed light on a social category that has received limited attention in the context of lockdown: individuals who live alone, including single individuals (including those who are widowed or divorced) or those who live separately from their partners. This paper aims to address a significant and expanding social category by focusing on it, thereby filling an existing gap in the literature. In addition, this paper aims to explore the experiential difference in living, taking into consideration various factors such as resources, gender, health status, age, and stage in life. Additionally, it will examine the different routes that individuals take when transitioning into living in COVID-19. By understanding these factors and routes, we can gain a deeper understanding of the complexities and nuances associated with the experience of pandemic and its impact on women in Orissa district.

### **Review of literature**

The implementation of social distancing measures has been widely acknowledged as a crucial strategy in mitigating the transmission of COVID-19. This preventive approach involved maintaining a physical distance of 1.5 to 2 metres from individuals who were not part of one's immediate household, as well as restricting or even forbidding interactions with individuals outside of one's household (Tirachini & Cats, 2020). By adhering to these guidelines, the aim was to effectively slow down the spread of the virus within communities. The implementation of social-distancing measures on a large-scale level often led to the implementation of a "lockdown" in order to effectively control the spread of infectious diseases (Hao et al., 2021). Living alone has become increasingly common in modern society, with a significant portion of the population opting for this lifestyle. However, this choice often leads to a peculiar situation for individuals who choose to live alone (Kumar, 2004). The current global situation has forced individuals to remain confined within the walls of their homes, resulting in a significant physical isolation from the rest of society for the majority of their time (Gans, 2018). The effectiveness of a strategy in biological conservation, particularly in preserving human life, is often evaluated based on its ability to ensure physical isolation (Dawson et al., 2021). However, it is important to consider the potential impact of such isolation on an individual's mental well-being and sense of identity. The current global situation has necessitated strict measures to prevent the spread of the virus, including the mandated restriction on physical contact with family and friends (Coroiu et al., 2020). This enforced lack of interpersonal connection poses a significant challenge and has the potential to adversely impact individuals' health and overall well-being both during and after the period of quarantine (Russo et al., 2021). The COVID-19 pandemic had brought about unprecedented challenges for individuals living alone, particularly in terms of coping with physical isolation resulting from widespread social-distancing measures (Hwang et al., 2020). The impact of these measures, which restrict contacts and interactions to one's own household, is likely to differ significantly depending on the unique circumstances and experiences of each individual living alone (Elmer et al., 2020).

Numerous studies have examined the ways in which individuals encounter both creative and challenging aspects when residing alone. However, it is important to acknowledge that the ongoing COVID-19 pandemic introduces an additional experiential dimension to this phenomenon. The current circumstances present a unique situation that engulfs individuals and entire societies in an exceptional emotional upheaval. Pandemics had posed a significant threat to individuals' fundamental assumptions and reveal the inherent vulnerability of human social structures and interactions.

The substantial evidence indicated that prolonged social distancing among women had resulted in feelings of loneliness, anxiety, and depression, particularly when isolation were enforced externally, it is crucial to gain a deeper understanding of the personal experiences of those practising social distancing. Additionally, it is important to explore the strategies employed by these individuals to cope with and comprehend the physical absence of significant others. In light of the observed disparity in psychological distress between genders during the COVID-19 pandemic, our research aims to further investigate the daily practises associated with COVID-19 among women, including those who are widowed, divorced, or living separately from their partners.

The comprehensive implementation of large-scale social-distancing measures spanned from March 16 to June 1, 2020 during first wave of COVID-19 and lockdown were initiated from March 25 2021 during second wave of COVID-19, there was a strict imposition of limitations on individuals' mobility beyond the boundaries of their officially declared municipality of residence. Consequently, any movement between municipalities was strictly prohibited. On June 1, 2020, the government of Orissa officially announced the termination of the first wave COVID-19 epidemic within the state. Following the revocation, certain precautionary measures, such as maintaining a physical distance while engaging in social interactions, were advised to be mandatory.

The analysis was conducted using a sample of 35 interviews with women residing in both towns and villages. The participants' ages ranged from 25 to 48 years. These interviews were carried out exclusively during the lockdown period, specifically from May 13 to May 25, 2021. The primary research enquiry of the investigation was as follows:

Research Question 1: What are the cognitive, emotional, interpretive, and behavioural responses of women towards COVID-19-related social-distancing measures and the resulting physical isolation?

## **Methodology**

### **Sampling**

We used a hybrid strategy to deliberate sampling, which included both convenience and snowball sampling. A search was conducted to identify women who reside alone and express a willingness to participate in the study. The aforementioned approach proved to be the most efficient method for recruiting respondents during the period of lockdown. In order to find more possible volunteers, we sent out formal invitations explaining the study's objectives, methodology, participants' rights, and researchers' responsibilities. A considerable number of women who live alone expressed a strong interest in engaging in the research endeavour. In order to enhance the diversity of the study sample and ensure the inclusion of participants with varied experiences of the phenomenon, we employed a purposive selection method. This approach allowed us to deliberately choose women participants who possessed different demographic variables, such as age, place of residence, and occupation. By doing so, we aimed to investigate multiple dimensions of the social processes being examined.

In order to ascertain an appropriate sample size, we adhered to the rules of theoretical sampling guidelines as prescribed for the purpose of conducting thematic analysis. According to Malterud et al. (2016), the study suggests that as the amount of relevant information in the sample increases, the required number of participant's decreases.

### **Data Collection**

Data was gathered through in-depth, semi-structured interviews conducted via online platforms as a result of the implementation of social-distancing measures. Each and every participant in the study provided their signature on an informed consent document. The participants were requested to provide their perspectives and personal encounters pertaining to the following subjects associated with the COVID-19 pandemic: Engaging in the cognitive processes of contemplation, firsthand encounters, and application of social distancing measures; prioritizing one's physical well-being and

adopting health maintenance practises; seeking out and comprehending information; adapting daily routines pertaining to shopping, culinary activities, and household management amidst the implementation of social distancing measures; addressing work-related concerns and evaluating employment circumstances; assessing financial conditions; managing leisure time; evaluating one's stance towards societal establishments; and engaging in introspective analysis and future-oriented reflections concerning both societal and personal aspects.

### Participants

The participants' collective age was determined to have an average of 36 years, while the median age stood at 44 years. The age range spanned from a minimum of 25 years to a maximum of 48 years. Most(18) of the respondents resided in the towns while the remaining individuals dwelled in rural villages of Orissa. Maximum individuals (18) had successfully completed their tertiary education.

### Results

The phenomenon of social distancing and the subsequent physical isolation stemming from the COVID-19 pandemic presented unprecedented circumstances for all individuals involved, prompting multifaceted responses across cognitive, affective, and behavioral domains. These responses encompassed the cognitive processes involved in comprehending and interpreting the implications of social distancing measures, the emotional reactions evoked by the new circumstances, and the behavioural adjustments made to adhere to the prescribed social-distancing protocols. Within this article, we have meticulously arranged the outcomes of our comprehensive analysis into two distinct categories.

**Table 1 Sample Characteristics**

Aspect	Category	Number of Participants
Education	University degree or more	11
	degree High school	5
	No Education	19
Employment status	Employed	7
	Self-employed	14
	Retired	0
	University student	3
	Unemployed	11
Age (years)	Average	44
	The youngest	25
	The oldest	48
Place of living	Urban	18
	village	17
Earnings per month (net)	From 3000-5000	14
	Above 5000 to 50,000 INR	19
Relationship status	Never married	2
	Widowed	7
	Divorced	5
	Married	21
Living arrangement	House	27
	Rental Housing	8
Children	No	7
	1 or more	26

Pets	Yes	12
	No	23
Means of transport	Car and other	14
	Bicycles only	10
	Public transport only	11

**Source: Primary**

Initially, we shall proceed by delineating various classifications pertaining to the reactions of informants in relation to social-distancing protocols, as per the organisational framework delineated in Table 2. These classifications encompass the cognitive, affective, and behavioural dimensions. Furthermore, we shall proceed by elucidating the intricate interconnections that exist within the aforementioned categories. Subsequently, during the ensuing discourse, our objective shall be to construct a more comprehensive framework of principles pertaining to the phenomenon of social distancing as it pertains specifically to individuals who reside in solitary conditions.

**Table 2 Response and Category**

Level of Response	Category
Cognitive	Expert discourse into everyday knowledge like personal experience with the disease
	Self-care and taking care of others
	Impact on basic rights and freedoms
	Political abuse
Affective	Experiences of everyday lifeflow
	Relationships and embodied interactions
	Imagining the future
	Time variability
Behaviour	Continuous following of the rules
	increased daily communication via online platforms and telephone
	virtual classrooms
	Bending social-distancing measures
	Meeting friends and family members outside with respecting physical distance
	Breaking social-distancing measures

**The cognitive level of responses to social-distancing measures varies among individuals.**

The perspectives of the respondents regarding social-distancing measures were diverse, encompassing the four primary categories outlined below.

**Making expert discourse accessible to everyday understanding:** The large-scale social-distancing measures were considered justified and sensible by our informants, as long as they could establish a connection between these measures and the following characteristics of the virus: The manuscript discusses a newly emerged disease that is highly contagious and spreads rapidly. It poses a significant risk of dangerous complications, particularly in specific groups of individuals. Unfortunately, there is currently no available vaccine or medication to combat the disease it causes.

The phenomenon is highly unpredictable and poses a challenge for scientists. However, the rationale behind these measures, particularly those that limit freedom of movement, was often accompanied by an unspecified hesitation: "I believe that most measures, with the exception of restricting movement to one's municipality... I suppose, they are reasonable."

The best justification for the measures taken was often a direct experience with the disease or a strong understanding of its severity. For example, one informant believed they had personally contracted COVID-19, while a medical doctor closely monitored the situation in Italy, a neighboring country.

**The importance of self-care and caring for others:** According to our participants, the belief in prioritizing the protection of others was considered equally, if not more, significant than safeguarding oneself. The beneficiaries of the measures were primarily identified as their elderly parents, many of whom had chronic diseases. The justification for the measures also relied on the widely circulated argument on social media, which stated that the measures were necessary to safeguard hospitals from being overwhelmed by patients and to prevent a significant loss of life.

**Restricting rights and freedoms:** The most problematic measures were perceived to be the compulsory limitation of physical contact to one's household and the ban on movement between municipalities, as they aimed to interrupt transmission. Some individuals expressed concerns about the limitations placed on personal freedoms and freedom of movement. They viewed these restrictions as an intrusion into their way of life, suggesting that authorities could consider easing up on their enthusiasm to impose such strict measures. One informant highlighted that the measures were designed with families or cohabitation in mind: "It truly provokes contemplation." Our society values family and relationships, with many individuals being in committed partnerships. The realization of you being in a relationship made me feels a sense of loneliness.

**Political abuse:** refers to the misuse or manipulation of political power for personal gain or to suppress the rights and freedoms of individuals or groups. It encompasses Certain individuals interpreted the restrictions on public gatherings and inter-municipal movement as a covert means of establishing an authoritarian regime.

### **The behavioural manifestations in response to the implementation of social distancing measures.**

The interview schedule categorized the responses into four main groups: variability through time, compensations for social distancing, expressed ethics of care, and bending/breaking social-distancing measures.

**Variability through time:** People's behavioral responses changed over time, from strict adherence to the rules initially to gradually loosening respect for the measures as the lockdown continued.

**Compensations for social distancing:** Individuals tried to compensate for the isolation by increasing online communication with friends and family, engaging in virtual activities, and maintaining regular routines through online platforms.

**Expressed ethics of care:** Many participants showed concern for at-risk family members, taking measures to ensure their safety and well-being.

**Bending/breaking social-distancing measures:** Some informants bent the rules by meeting friends and family outdoors while maintaining physical distance, while a few others openly broke the measures, prioritizing mental well-being and supporting vulnerable individuals.

## Discussion

The primary objective of this study was to gain a comprehensive understanding of the thoughts, feelings, and behaviours exhibited by women who are living in the state of Orissa in response to the social distancing measures implemented due to the COVID-19 pandemic. The initial perception of most informants was that the measures implemented to control the virus and safeguard vulnerable individuals were appropriate. However, it is important to note that despite the benefits of virtual interactions, individuals also experienced negative affective responses. For instance, many reported feelings of anxiety and loneliness as a result of the lack of physical interactions. This highlights the complex nature of human social needs and the limitations of virtual communication in fully satisfying them. The findings of this study suggest that younger informants tend to have more negative emotional reactions, which in turn may drive them to engage in rule-breaking behaviours as a way to manage the emotional strain they experience. The findings of this study bring attention to the importance of considering different living arrangements when developing social distancing protocols. It also underscores the significance of effective communication strategies in encouraging adherence to these measures.

There are certain limitations to this study. One limitation of our study is that the sample may not be fully representative of participants' socio-economic backgrounds. However, the study's findings may be limited by the inclusion of informants from only one gender, a specific national context, and a particular social class. A limitation of our study is that it does not involve a larger sample of the solo-living population, which could have been useful for validating our findings. Secondly, future studies may focus on examining the limitations of individuals' experiences in terms of their contentment with local authorities and their confidence in major social institutions such as the government and healthcare system. This exploration could provide valuable insights for enhancing the handling of present and upcoming health crises.

## Conclusion

This article explores the responses of solo-living women in Slovenia to COVID-19-related social-distancing measures and physical isolation during the lockdown. The study includes interviews with 35 women aged 25 to 48 and identifies responses at cognitive, affective, and behavioral levels. Affective responses play a significant and active role in shaping people's orientation toward the measures and influencing their practices. The study highlights the importance of designing protective measures that consider different types of households and living arrangements to ensure compliance and effectiveness. The use of fear appeals and a patronizing communication style by authorities may undermine the importance of the measures and raise suspicion about their justification.

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