

# **The Impact of the COVID-19 Pandemic on Quality of Life in Malta: A Gestalt Psychotherapy Quantitative Research**

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## Abstract

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This research replicates a methodology originally conducted in the Balkans, the purpose of which was to present short measures of perceptions on the impact of the Covid-19 pandemic on quality of life (2020). Cronbach's Alpha register provided enough consistency, ascertaining internal validity, allowing for this research to build further on it, solidly and reliably. This research presents the outcome measures from a Gestalt Psychotherapy (GT) perspective and in a newer and different context. Research was administered in 2020 with a sample population in Malta. Its essential value lies in it being a *de facto* replicated method, which strengthens the reliability, validity and generalisability of the study, as is known in humanistic and social sciences with replicated methods, if and once results are corroborated. A Likert-scale questionnaire of a set of 6 questions was administered amongst 437 respondents, a random, non-clinical, non-specific, population sample, by means of an online survey as a method. Responses were organised, and data analysed, using the Statistical Package for the Social Sciences (SPSS-27 Software) as a tool. A total of 437 respondents participated: 128 were male, 300 were female, and 3 identified as transgender, non-binary or other. The general respondent age ranged from <18 to 65+, with 24% of responses being from the 65+ range. A core value of this research is that it is relatively innovative for GT, and that whereas GT is often criticised for lacking quantitative measures, this paper also adds to its value in that respect. The study portrays correlations found between variables, and primarily it became visible that tension and depression are correlated monotonically wherein respondents reported an increase in both due to the Covid pandemic and its effects.

***Keywords: Covid-19 pandemic, quality of life, tension, depression, Gestalt Psychotherapy***

# 1. Introduction

## 1.1 Background

With the outbreak of Covid-19 crossing international boundaries, this uncommon pandemic reality, unfolding before our eyes, brought uncertainty in our communities leaving many both feeling and living restrained. Regulated quarantines and isolations across nations became a new reality for the whole world. In some countries and regions, this has translated itself into complete lock-downs. On a national level in Malta, the COVID-19 pandemic, to date, has affected over 29,000 persons and resulted in the unfortunate loss of over 400 lives<sup>1</sup>. Globally, statistics show that over 130 million people were impacted and over 2.84 million have lost their lives.

In so many years, in psychotherapy we supported individual processes, and fundamentally so with respect to the organisms' interaction with others and with the environment. Our purpose has always essentially focused on facilitating “contact” and supporting the creation of deeper experience at the contact-boundary by way of “fuller contact”. Along the years, as Psychotherapists we spoke of a field moulded in a socio-culturally natured interaction, one catering for supporting organisms in assimilating novelty through change and growth, and vice-versa, whatever that may mean to them in their respectively healthy creative adjustments from time to time. Now, this interaction has become conditioned by a social distancing and a lack of physical presence in the contact-making between individuals, and in a wider context, with friends, families and groups, and in respect of social activities at large.

Indeed, the new social conditions of distancing and isolations have been explained in recent literature that may bring about unpleasant feelings, such as those of being empty, alone, at times even arousing feelings of being unwanted. Whereas humanity by its own nature tends to

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<sup>1</sup> *At end of March 2021*

inherently crave contact, that contact itself now is restricted and controlled (as determined by health authorities from time to time in attempts to contain the Covid spread). One is therefore left without the possibility of contact making as it was before, which now has become a contact-making of the past (Cherry, 2020).

Humanity has naturally transited in attempting to find new ways of contacting by searching for new adjustments. This search and these adjustments as we may have all experienced, do sometimes or at many, arouse, or result in, feelings of tension and anxiety, among others - at least insofar as adjustments required are adapted to. Such feelings, in our sphere are widely known that can easily interrupt the so-called contact-cycle along with the excitement level of creative growth. This means that many may be left with an out-of-touch experience which may lead to the disruption of the contact-cycle and interfere with the live energy of excitement. It is evident, therefore, that what we are currently experiencing is a collective historical period which places us in a transition, in time and space, on our way to the future from the present of creating new modes of finding, of establishing and of making contact, reminiscent of Spagnuolo Lobb's "Now-for-Next" (Spagnuolo Lobb, 2014).

The phenomenological-existential transitional period that we are currently experiencing therefore brings to the forth a fundamental question that has been contemplated on in our line of duty possibly since our inception, which question may now be assessed under a different light, that of the Covid-19 pandemic and its consequences: "*Can clinical procedures established decades ago in entirely different historical and cultural contexts continue to satisfy the needs of a world that has now completely changed?*" (Spagnuolo Lobb, 2001, p.9)

On another note, nonetheless inter-related, as for the symptomatology of panic attacks, as an example, they have been described as the overwhelming feeling of a sense of hopeless

loneliness, whether or not an individual is surrounded by many others (Francesetti, 2007). Therefore, it follows that the presence of many others is not material to assure support. This brings to the ground yet another question that may be essential to be considered, and that is whether humanity is now in a status of waiting for a collective panic attack to hit on it wherein the sense of hopeless loneliness is being forced felt, immaterial of the fact of whether one is surrounded by many others or not... What may be imperative to comprehend is what *is* the phenomenological collective experience that we are as a race undergoing whence the presence of others is completely (physically) absent and/or restricted, therein at a time when many of us are reciting humanity's new mantra '*stay safe - stay home*'?

As an existential ground, it is the benefit of security that we in Gestalt Psychotherapy have always understood to be the fundamental net for the organism - indeed, an aspect we have recognised and built on for many years - in our way of being and of supporting the individual to see through situations by recognising and acknowledging any missing links that they may transpire for them between their experienced symptoms of anxiety and panic on one hand, and reaching out to relate and grounding, or vice-versa, on the other hand. There again, as already contemplated, we are now living a collective experience when reaching out physically to relate is being restricted and controlled across all nations, and internationally, at least insofar until this pandemic is over.

It is probably natural then, in the context defined herein, and the relative discussion set forth, that the interest of this research essentially focuses on measuring the impact that Covid-19 brought in the local context and on the quality of people's lives.

## 1.2 Quality of Life

Quality of life is defined as “*an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*” (WHO, 2012). Defining this in the Gestalt perspective, the Gestalt epistemology becomes figural, which provides us the understanding that quality of life results from interacting with the other. This is depicted in the so-called cycle of awareness (Zinker, 1977). Hence, for us in Gestalt therapy, the self is seen as a continually evolving process, which is fluid. It is determined by how a person makes contact with the world and with others. Defined so, an organism may experience interruptions in the process of relating and inter-relating in organism-environment-field if contact is not processed and completed in a healthy manner for them. Nevertheless, as a consequence of the current pandemic, it has become apparent that contact making needed shifting to different and perhaps innovative ways from that which we knew before as we attempted to adjust and adapt to new circumstances.

In the current scenario, one is led to question whether interruptions to contact are increasing and if they are taking any creative form. One may also question whether these interruptions, if increased, are causing in some way and accelerating the feelings of tension, chaos, and anxiety, etc... a phenomenon that appears to be being reported widely. Then, hypotheses may be generated. It must be pointed out, nonetheless, that from a Gestalt perspective, such feelings may also be creative adjustments, whether functional or dysfunctional. In this case, this is what we know as “retroreflection”.

The hypothesis therefore is if Covid-19 is impacting the way humanity is making contact, then society in general is becoming collectively absorbed in societal retroreflection. At the same time, it can be seen in a different perspective, that is as humanity mobilising itself to respond

creatively. Consequently, excitement can act as a catalyst of mobilisation, whereas if feelings are overwhelming they can manifest as a dysfunctional retroreflection, where the individual becomes emotionally stuck and unwell through psychosomatic symptoms, such as anxiety and depression, or conversely as projections. This was manifested mostly at the start of the pandemic when many resorted to panic buying (Leung et al., 2021). Those who could afford to affect huge purchases could reassure themselves of their commodity whilst others who were financially restrained experienced this differently. In any case, the common factor is that in the hypothesis posed, the transition refers to a change in quality of life, whatsoever that may be to the individual.

This pandemic could have therefore marked a significant change in contact making, as individuals transitioned into interacting virtually or in a hybrid manner, irrespective of whether they were, or are, satisfied by it. We are aware, from Gestalt epistemology, that ‘Self’ is the function of contacting the actual transient present (Perls, Hefferline & Goodman, 1951. p,371). In his paper, Bloom (2015) questions on what basis are we relational and postulates that ‘self’ is a template for being in the world with others and hence this relational aspect is implicitly in the action ‘to be with’. *To be*, is therefore *to be with*, wherein the relational function structures our contactful “finding” of an “other” and being “found” by another is a co-emergent relational figure at the contact boundary” in a given “lifeworld”. On these terms, humanity is therefore on a linear quest to be with the other - where the “field” does not necessarily have either a fixed or a non-fixed time and space - and that to find another and to be found by another in such a relational and aware contact there is comfort, warmth, trust and familiarity (Bloom, 2015). In other words what we are experiencing at the moment, is breaking and threatening this linear quest.

Consequently, the disbalance in contact-making in fearful and uncertain times could lead towards individuals experiencing further interruption to contact, which as explained are creative adjustments, whether functional or otherwise. Many individuals chose to deflect from too much information and awareness, others stopped listening to the news and started to invest more time in finding hobbies and had time to devote more time to themselves. Restricted travelling led some to explore their own country, despite doing that in isolation or in restricted groups. Many reached out in helping others not IT literate or savvy, and now the world was at the touch of a button. For many or for some, grocery shopping translated itself into an online exercise and then delivered to one's doorstep. All these changes demonstrate a difference in quality of life as people had to shift their goals, expectations, standards and concerns.

The Repišti et al., (2020) study, the method of which the researchers have replicated in this study, brought to the research and academia field, a new scale with positive validity and reliability - a short measure of perceptions on the impact of the Covid-19 pandemic on the quality of life in non-clinical and clinical samples. As said, the method consisted of a number of items presented in the form of a 6-point likert scale, which covered the main areas of quality of life. The scale was administered to 1,346 participants from the general population in Croatia (the non-clinical sample) and 201 patients with severe mental illness recruited from 4 European countries (Bosnia & Herzegovina, Montenegro, North Macedonia and Serbia).

The items in question shall be interpreted now on the basis of the research study in hand, and further explained thereon supported with explanations found or other.



## **2. Literature Review**

### **2.1 Mental Health**

There is understanding that mental health distress is common during public health emergencies (Pain & Lanius, 2020), by means of which it appears that emotional distress as a state of mental anguish can take a wide variety of forms. It may result from a mental health issue or particular circumstances (Kandola, 2020). Interestingly, in the research in hand, the participants' mental health appeared to have been least affected, in contrast to wide international research showing that mental health during a pandemic is a main concern affecting individuals. However, in this research, most of the participants reported they did not think that the Covid-19 pandemic had an effect on their mental health. Nonetheless, they identified easily with feeling tense as a cause of the pandemic. This may be hypothesised to be due to the stigma still alive in some ways about mental health. If not, then another hypothesis could be that society might soon see an increase in mental illnesses after the pandemic subsides.

Public health emergencies may affect the health, safety, and well-being of both individuals (through insecurity, confusion, emotional isolation, and stigma, etc...) and communities (through economic loss, work and school closures, inadequate resources for medical response, and deficient distribution of necessities, etc...). These effects can be manifested in various emotional responses (such as distress, or psychiatric conditions), unhealthy behaviours (such as excessive substance use). In effect, extensive research in mental health during disasters, whether natural or man-made, has established that emotional distress is echoed in populations affected by the Covid-19 pandemic.

According to Pfefferbaum & North, after disasters, many tend to become more resilient and to succumb less to psychopathology - indeed, new strengths. They state that in disasters, a

primary concern is post-traumatic stress disorder (PTSD) arising from exposure to trauma; that medical conditions from natural causes such as life-threatening viral infection do not meet the current criteria for trauma required for a diagnosis of PTSD, but other psychopathology, such as depressive and anxiety disorders that may ensue (Pfefferbaum & North, 2020).

## **2.2 Physical Health**

Physical health has been defined as the overall physical condition of a living organism at a given time. It is the soundness of the body, freedom from disease or abnormality, and the condition of optimal well-being (Kurtis, R., 2017). To a certain extent physical health is the ability to perform comfortably without any physical difficulties with the daily routine and daily normal tasks. Therefore, physical health is correlated with mental health because feeling well on a physical level impacts our mental well-being and thus they are both connected to one another, each condition affecting the other.

From a Gestalt perspective, Brownell (2009) explains how the physiology of the organism supports the psychology of contact at the boundary of the organism-environment-field and is essential to this dynamic. In addition, he proposes that Gestalt therapy holds the position *“that physical functioning affects mental status.”* (p. 64). As mentioned previously, trauma as a result of the pandemic is a possible response to the phenomenon. According to Van der Kolk (2014), our body stores the information in response to trauma, in that it embodies it and stores it within, essentially locking it within its memory cells. The brain too undergoes structural changes as a result of trauma and at times the body also learns to dissociate from its physical sensations as a consequence of the trauma (Van der Kolk, 2014). Thus, one can see how our physical health

and well-being, as a response to the trauma of the pandemic experience, can be seriously compromised.

The direct correlation between body and mind may be understood in the results from a study by Panchal et al., (2021), which depicts how at the pre-pandemic stage, adults in poor general health continually reported higher rates of anxiety from those adults in good general health. For people with chronic illness in particular, the already high likelihood of having a concurrent mental health disorder may be exacerbated by their vulnerability to severe illness from Covid-19. Thus, this points once again to the interconnectedness of how one's physical health and mental health mutually affect each other. This can also be understood from the Gestalt perspective which holds the premise that we are all more than just the sum of the parts (Bloom, 2006).

Another study by Violant-Holz et al., (2020) reported that within the context of the Covid-19 pandemic, women, young adults, and people with chronic illnesses also showed higher levels of anxiety and stress, thus indicating that physical health issues affected the levels of anxiety . This supports the idea that being physically more vulnerable was an added stressor not only because of the chronic illness *per se*, but also because it implied having less resilience against the virus, and being more susceptible to contracting it. Therefore the fear of becoming contaminated by the virus, because of a greater vulnerability, created even more anxiety.

### **2.3 Tension**

Tension is a form of blocked energy, which may be experienced by the organism, for example in not breathing deeply (Australian Institute of Professional Counsellors, 2007). It is known that may result in psychosomatic feelings and manifest itself as chronic muscular tension

and postural disturbances. With the Covid-19 pandemic as a sudden threat in humanity, it is hypothesised that tension as a form of anxiety can exist.

From a Gestalt perspective, Perls, Hefferline and Goodman (1951) view anxiety as: *“the result of the interruption of the excitement of creative growth (with accompanying breathlessness)...”* (p. 7). Thus, excitement and anxiety are closely linked. Anxiety, in this definition, therefore occurs when there are interruptions in our cycle of experience. From a Gestalt lens this means gaining an understanding as to what extent exposure to this pandemic experience has affected the incidence of contact function disturbances. Furthermore, Kepner (2010), views anxiety as an emergency reaction to a feeling rising in the body from which we have disconnected via diminished breathing, muscular tension, and withdrawal of awareness, energy and sense of ownership. With reference to the pandemic, this anxiety can be understood as a loss of ego-functioning, when it becomes overwhelming and unable to be contained within one’s self, spilling out through projections, enhanced as a result of confluence with the neurotic other or imploding from within, as a retroflexion, manifesting as anxiety, depression and a vast array of symptoms.

## **2.4 Depression**

A local study carried out in 2021 by the Centre for Resilience and Socio-Emotional Health at the University of Malta in collaboration with Flinders University in Australia, had a sample of 455 Maltese students of the 11 to 16 age-range, the main focus being the exploration of wellbeing, mental health and resilience of Maltese school children during the first wave of the pandemic, at a time when schools were closed down for 6 months (Cefai, Skrzypiec & Galea, 2021). In that study, 54% of the students reported they did not feel depressed and only 3%

reported they felt severely depressed. Nonetheless, whilst there were insufficient numbers to test the relationship between the likelihood of increased depression to the lockdown, the researchers postulated that the latter trend could have had an increase.

Another research on anxiety and depression amongst Kosovar University students during the initial phase of outbreak and lockdown of Covid-19 (Arënlju et al., 2021) findings indicate that situational variables related to the pandemic significantly predicted anxiety and depression amongst such population targets.

From a Gestalt perspective, the symptoms of depression are viewed not as discrete items but as a narrowed spectrum of functions (Zinker, 1978). Roubal (2007) describes depression as a fixed gestalt. Gestalt therapy, then, focuses on the generating process of depression (Greenberg, Watson & Goldman, 1998). Symptoms may be comprehended better, phenomenologically, as limiting the depressive client in their ability to be, and stay, in aware contact with the environment/other in the here-and-now. Thus, their behaviour and experiences in the present moment tend to be determined by fixed patterns, following a 'habit', not a conscious choice (Yontef, 1993).

## **2.5 Personal Safety at Risk**

In respect of risk of personal safety, it is worth bringing to the forth for the purposes of this research, a study that was conducted in China, which reported moderate to severe levels of stress in 10% of interviewed participants, where the younger population (18-30 age-range) were more emotionally affected when compared to other age groups (Zhang & Ma, 2020). It also found that medical workers, having a critical role in the pandemic did show levels of anxiety, which was correlated with poorer sleeping patterns (Xiao et al., 2020).

Whilst the selection of items in the COV19-QoL research covered the areas thought to be mainly impacted by a large-scale public health outbreak, items, here, have further been corroborating with those extracted from available contemporary research on the quality of life, mental health symptoms (Zhang & Ma, 2020) and personal safety (Singer et al., 2003).

### **3. Research Question**

As explained, COV19-QoL applied a 6-item scale survey method that has chosen to be replicated that covered the main areas of quality of life, which were related to the main impacted specifications in a large-scale public health outbreak. The 6 items on the scale, entitled ‘Quality of Life’, were given an operational definition and posed closed-ended questions referring to, namely:

- (i) participants’ reporting on whether they thought the pandemic impacted their quality of life as such;
- (ii) participants’ reporting on whether they thought the pandemic had an effect on their mental health;
- (iii) participants’ reporting on whether they thought the pandemic had an effect on their physical health;
- (iv) participants’ reporting on whether the pandemic had an effect on their feeling tense;
- (v) participants’ reporting on whether the pandemic had an effect on their feeling more depressed, and,
- (vi) participants’ reporting on whether they perceived the pandemic to have had an effect on putting their personal safety at risk.

**The Research Question:**

**Did the Covid-19 pandemic have an impact on Quality of Life**

**for persons in Malta of the <18 to 65+ age-range?**

In the research process, to start, the following 6 hypotheses were created. Every hypothesis was followed by its null hypothesis.

$H_1$  The Covid-19 pandemic had an impact on quality of life on persons aged <18-65+.

$H_0$  Covid-19 pandemic did not have an impact on the quality of life on persons aged <18-65+.

$H_2$  The Covid-19 pandemic had an effect on mental health on persons aged <18-65+.

$H_0$  The Covid-19 pandemic did not have an effect on mental health on persons aged <18-65+.

$H_3$  The Covid-19 pandemic had an effect on physical health on persons aged <18-65+.

$H_0$  The Covid-19 pandemic did not have an effect on physical health on persons aged <18-65+.

$H_4$  The Covid-19 pandemic had an effect on feeling tense on persons aged <18-65+.

$H_0$  The Covid-19 pandemic did not have an effect on feeling tense on persons aged <18-65+.

$H_5$  The Covid-19 pandemic had an effect on feeling more depressed on persons aged <18-65+.

$H_0$  The Covid-19 pandemic did not have an effect on feeling more depressed on persons aged <18-65+.

$H_6$  The Covid-19 pandemic had an effect on putting personal safety at risk on persons aged <18-65+.

$H_0$  The Covid-19 pandemic did not have an effect on putting personal safety at risk on persons aged <18-65+.

## **4. Methodology**

### **4.1 Survey**

In the COV19-QoL study, replicated herein, the Cronbach's Alpha register was high, which provided enough consistency and ascertained internal validity. This research therefore anticipated to follow on those solid and reliable bases. Nevertheless, the COV19-QoL study was adapted to a non-clinical sample whilst the research in hand was open to the public in general, therefore anybody on the online platform used for the survey method could participate. It is also important to bring to light, for all good intents and purposes, that besides the 6-item scale that bears the focus of this research and that of the COV19-QoL, it appears, to date, that another 3 measures were developed, which were not used for this research. These were: the Fear of Covid-19 Scale (FCV-19S; Ahorsu et al., 2020), the Coronavirus Anxiety Scale (CAS; Lee, 2020) and the Perception of Threat from Covid-19 Questionnaire (PérezFuentes et al., 2020).



Targeted sampling was chosen to be used, for which there was collaboration with YMCA Malta, a non-governmental voluntary organisation (VO/0028) that commissioned the research. The sample included a population of age-range <18-65+ that had a) access to social media, and b) were capable and knowledgeable in using social media. Initially, the survey was published on YMCA Malta's official social media page, and relative group page, targeting a total of 12,000 participants. It was then boosted to reach 32,000 on the Maltese islands, always targeting the population of the <18 to 65+ age-range. The online survey was opened for participation on August 1st, 2020 and was closed on December 7th of the same year. Survey Monkey was the platform used to create and to administer the survey. Once the survey closed, and data gathered, full data was exported on Excel and then onto SPSS-27.

#### **4.2 Descriptive Statistics**

A total of 437 participants took the survey: 29.3% associated with the male gender, 68.6% associated with the female gender, 0.2% associated with being transgender, 0.2% associated with non-binary whilst 0.2% associated as other gender. A remaining 1.4% did not provide a response as to their gender. Where it comes to age demographics, 2.3% reported to be under 18, 4.1% in 18-24 age-range, 16.7% in the range from 25 to 34, 15.8% in the range from 35 to 44, 17.6% of the 45-55 age-range, 18.5% of the 55 to 64 range, whilst 24% of the sample reported to be 65+. There was a 0.9% of the sample that did not provide an answer to this question. Therefore, the majority of the sample population associated themselves with being female as for gender and reported to be 65+ years old as for age. In Appendix A, a gender and age descriptive analysis are graphically displayed to showcase this variance, wherein it is also

demonstrated, among others, that those in the 25 to 34 age-range scored second highest in responding.

Overall, the participants reported that they have been feeling more tense ( $M = 3.85$ ,  $SD = 0.95$ ) as a result of the COVID-19 pandemic, and that their mental health ( $M = 2.49$ ,  $SD = 1.83$ ) was least affected by the COVID-19 pandemic.

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
QoL	433	1	5	3.73	1.042
MentalHealth	429	1	5	2.49	1.826
PhysicalHealth	429	1	5	3.29	1.063
Tension	427	1	5	3.85	.959
Depressed	429	1	5	3.30	1.121
PersonalSafety	429	1	5	3.74	.984
Valid N (listwise)	409				

### 4.3 Case Processing Summary

For transparency and for all good intents and purposes, a case processing summary may be found here below, to showcase or possibly enhance the analysis presented herein this research. Beyond the crosstabulation this was felt needed in order to inform upon the data that SPSS could not transpose in the analysis due to missing values.

	Case Processing Summary					
	Valid		Cases Missing		Total	
	N	Percent	N	Percent	N	Percent
QoL * Age	430	98.4%	7	1.6%	437	100.0%
QoL * Gender	429	98.2%	8	1.8%	437	100.0%
MentalHealth * Age	426	97.5%	11	2.5%	437	100.0%
MentalHealth * Gender	425	97.3%	12	2.7%	437	100.0%
PhysicalHealth * Age	426	97.5%	11	2.5%	437	100.0%
PhysicalHealth * Gender	425	97.3%	12	2.7%	437	100.0%
Tension * Age	424	97.0%	13	3.0%	437	100.0%
Tension * Gender	424	97.0%	13	3.0%	437	100.0%
Depressed * Age	426	97.5%	11	2.5%	437	100.0%
Depressed * Gender	425	97.3%	12	2.7%	437	100.0%
PersonalSafety * Age	426	97.5%	11	2.5%	437	100.0%
PersonalSafety * Gender	426	97.5%	11	2.5%	437	100.0%

For the purpose of this research as above stated cross tabulations were done. Worth mentioning is that when cross examining, it transpired that in general, as those of the 65+ age-range, 50 agreed that their quality of life was affected due to COVID-19 pandemic, whilst 24 completely agreed. In Appendix B, the cross tabulation is displayed.

In the cross tabulation referring to Age and Tension, which shall be further discussed in the results, a remarkably high number of 316 participants out of 424 respondents affirmed that the pandemic had on them an effect of feeling tense. The relative cross tabulation is displayed at Appendix C.

#### 4.4 Testing for Homogeneity of Variance

To test for homogeneity of variance in the data, a Levene's test for Equality of Variances was carried out. The categories mental health  $F(6, 419) = 2.58, p = 0.02$  and tension  $F(6, 417) = 2.82, p = 0.01$  do not have homogeneity of variance, and therefore the null hypothesis of homogeneity of variance was rejected.

Consequently, the null hypothesis in such group populations compared in this research resulted in slightly different variances and in this case the null hypothesis of equal population variances is rejected. Hence, Levene's test basically confirmed the test variable is quantitative and not nominal or ordinal. Appendix D portrays the Levine's Test carried out for the non-parametric research.

#### 4.5 Spearman's *rho* correlation

There was a weak monotonic correlation of impact on quality of life with mental health deterioration ( $r_s = 0.31, p = 0.001, N = 428$ ), physical health deterioration ( $r_s = 0.35, p = 0.001, N = 426$ ), and personal safety being at risk ( $r_s = 0.20, p = 0.001, N = 428$ ), and a moderate monotonic correlation between feeling more tense than before ( $r_s = -0.10, p = 0.04, N = 426$ ), and feeling more depressed than before ( $r_s = 0.43, p = 0.001, N = 426$ ). There was a very weak monotonic correlation of mental health deterioration with personal safety being at risk ( $r_s = 0.11, p = 0.03, N = 426$ ) and age ( $r_s = 0.20, p = 0.001, N = 428$ ), a weak monotonic correlation with physical health deterioration ( $r_s = 0.32, p = 0.001, N = 422$ ), and a moderate monotonic correlation with feeling more tense than before ( $r_s = 0.40, p = 0.001, N = 424$ ), and depression ( $r_s = 0.55, p = 0.001, N = 422$ ). There was a weak monotonic correlation of physical health

deterioration with feeling more tense than before ( $r_s = 0.36$ ,  $p = 0.001$ ,  $N = 420$ ), a moderate monotonic correlation with feeling more depressed than before ( $r_s = 0.42$ ,  $p = 0.001$ ,  $N = 424$ ), and a very weak monotonic correlation with personal safety being at risk ( $r_s = 0.16$ ,  $p = 0.001$ ,  $N = 422$ ). There was a strong monotonic correlation of tension with feeling more depressed than before ( $r_s = 0.62$ ,  $p = 0.001$ ,  $N = 420$ ), a moderate monotonic correlation with personal safety being at risk ( $r_s = 0.40$ ,  $p = 0.001$ ,  $N = 423$ ), and a very weak monotonic correlation with age ( $r_s = -0.10$ ,  $p = 0.05$ ,  $N = 424$ ). There was a very weak monotonic correlation of feeling more depressed than before with personal safety being at risk ( $r_s = 0.21$ ,  $p = 0.001$ ,  $N = 422$ ). There was a very weak monotonic correlation of personal safety being at risk with age ( $r_s = 0.10$ ,  $p = 0.05$ ,  $N = 426$ ). There was no correlation of quality of life, mental health, physical health, tension, depression and personal safety with gender.

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**Correlations**

|                |                | QoL                     | MentalHealth | PhysicalHealth | Tension | Depressed | PersonalSafety | Age    |        |
|----------------|----------------|-------------------------|--------------|----------------|---------|-----------|----------------|--------|--------|
| Spearman's rho | QoL            | Correlation Coefficient | 1.000        | .309**         | .346**  | .398**    | .434**         | .199** | .082   |
|                |                | Sig. (2-tailed)         | .            | .000           | .000    | .000      | .000           | .000   | .089   |
|                |                | N                       | 433          | 428            | 426     | 425       | 426            | 428    | 430    |
|                | MentalHealth   | Correlation Coefficient | .309**       | 1.000          | .323**  | .394**    | .553**         | .106*  | -.099* |
|                |                | Sig. (2-tailed)         | .000         | .              | .000    | .000      | .000           | .029   | .042   |
|                |                | N                       | 428          | 429            | 422     | 424       | 422            | 426    | 426    |
|                | PhysicalHealth | Correlation Coefficient | .346**       | .323**         | 1.000   | .358**    | .423**         | .164** | .020   |
|                |                | Sig. (2-tailed)         | .000         | .000           | .       | .000      | .000           | .001   | .676   |
|                |                | N                       | 426          | 422            | 429     | 420       | 424            | 422    | 426    |
|                | Tension        | Correlation Coefficient | .398**       | .394**         | .358**  | 1.000     | .619**         | .384** | -.097* |
|                |                | Sig. (2-tailed)         | .000         | .000           | .000    | .         | .000           | .000   | .046   |
|                |                | N                       | 425          | 424            | 420     | 427       | 420            | 423    | 424    |
|                | Depressed      | Correlation Coefficient | .434**       | .553**         | .423**  | .619**    | 1.000          | .208** | -.075  |
|                |                | Sig. (2-tailed)         | .000         | .000           | .000    | .000      | .              | .000   | .124   |
|                |                | N                       | 426          | 422            | 424     | 420       | 429            | 422    | 426    |
|                | PersonalSafety | Correlation Coefficient | .199**       | .106*          | .164**  | .384**    | .208**         | 1.000  | .093   |
|                |                | Sig. (2-tailed)         | .000         | .029           | .001    | .000      | .000           | .      | .054   |
|                |                | N                       | 428          | 426            | 422     | 423       | 422            | 429    | 426    |
|                | Age            | Correlation Coefficient | .082         | -.099*         | .020    | -.097*    | -.075          | .093   | 1.000  |
|                |                | Sig. (2-tailed)         | .089         | .042           | .676    | .046      | .124           | .054   | .      |
|                |                | N                       | 430          | 426            | 426     | 424       | 426            | 426    | 433    |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

**Correlations**

|                |                |                         | QoL    | MentalHealth | PhysicalHealth | Tension | Depressed | PersonalSafety | Gender |
|----------------|----------------|-------------------------|--------|--------------|----------------|---------|-----------|----------------|--------|
| Spearman's rho | QoL            | Correlation Coefficient | 1.000  | .305**       | .347**         | .393**  | .425**    | .196**         | -.043  |
|                |                | Sig. (2-tailed)         | .      | .000         | .000           | .000    | .000      | .000           | .380   |
|                |                | N                       | 430    | 425          | 423            | 422     | 423       | 425            | 426    |
|                | MentalHealth   | Correlation Coefficient | .305** | 1.000        | .312**         | .395**  | .552**    | .108*          | .014   |
|                |                | Sig. (2-tailed)         | .000   | .            | .000           | .000    | .000      | .027           | .774   |
|                |                | N                       | 425    | 426          | 419            | 421     | 419       | 423            | 422    |
|                | PhysicalHealth | Correlation Coefficient | .347** | .312**       | 1.000          | .364**  | .425**    | .171**         | -.002  |
|                |                | Sig. (2-tailed)         | .000   | .000         | .              | .000    | .000      | .000           | .968   |
|                |                | N                       | 423    | 419          | 426            | 417     | 421       | 419            | 422    |
|                | Tension        | Correlation Coefficient | .393** | .395**       | .364**         | 1.000   | .617**    | .378**         | .050   |
|                |                | Sig. (2-tailed)         | .000   | .000         | .000           | .       | .000      | .000           | .302   |
|                |                | N                       | 422    | 421          | 417            | 424     | 417       | 420            | 421    |
|                | Depressed      | Correlation Coefficient | .425** | .552**       | .425**         | .617**  | 1.000     | .204**         | -.002  |
|                |                | Sig. (2-tailed)         | .000   | .000         | .000           | .000    | .         | .000           | .969   |
|                |                | N                       | 423    | 419          | 421            | 417     | 426       | 419            | 422    |
|                | PersonalSafety | Correlation Coefficient | .196** | .108*        | .171**         | .378**  | .204**    | 1.000          | -.042  |
|                |                | Sig. (2-tailed)         | .000   | .027         | .000           | .000    | .000      | .              | .386   |
|                |                | N                       | 425    | 423          | 419            | 420     | 419       | 426            | 423    |
|                | Gender         | Correlation Coefficient | -.043  | .014         | -.002          | .050    | -.002     | -.042          | 1.000  |
|                |                | Sig. (2-tailed)         | .380   | .774         | .968           | .302    | .969      | .386           | .      |
|                |                | N                       | 426    | 422          | 422            | 421     | 422       | 423            | 428    |

\*\* . Correlation is significant at the 0.01 level (2-tailed). \* . Correlation is significant at the 0.05 level (2-tailed).

~~~~~ *Intentionally left blank* ~~~~~



## 5. Discussion of Findings

The findings of this study indicate no correlation found at all between gender and quality of life, mental health, physical health, tension, depression and personal safety. A strong correlation was found between feeling more tense and more depressed than before. Overall the findings of this study clearly suggest that the participants, as reported, have been feeling more tense ( $M = 3.85$ ,  $SD = 0.95$ ) as a result of the Covid-19 pandemic, and that their mental health ( $M = 2.49$ ,  $SD = 1.83$ ) was least affected by the Covid-19 pandemic. Furthermore this builds on the Repišti et al., 2020 research, whereby it was found that the factors loadings were greater than 0.6, with the greatest one that was calculated for the item 'I feel more tense than before' ( $r_{IF} = .878$  and  $.861$ , respectively).

As such, the Covid-19 pandemic and the resulting economic recession have been reported heavily as negatively affecting people's mental health in general and that it has also created new barriers for people already suffering mental illness. The research in hand, carried out in Malta has been successful in echoing and shedding further light on what the Repišti et al., (2020) research findings indicated as for when rising anxiety levels were reported. Of the total sample population, 215 reported they agreed they were feeling more tense whilst 101 reported they completely agreed. There were higher incidences of those in the 55+ age group who reported affirmatively as for increase in tension. In terms of reporting of the feeling more depressed, 146 participants responded to this scale of whom 59 completely agreed they felt more depressed. Tension can be seen as either a form of mental strain or excitement from a Gestalt perspective. However, prolonging the experience of tension/stress and anxiety, from Gestalt epistemology we are aware that this may result in various dysfunctionalities which may be serious, such as in panic attacks, and so on.

During the pandemic, a study by Panchal et al., has indicated that about 4 in 10 adults in the U.S. have reported symptoms of anxiety, up from 1 in 10 adults who reported such symptoms from January to June 2019 (Panchal et al., 2011). This study showed that young adults have been faced with a number of pandemic-related consequences, such as closures of universities and loss of income, that may have contributed to poorer mental health. During the pandemic, a larger than average share of young adults (ages 18-24) reported symptoms of anxiety . In addition, women with children were more likely to report symptoms of anxiety than men with children (49% as against 40%). In general, both prior to, and during, the pandemic, women have reported higher rates of anxiety when compared to men. Moreover, the study also showed that in January 2021, 41% of adults reported symptoms of anxiety.

Another study by Violant-Holz et al., (2020), found that anxiety was more frequent in individuals having relatives and close others diagnosed with Covid-19 than in persons who did not know anyone with the virus. In yet another study by (Castadelli-Maia, 2021) a total of 226,638 individuals were assessed within 60 included studies. Global prevalence of anxiety during the Covid-19 pandemic was found to be 21%. Regarding the impact of mitigation strategies on mental health -- irrespectively of what the measures taken were - whether public transportation, school, workplace or other closures, cancellation of public events, or restrictions on gathering, amongst all the many others -- only public transportation closures have been found to have increased the prevalence of anxiety, especially in Europe.

Castaldelli-Maia and colleagues (2021) found a 21% global prevalence of anxiety as a result of the Covid-19 pandemic. Asia had lower levels of anxiety (18%) compared to other regions of the world (29%). In this case, Europe did not differ from Asia and other regions of the

world. Again, a subgroup analysis at the country-level showed that China had a lower prevalence of anxiety at 15.5% when compared to all other countries, i.e. at 26%. In addition, the study also revealed that the prevalence of anxiety, as reported in the subgroup of Asian countries, was higher post-Covid-19. Rates of anxiety prior to Covid-19 ranged from 2.1 to 4.1% as against 18% in the present study. Increases in anxiety could be observed in countries outside Asia and Europe (3 to 7% as against 29%).

Anxiety from a gestalt perspective is, in a sense, the excitement interrupted; it affects breathing, as in when the support of oxygen is lacking, excitement becomes anxiety: “The definition we give of “anxiety” in Gestalt psychotherapy is in fact “excitement without the support of oxygen”. The physiological support to reach the other is lacking.” (Spagnuolo Lobb, 2013). With this lack, wherein the whole organism goes through a whole creative, in its own way, process, one finds tendency for the creative adjustment to be manifested in interrupted contact-making. Truly, as for humanity in general we are facing an unpleasant state as a result of this current pandemic situation that may be threatening the ability to effectively and comfortably cope. These symptoms have been in the past completely described as symptoms of stress (Lazarus & Folkman, 1984; Smith & Carlson, 1997). In many studies especially with younger populations, stress has been linked to psychological and social problems such as substance abuse, depression, anxiety disorders, emotional and adjustment problems (Herman-Stahl & Petersen, 1996; McAndrew et al., 1998). Unhealthy reactions to stress can take many forms such as aggression, anxiety, and depression (Printz, Shermis & Webb, 1999). Sickness, such as headaches, stomach pain and other symptoms have been found to have a positive correlation to stress years ago (Natvig et al., 1990).

From an aesthetic point of view, there is no common field since the experience of one person is different from another. To that extent, an organism itself may experience the same thing differently in a different time and space. Nonetheless, one questions whether at this point in time in history we can look at this phenomenon from the same lens, possibly looking for a potential common experience in humans. According to Ankersmit (2005), subjective historical experience refers to a dissolving split between the present and past and therefore 'what was' and 'what is' becomes a mutual contact between the subject and the object of the experience. Nevertheless, knowledge of the past may condition or change an organism's experience and relative perception of an occurrence or incident itself. Resilience, indeed, may possibly be a benefit to hope for by many to not suffer tension or escalated tension throughout these moments, that tends to prove difficult to overcome or translate into functional and healthy mechanisms. Unfortunately, however, the millions of lives that have been lost worldwide due to Covid-19 undeniably changing and affecting the experiences of everyone.

Consequently, we are watching a situation whereby the individual creates a situation as much as the individual is created by the situation and this, now, may be clearly observed, portraying the inter-relatedness of organism-environment-field in a given lifeworld, to bring in the Gestalt Psychotherapy epistemology.

In so many countries affected by the pandemic, on one hand the contamination is creating more infections and deaths, and on the other hand there is tension and possible depression as creative adjustments. We are the product of this situation while we are in it and part of it, yet not necessarily defined by it - a dominant theme in Gestalt Psychotherapy related to contact, boundaries, participation, co-creation, co-emergence and support of Self, among others. Nevertheless, there is always the potential as a humanity to leave the previous sense self behind

and find a new one. The newly created self would always be in some way relational since in all ways it is of the social field of the situation (Yontef, 2009). On these lines, the research in hand facilitates the posing of further questions interesting to the Gestalt community of how we can support the newly created self manifesting a tensed and depressed contact-making.

## 6. Conclusion

In the light of the findings ensuing to the research question:

***Did the Covid-19 pandemic have an impact on Quality of Life for persons in Malta of the <18-65+ age-range?***

The fourth hypothesis ( $H_4$ ): The Covid-19 pandemic had an effect on feeling tense for persons of the <18-65+ age-range;

The fifth hypothesis ( $H_5$ ): The Covid-19 pandemic had an effect on feeling more depressed for persons of the <18-65+ age-range was affirmed, consequently affirming the first hypothesis;

The first hypothesis ( $H_1$ ): that the Covid-19 pandemic had an impact on quality of life for persons aged <18-65+, was confirmed.

The following were also confirmed through this research:

- a) The Null Hypothesis ( $H_0$ ) for the second hypothesis - that the Covid-19 pandemic did not have an effect on mental health on persons aged <18-65+;
- b) The Null Hypothesis ( $H_0$ ) for the third hypothesis - that the Covid-19 pandemic did not have an effect on physical health on persons aged <18-65+;
- c) The Sixty Hypothesis ( $H_6$ ) (moderately) - that the Covid-19 pandemic had an effect on putting personal safety at risk for persons aged <18-65+.

These findings can also be understood through a Gestalt lens on the lines of the following interpretation and explanation. This study confirms that as a result of the Covid-19 pandemic, the Maltese population found itself on shaky emotional ground. The contact-making during this pandemic insofar as the findings of this study are concerned, was affected with a felt increase in anxiety and in symptoms of depressive experiences. This phenomenon may be demonstrative of a confluent society where anxiety became possibly both an individual and a collective experience. The increased feelings of being depressed as a result of the Covid-19 pandemic in this study, can also be understood as a result of the individual response to an unsafe, stressful living experience, which truly and factually is being collectively experienced globally. Other studies that have been cited throughout this research do confirm this phenomenon. In a sense the Covid pandemic has also become reflective of a depressive pandemic, which in certain ways may be 'contagious'. This was studied by Roubal (2007). Therefore, in parallel with the pandemic, a reported increase in feeling tense, anxious and/or depressed has become manifest, apparently not only in the Maltese scenario as confirmed by this study but also in other parts of the world as confirmed by the various studies referenced in this paper, amongst others.

The 'lifeworld', a concept popularised by Husserl (1954/1970) may be conceived as a universe of what is self-evident or given, a 'world' that subjects may experience in the organism-environment-field relationality, in whatever ways and in whichever means, as in conversations, interactions, contacting processes, the natural world, the intuited world and the aesthetic world (Steinbock, p.87), which undoubtedly was affected collectively as it is fluid and malleable, thus constantly changing in an ever evolving process. This supports contents contained in the paper by Ruppert (2020) referring to the current society as in some way or another being traumatised as a result of the anxiety aroused by the pandemic.

## **6. Limitations**

The COVID-19-QoL study had its own limitations as it covered very wide areas instead of the impact of specific areas. Moreover, the effect of the Covid-19 pandemic on the quality of life is naturally also influenced by respective protocols and restrictions, which vary from time to time and from place to place. During the time-frame for the collection of data, this variable was changing and varied accordingly by the competent health authorities in their attempts to contain the spread of the virus; nonetheless, that this variable was changing needs to be considered and taken into account for a fuller and more exhaustive picture in the interpretation of the findings of the study.

This study therefore can only be seen in the light of the Covid experience at the specific time-frame that the study was carried out, and yet allow for a standard margin error accordingly. A good point is that this scale may be used by clinicians and psychotherapists to support their work with clients, but for this one must take into account the gender imbalance in the sample

population, where the majority were female. Lastly, this study may not be generalised, given that the sample was targeted and not random, which could have supported generalisation. Yet, it gives a wider yet in-depth outlook of perceptions of people in Malta on their quality of life during the Covid-19 pandemic in the time period of data-collection. Whilst one hesitates in generalising the findings to the whole population in Malta, due to the type of population sample, nonetheless one still achieves a good idea of perceptions of people in Malta in general as one variable is constant, and that is being in Malta at a point in time, with socio-cultural norms, culture, the system, commonly applied laws, regulations and standards, etc... to contain the pandemic.

## **8. Recommendations for Further Research**

It would be interesting to repeat this study in a years' time to measure the long term effects of tension and depression brought by Covid-19 and relative creative adjustments in contact making. To achieve a holistic view, it would be recommended to support and complement such research by means of qualitative studies. Exploring statistics generated qualitatively, would undoubtedly facilitate a deeper understanding of people's lived experiences of the Covid-19.

Another suggestion for further research would be to explore the impact of Covid-19 through different schools of thought, beyond a Gestalt therapy approach and then corroborate the results, the objective being to understand where different schools are complementary in their approaches or other.



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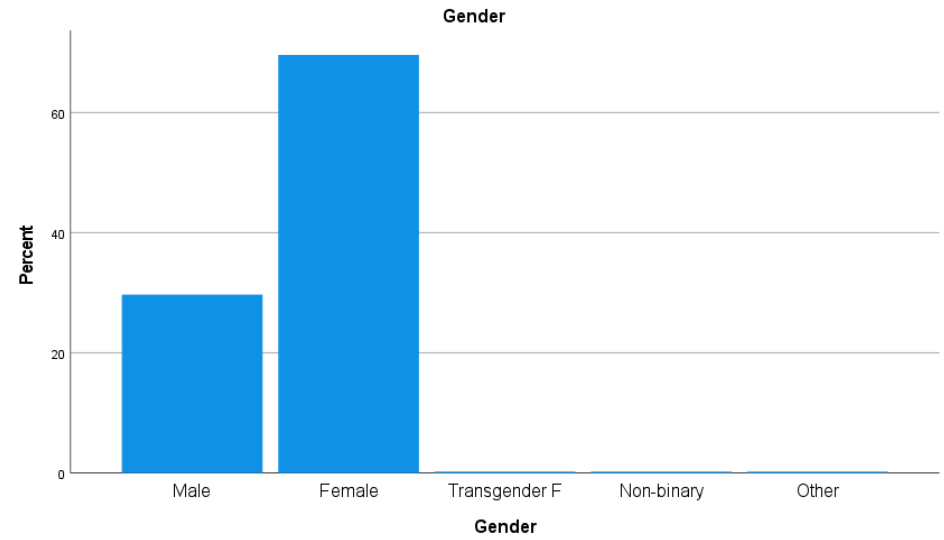
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## Appendix A - Gender & Age

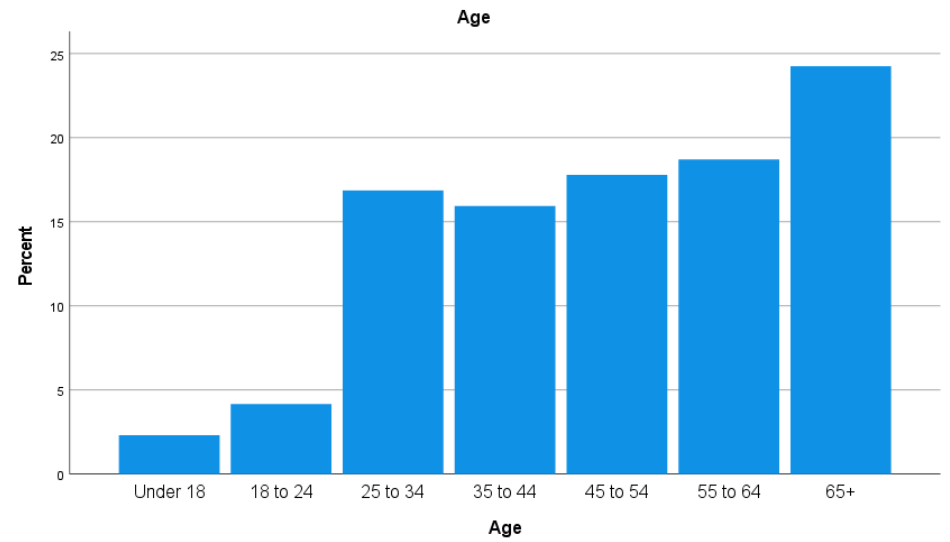
**Gender**

|                | N   | %      |
|----------------|-----|--------|
| Male           | 128 | 29.3%  |
| Female         | 300 | 68.6%  |
| Transgender F  | 1   | 0.2%   |
| Non-binary     | 1   | 0.2%   |
| Other          | 1   | 0.2%   |
| Missing System | 6   | 1.4%   |
| Total          | 437 | 100.0% |



**Age**

|                | N   | %      |
|----------------|-----|--------|
| Under 18       | 10  | 2.3%   |
| 18 to 24       | 18  | 4.1%   |
| 25 to 34       | 73  | 16.7%  |
| 35 to 44       | 69  | 15.8%  |
| 45 to 54       | 77  | 17.6%  |
| 55 to 64       | 81  | 18.5%  |
| 65+            | 105 | 24.0%  |
| Missing System | 4   | 0.9%   |
| Total          | 437 | 100.0% |



## Appendix B - Quality of Life & Age

### QoL \* Age Crosstabulation

Count

|       |                            | Age      |          |          |          |          |          |     | Total |
|-------|----------------------------|----------|----------|----------|----------|----------|----------|-----|-------|
|       |                            | Under 18 | 18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65+ |       |
| QoL   | Completely Disagree        | 1        | 0        | 5        | 4        | 1        | 3        | 4   | 18    |
|       | Disagree                   | 1        | 1        | 3        | 8        | 9        | 6        | 9   | 37    |
|       | Neither agree nor disagree | 3        | 6        | 19       | 16       | 16       | 14       | 15  | 89    |
|       | Agree                      | 4        | 5        | 37       | 22       | 29       | 39       | 50  | 186   |
|       | Completely agree           | 1        | 6        | 9        | 19       | 22       | 19       | 24  | 100   |
| Total |                            | 10       | 18       | 73       | 69       | 77       | 81       | 102 | 430   |

## Appendix C - Tension & Age

**Tension \* Age Crosstabulation**

Count

|              |                            | Age      |          |          |          |          |          |     | Total |
|--------------|----------------------------|----------|----------|----------|----------|----------|----------|-----|-------|
|              |                            | Under 18 | 18 to 24 | 25 to 34 | 35 to 44 | 45 to 54 | 55 to 64 | 65+ |       |
| Tension      | Completely disagree        | 0        | 0        | 2        | 3        | 0        | 3        | 2   | 10    |
|              | Disagree                   | 1        | 0        | 4        | 5        | 14       | 2        | 11  | 37    |
|              | Neither agree nor disagree | 1        | 3        | 10       | 11       | 7        | 6        | 23  | 61    |
|              | Agree                      | 7        | 6        | 37       | 29       | 37       | 52       | 47  | 215   |
|              | Completely agree           | 1        | 9        | 18       | 19       | 18       | 17       | 19  | 101   |
| <b>Total</b> |                            | 10       | 18       | 71       | 67       | 76       | 80       | 102 | 424   |



## Appendix D - Levene's Test

### Tests of Homogeneity of Variances


|                |                                      | Levene Statistic | df1 | df2     | Sig. |
|----------------|--------------------------------------|------------------|-----|---------|------|
| QoL            | Based on Mean                        | 1.075            | 6   | 423     | .377 |
|                | Based on Median                      | .984             | 6   | 423     | .436 |
|                | Based on Median and with adjusted df | .984             | 6   | 412.527 | .436 |
|                | Based on trimmed mean                | 1.158            | 6   | 423     | .328 |
| MentalHealth   | Based on Mean                        | 2.584            | 6   | 419     | .018 |
|                | Based on Median                      | .993             | 6   | 419     | .430 |
|                | Based on Median and with adjusted df | .993             | 6   | 320.821 | .430 |
|                | Based on trimmed mean                | 2.766            | 6   | 419     | .012 |
| PhysicalHealth | Based on Mean                        | 1.075            | 6   | 419     | .377 |
|                | Based on Median                      | .669             | 6   | 419     | .675 |
|                | Based on Median and with adjusted df | .669             | 6   | 381.479 | .675 |
|                | Based on trimmed mean                | 1.050            | 6   | 419     | .392 |
| Tension        | Based on Mean                        | 2.825            | 6   | 417     | .010 |
|                | Based on Median                      | 1.409            | 6   | 417     | .210 |
|                | Based on Median and with adjusted df | 1.409            | 6   | 406.139 | .210 |
|                | Based on trimmed mean                | 2.197            | 6   | 417     | .042 |
| Depressed      | Based on Mean                        | 1.841            | 6   | 419     | .090 |
|                | Based on Median                      | 1.618            | 6   | 419     | .141 |
|                | Based on Median and with adjusted df | 1.618            | 6   | 392.195 | .141 |
|                | Based on trimmed mean                | 1.808            | 6   | 419     | .096 |
| PersonalSafety | Based on Mean                        | 1.132            | 6   | 419     | .343 |
|                | Based on Median                      | .824             | 6   | 419     | .552 |
|                | Based on Median and with adjusted df | .824             | 6   | 409.059 | .552 |
|                | Based on trimmed mean                | 1.324            | 6   | 419     | .245 |

## Appendix 1 - Survey Disseminated




### Impact of the COVID-19 on Quality of Life


Due to the spread of the coronavirus,

1. I think my quality of life is lower than before  0


|                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Completely Disagree   | Disagree              | Neither Agree nor Disagree | Agree                 | Completely Agree      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

2. I think my mental health has deteriorated  0


|                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Completely Disagree   | Disagree              | Neither Disagree nor Agree | Agree                 | Completely Agree      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

3. I think my physical health may deteriorate  0


|                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Completely Disagree   | Disagree              | Neither Agree nor Disagree | Agree                 | Completely Agree      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

4. I feel more tense than before  0


|                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Completely Disagree   | Disagree              | Neither Agree nor Disagree | Agree                 | Completely Agree      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

5. I feel more depressed than before  0


|                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Completely Disagree   | Disagree              | Neither Agree nor Disagree | Agree                 | Completely Agree      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

6. I feel that my personal safety is at risk  0

|                       |                       |                            |                       |                       |
|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| Completely Disagree   | Disagree              | Neither Agree nor Disagree | Agree                 | Completely Agree      |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> |

7. Choose your Gender Identity  0

- |  |  |
|--|--|
| <input type="radio"/> Male             | <input type="radio"/> Transgender Female |
| <input type="radio"/> Female           | <input type="radio"/> Non-binary         |
| <input type="radio"/> Transgender Male | <input type="radio"/> Other              |

8. Choose your age category  0

Under 18

18-24

25-34

35-44

45-54

55-64

65+