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Published online: 08 Dec 2021.

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Construing Worst Experiences of the COVID-19 Pandemic in the USA: A Thematic Analysis

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ABSTRACT

The COVID-19 pandemic has not only resulted in millions of deaths but, together with the strategies imposed to contain the spread of the disease, it has had significant psychological and social effects. This paper considers these effects in residents of the USA, the country that has reported the highest number of deaths from COVID-19. Between April and May, 2020, responses were obtained to an on-line survey, which included asking participants, recruited by snowball sampling, to describe their worst experience of the pandemic. The responses of 741 participants, primarily female and Caucasian, were subjected to a thematic content analysis which used a primarily deductive approach in which these responses were viewed in terms of transitions in construing. The transition themes identified were anxiety; threat; loss of role; sadness; contempt; and stress. Various subthemes were also identified. The study provided further evidence of the utility of a personal construct framework in conceptualizing experiences associated with illness and the risk of this. Implications of its findings are considered at both an individual and a societal level.

Introduction

The coronavirus pandemic

Pandemics have had profound effects on societies throughout history, causing not only sharp increases in morbidity and mortality but also economic, social, and political disruption (Madhav, 2017) and significant psychological distress (Morganstein et al., 2017; Van Bortel et al., 2016). It is this adverse psychological impact, in this case of the COVID-19 pandemic, that will be the concern of the present paper.

After its initial emergence in China in December, 2019 (Wang et al., 2020), coronavirus (COVID-19) soon began to be identified in other countries, the first case in the USA being reported on 20th January, 2020. By mid-March, when a pandemic was

declared by the World Health Organization, the USA had reported more than a thousand cases and 61 fatalities. At the time of writing, it has recorded the highest number of cases of, and deaths from, COVID-19, over 43 million and nearly three quarters of a million respectively, of any country in the world, although not the highest per capita (Italiano, 2020; https://www.worldometers.info/coronavirus/).

Quarantine and 'lockdown' measures, which have been used for centuries to contain the spread of infectious diseases, were introduced by most countries in response to the pandemic. In the USA, such measures, enforced to varying degrees in different states, included curfews, closure of transportation systems, travel restrictions, and limitations on gatherings. They significantly disrupted people's day-to-day activities as well as causing separation between families and friends (Usher et al., 2020). Quarantine and social isolation can themselves be triggers for mental health problems due to financial concerns, loneliness, and lack of resources (Brooks et al., 2020).

Psychological distress, including significant mental health problems, can therefore be caused not just by a pandemic's occurrence but by strategies imposed to mitigate it. Evidence is emerging that this is so with the COVID-19 pandemic, several studies finding high levels of psychological distress, such as anxiety, depression, and stress, including post-traumatic stress (Xiong et al., 2020). Furthermore, there is evidence of associations between COVID-19 experiences and suicidal ideation, and reports of increases in domestic violence during the pandemic (Guessoum et al., 2020). Amongst the factors associated with higher stress levels and effects on mental health are time spent in quarantine, knowing someone infected with the virus, and frequent exposure to news reports concerning COVID-19 (Usher et al., 2020; Xiong et al., 2020). There is also evidence of increased probability of psychiatric diagnosis following COVID-19 infection, although also of higher incidence of infection in people who had received such a diagnosis in the previous year (Taquet et al., 2020).

While such studies provide some gross indication of the psychological morbidity that has resulted from the COVID-19 pandemic, they do not explore how the pandemic has affected people's meaning-making processes. There have now been some investigations of these issues from a constructivist perspective. For example, in a questionnaire study using a survey design, Milman et al. (2020) demonstrated that disrupted meaning-making and core belief violation mediate the impact of COVID stressors on mental health. The present paper will attempt an in-depth analysis at a more individual level of the personal meaning of negative experiences of the pandemic by drawing upon a particular constructivist approach, personal construct theory.

Personal construct theory

Personal construct theory (Kelly, 1955) views people as primarily concerned with the anticipation of their worlds. Their anticipations, or constructions, are derived from each individual's unique system of bipolar personal constructs (e.g., 'safe – unsafe'). A construction may be validated or invalidated by the individual's encounters with the world, and if invalidated it will be modified if the person is functioning optimally. In other words, people function rather like scientists, formulating hypotheses, testing these out, and if necessary revising them.

Since the world is ever-changing, people are constantly faced with transitions in their construing, the awareness of which, for Kelly (1955), is associated with the experience of emotions[1], particular types of transition giving rise to different emotions. Three of these 'dimensions of transition' described by Kelly (1955) that may be of particular relevance to a situation of major change such as a pandemic are anxiety, guilt, and threat. For Kelly (1955, p. 495), *anxiety* essentially involves an inability to anticipate events, since they are 'outside the range of convenience' of the person's construct system. That major difficulties in anticipating the world, and hence anxiety, are likely to be associated with the COVID-19 pandemic is indicated by the overused phrase that we are living in 'unprecedented times.' In addition, there may be experiences of *guilt* as people find themselves not acting in the way in which they have characteristically seen themselves, the situation of 'apparent dislodgement from…core role structure' (Kelly, 1955, p. 502). A situation of major transition such as a pandemic is also likely to evoke *threat*, which Kelly (1955) equated with the awareness of imminent comprehensive change to core structures, those central to one's identity. He considered that 'Death is threatening to most people' (p. 490), but threat can also involve awareness of other types of imminent collapse in the foundations of one's view of the world. Kelly (1955) regarded *stress* as the awareness of potential threat, and post-traumatic stress has been the subject of several investigations by subsequent personal construct theorists. For example, Sewell (1997) has associated post-traumatic stress disorder with a state of 'constructive bankruptcy' in which the person's constructs do not allow them to make sense of a traumatic event, although Sermpezis and Winter (2009) have found that it may involve a traumatic event being over-elaborated and dominating the person's view of the world.

Kelly's construction of 'emotions' has been elaborated by some later personal construct theorists. For example, McCoy's (1977, 1981) descriptions of various other emotions in terms of processes of construing are relevant to possible experiences of the pandemic. One of these is *sadness*, defined by McCoy (1977, p. 112) as 'an awareness of invalidation of implications of a portion or all of the core structure,' as may be occasioned by a loss which causes some elements to be 'no longer…within the range of convenience of some constructs.' This experience of being bereft may be particularly profound if the loss is of a person who was a major 'validating agent' (Landfield, 1980) for one's construing. The constructivist perspective on loss has been extended by Neimeyer (2001, 2016), who views such experiences in terms of narrative disruption. Two other relevant definitions of emotional terms provided by McCoy (1977) are her views of *shame* as involving 'an awareness of dislodgement of the self from another's construing of your role' (p. 113) and of *contempt* as 'awareness that the core role of another is comprehensively different from one's own and/or does not meet the norms of social expectation' (p. 121). Her definition of *anger*, as 'awareness of invalidation of constructs leading to hostility' (p. 121), has been criticized by Cummins (2005), who considers that anger does not always lead to hostility (in Kelly's (1955) sense of extorting evidence for constructions) but is merely an emotional expression of invalidation.

Kelly's descriptions of transitions in construing are amongst a set of 'professional, diagnostic constructs' which, together with other aspects of his theory, have been used in understanding people's experiences of illness, and as the basis of interventions with people suffering from a variety of illnesses (Cipolletta, 2021; Cipolletta et al., 2017).

This has included explorations of the experiences of people affected by a previous pandemic, Ebola, in Sierra Leone (Winter, 2018). Some of these people described how their experience of the pandemic was worse than that of the brutal, 11-year civil war that their country had previously endured: as one said, 'you can run from the guns, but you can't run from Ebola' (p. 331). The transitions in construing experienced during the COVID-19 pandemic, and strategies used to cope with these transitions, by both members of the public and political leaders, have been explored in theoretical papers by Winter and Reed (2021) and Cipolletta and Ortu (2021). The current research is an empirical investigation of what transitions in construing are involved in people's worst experiences of the COVID-19 pandemic.

Method

Survey and procedures

The findings presented were derived from the analysis of some of the data from an on-line survey of participants from an international sample who were recruited using a snowball method through social media platforms (e.g., Facebook) and e-mails sent to nonprofit organizations and associations (e.g., professional, student).

The survey was hosted on the platform *SurveyMonkey* between April and May, 2020. Potential participants opening the survey link were directed to an informed consent form. Once participants agreed to take part and confirmed that they were 18 years or older, they were brought to the first page of the survey. Ethical approval for the research project was obtained from the Douglas Mental Health University Institute, Montreal, Canada.

Participants

Five hundred and fifty-eight of the 1302 participants from the USA did not respond to the optional open-ended question which is the concern of this paper, and three others were excluded because their responses were not in English. The remaining 741 participants, for whom demographic and clinical information is provided in Table 1, were primarily Caucasians who identified as women. Since the current concern is with negative experiences during the pandemic, 13 responses reporting no negative effects or solely positive effects of the pandemic were not included in the analysis presented in this paper.

Measures

As well as providing demographic and other information, participants completed questionnaires on event-related (potentially traumatic) stress symptoms (the 6-item version of the Impact of Event Scale – Revised; Thoresen et al., 2010), and peritraumatic distress (Peritraumatic Distress Inventory; Brunet et al., 2001) stemming from their worst COVID-related moment. Willing participants also provided a short narrative in response to the question: 'Please describe your worst experience with the COVID-19

Table 1. Demographic and clinical information.

	M	SD
Age (years)	44.40	15.89
IES-6 total score	14.00	5.75
PDI total score	23.13	10.18
	N	%
Gender		
Male	155	20.92
Female	569	76.78
Other/ won't disclose	17	2.29
Marital Status		
Single	251	33.87
Co-habiting/ married	435	58.70
Separated/ divorced/ widowed	55	7.42
Ethnicity		
Caucasian	595	80.30
Black	16	2.16
Hispanic	41	5.53
Asian	32	4.32
Mixed	40	5.40
Other	16	2.16
Occupation		
Stay home occupations	92	12.41
Essential workers	340	45.88
Non-essential workers	148	19.97
Other	161	21.73
Education		
Pre-University	33	4.45
Undergraduate level	229	30.90
Graduate level	479	64.64

Note. $N = 741$.
[1]Impact of Event Scale Revised – 6 items version total score: a score of 10 or higher indicates clinically significant symptoms (Thoresen et al., 2010).
[2]Peritraumatic Distress Inventory total score: a score of 14 or higher indicates clinically significant peritraumatic distress (Guardia et al., 2013).

crisis so far'. These narratives are the focus of this paper. The questionnaire data and relationships between questionnaire responses and those to the open-ended question will be presented elsewhere.

Data analysis

Thematic content analysis (Braun & Clarke, 2006) was employed, using a hybrid deductive and inductive approach (Fereday & Muir-Cochrane, 2006) in which responses to the open-ended question were initially viewed in terms of the diagnostic constructs of personal construct theory but in which themes and subthemes were inductively refined as the analysis proceeded. This refinement, involving discussion between two coders and a further member of the research team, largely consisted of the development of emergent subthemes of the transitions that initially constituted the themes. Themes and subthemes were primarily identified at a semantic, explicit level, but occasionally at a latent level. For example, as indicated in the Results section, descriptions involving perceived loss of control or helplessness were in many cases coded as carrying the latent implication of a loss of role. The themes and subthemes were set out in a coding frame, which was applied to all of the responses, each of which was categorized in terms of one or more themes. An initial set of

20 responses were independently coded by two research team members, who achieved total agreement on their codings of nine (45.0%) of these, partial agreement (in which they agreed on at least one but not all codes applied to a response) on seven (35.0%) responses, and no agreement on four (20.0%). Differences in codings were discussed with a third team member, following which the first two team members independently coded a further 40 responses. Total agreement was achieved on 17 (42.5%) of these, partial agreement on 17 (42.5%), and no agreement on six (15.0%). Again, differences in codings were discussed with the third team member until full agreement was reached. One of the first two team members then coded the first half of the remaining responses and the other the second half, the two coders discussing and agreeing a code on any about which they were uncertain. No textual analysis software was used.

Results

Thematic content analysis organized the responses in terms of various themes and subthemes encompassed by an overarching theme of transitions. These will now be described, with illustrative quotes from responses of participants (identified by code numbers).

Overarching theme[2]: transitions

The themes encompassed by this overarching theme concern different types of emotional experiences.

Theme 1a: Anxiety

Several participants described their difficulties in anticipating the world during the pandemic. Some participants presented this experience as a general sense of uncertainty:

> *Stress of the unknown. (US336)*

> *Strong feelings of anxiety, worry, uncertainty and a sense of dread. (US450)*

For others, there were more specific uncertainties, some concerned with not knowing whether they had been infected with the virus and others with particular aspects of their present and future lives that had become more difficult to anticipate due to lockdown measures:

> *My brother tested positive and we knew that we had been exposed to him when he was symptomatic. Waiting two weeks to see if we developed symptoms was awful. Waiting to hear the results of the test now is also unnerving. It feels like waiting for the guillotine to drop, especially being in an at risk category. (US515)*

> *Uncertainty about the future, especially as a college student and not knowing when I'd be able to go back to school to get the things I'd left in my dorm, not knowing what would come next in my life at all…(US637)*

> *Uncertainly and financial fears causing angst. (US460)*

Not being able to get the food/groceries you need, the stores are out of stock and can't keep up with the demands….It's scary to not know what food you'll be able to get and to watch the fights over the remaining things in the stores. (US274)

Not having a job or my biggest source of stress relief (the gym) coupled with trying to navigate a completely new form of school has left me feeling very out of control. (US28)

Waiting to hear how Trump's immigration policy would affect me. I'm an immigrant waiting for my green card to get processed. (US553)

Some participants' characteristic approach to life made it particularly hard for them to tolerate uncertainty:

I am a person whose life revolves around planning, making plans, and following them. I rely on the comfort of the spaces and routines I've made for myself. During COVID I have been confined in a different state, with family who exacerbates my anxiety and all my plans have been destroyed. I'm unable to plan for the future because everything is so unpredictable and it makes it very difficult for me to function. I don't know when I will be able to return to my comfort spaces or when I will be able to begin planning for the future. This pandemic has thrown my plan for the next two years completely out the window. (US634)

For others, the experience was one of events not just being beyond the range of convenience of their own construct systems but also of the construct systems of those on whom they might normally rely:

The worst part about the COVID-19 crisis for me so far was knowing the entire world was confused about what was happening and didn't know how to handle it from both a medical and resource standpoint. Generally we rely on hospitals and other experts to save us in a time of need, but I felt like we were all receiving under-researched and biased information, mixed messages, and judgment from people's understandable fear for the health of themselves and loved ones. (US459)

Theme 1 b: Threat

For some participants, experiences of threat primarily focused upon concerns about themselves, for some concerns about significant others were paramount, while in a few cases there were more general concerns about the world.

Subtheme 1bi: Threat (Self)

Several participants described concerns about the possibility of their own death or illness and the implications of this:

I contemplated my imminent death. (US669)

Every day I think I am getting it and worry I will die. (US346)

Worrying that I will wake up and not be able to breathe and have to go to the hospital and die alone on a respirator (US48)

For some participants, these concerns were not directly related to infection by the virus but to being victims of violence indirectly occasioned by the virus:

I have had severe anxiety regarding hate crimes against Asian Americans to the point where I am unable to go outside or continue my day normally. I worry more about getting assaulted or confronted on the street for being Asian than getting the coronavirus. (US95)

I heard people talk about fear that the Chinese are contaminated. It made me feel unsafe because I didn't know what other people might do to me out of their fear. It was stressful having to feel like my safety was endangered not just because of COVID but also because of people who were naive. (US444)

There is…an almost constant fear of violence as there are fewer resources and people are becoming restless. We have heard a significant number of guns shooting off which increases this fear as well as gun sales have gone up significantly in our state. (US714)

Subtheme 1bii: Threat (Others)

For many participants, their primary concerns related to the illness or death of significant others:

My significant other works for an essential business and has asthma. I begged him to stay home from work so that he wouldn't die because I was convinced he would if he went in. (US22)

Worried that my elderly loved ones are at risk of dying. (US69)

Subtheme 1biii: Threat (World)

Some participants described a broader sense of threat involving a dismantling of their fundamental and trusted ways of seeing the world:

Beginning to understand that life will never be the same again. (US492)

Feeling that there would be a complete breakdown of social cohesion. (US487)

Theme 1c: Loss of role

This theme concerns experiences of being dislodged from one's core role, one's characteristic way of being, either as construed by oneself (associated with the experience of guilt) or others (associated with the experience of shame). It also includes statements indicating that the individual, through no fault of their own, is helpless or powerless.

Subtheme 1ci: Guilt and/or shame

Some participants experienced guilt at the possibility of having infected other people with the virus:

I was heavily symptomatic with a horrific cough and trouble breathing (for weeks) and I was treated in the ER towards the beginning of the epidemic. They didn't have COVID tests available at that time. Because I didn't have a fever and I hadn't been to China I was told I could continue to work, so I did, through a week of coughing and steadily worse breathing. I feel EXTREMELY guilty about this and I feel sure I infected others (although I don't know this to be true). I went back to the ER and was subsequently told I likely had COVID (though they still couldn't get me tested) and I should self-isolate. I have felt very guilty ever since. (US659)

For some, there was guilt that their actions might expose themselves, and thereby others, to infection:

I've had a lot of guilt for doing anything/going anywhere during COVID. I don't need to go out for work, but I have one friend that I sit with outside — a few feet away. The worst thing is the guilt even for these small, relatively safe "indulgences." Still, I do this. I am bipolar and don't have access to my usual level of support. I call people (family, friends, therapist, etc.), but it's not the same. I feel depressed, and I worry about it getting worse. At some point, I ask myself: What's the bigger threat to me? COVID or my mental health? So I get this social interaction where I can. The worst thing is the guilt about COVID vs. my fear of myself. (US406)

Others were faced with a choice between guilt if they did not help people infected with the virus and guilt at the impact on significant others if they did:

I work for a public health agency so I knew what was coming before it was accepted knowledge. Felt somewhat alone with that. Questioning who I knew myself to be because I did not go volunteer at a neighborhood nursing home that was being hit with a high number of deaths. (US179)

There's a helplessness at not being able to go out to the front line to help out because of prioritizing my family. I've always helped and I'm not used to this feeling of helplessness. (US254)

I am a licensed medical provider who was not working clinically at the start of the out-break. I felt helpless and frustrated, and it took over a month of emailing hospitals and signing up for volunteer shifts to be onboarded to work in an understaffed ICU. At the same time, my partner is immunocompromised. When I began working with COVID-19 patients, I moved out of our shared apartment. Being completely alone for weeks has had a very negative impact on his mental health, which he has struggled with in the past. I have felt incredibly guilty putting him through this in order to satisfy my own need to help. (US93)

Some participants felt dislodged from their professional roles when unable to help their clients:

There is a sense of powerlessness that comes when patients struggle with social isolation and are unable to get the same benefits from telehealth as they were with in-person services. My worst moment was being unable to help some patients struggling with social isolation due to COVID19. (US67)

For some participants, their guilt seemed to involve a construction of themselves as privileged which dislodged them from views of themselves as equal, unselfish community members:

Having symptoms, trying to discern if they were enough to warrant concern/if they were COVID related, and feeling extreme guilt that I (a well-educated white woman in her 40s) was able to get tested. I've never been more aware of my privilege. (US196)

Leaving our home to come to a different city. Feelings of guilt for being able to leave, worry about what our city would look like when we come back. (US510)

Another variant of guilt concerned a construction that their feelings of distress were not justified when comparing their own situations with those of others:

While I was feeling mild symptoms including shallow breath and chest tightness I would not be able to sleep, kept awake by fears that I would die in my sleep or my symptoms would worsen and no one would know or I would be unable to seek help. This made my feelings of isolation deeply pronounced and greater than simply physical distance, like an experience of constant heartbreak. At the same time, I felt guilty for feeling so afraid and upset when I knew others were experiencing much more traumatic and trying times. (US115)

Finally, some participants experienced guilt and shame because of the uncharacteristic nature of their reactions to pandemic-related events:

I was filled with fear and anger and someone got too close to me. I reacted by arguing with them and even coughed toward them to illustrate my point and get them to back away. I felt shame afterward. This was my lowest moment - that I reacted not with compassion and solidarity but such fear and anger. (US9)

Subtheme 1cii: Helplessness and Powerlessness

Several participants described a general sense of helplessness and powerlessness, with at least at a latent level a perceived loss of role, due to circumstances that they viewed as beyond their control:

It's like watching the world burn and being helpless to do much of anything. (US210)

Feeling helpless and empty. There is nothing I can do, except not to leave the house, to help fix this problem. (US485)

I feel I have lost all agency and control over my life. (US607)

In various of these accounts, although guilt or shame were not expressed directly, there was an implication of a dislodgement from a core role of helping others, solving problems, or being able to fulfill normal social expectations such as attending funerals of loved ones:

The helplessness of not being able to help distant friends and family. (US707)

My grandfather died of COVID-19. He was in a nursing home for rehab of a broken hip. It was locked down under quarantine, so no one saw him for 6 weeks. He contracted the disease in the nursing home, and died alone thinking his family abandoned him. The nursing home was unable or unwilling to help him access technology to connect with us. (US425)

I was unable to attend two funerals, including one for my very beloved aunt. (US328)

My father-in-law passed away from it in a nursing home in Massachusetts. No family could be with him at the end. The funeral was only eight people in person, with everyone else watching via a stream from the nursing home. We haven't been able to gather together as a family, properly sit Shiva (we are Jewish) or have friends come over. It's been really challenging. (US424)

Theme 1d: Sadness[3]

Some participants described experiences of sadness associated with losses of significant others. Such losses were not only caused by death but also by the enforced isolation, due to measures to contain the spread of the virus, from people or from social

practices that had helped to give their lives meaning. Other participants reported their sadness at losses experienced by others, with whom the participants appeared to show 'sociality' (Kelly, 1955), construing the construction processes of these grieving other people.

Subtheme 1di: Loss Experienced by Self

When a good friend passed away. Like a gut punch. It was hard. (US322)

Realizing I have had no human contact for two months after seeing others looking happy together and feeling so alone without any end. (US129)

My worst experience is the lack of connection to others while I am going through my first pregnancy....The supports I had planned for have been taken away and my husband and I are really going to be on our own once the baby arrives. (US126)

I've felt lonely. Even though I can connect with friends and family online, I feel like something is missing. I don't know when I can see them again and when things will return to "normal." (US404)

I just started crying because I felt so lonely and needed a hug. (US311)

My worst experience during this crisis so far is having to readjust my religious practice. (US197)

Subtheme 1dii: Loss Experienced by Others

Listening to stories of people dying alone or being separated from their loved ones is heartbreaking. (US414)

Theme 1e: Contempt[4]

For some participants, experiences of violation of expected norms during the pandemic had highlighted differences between their core roles and those of other people with whom they had dealings and of people in government. There was contempt for, and occasionally overt conflict with, these people.

Subtheme 1ei: Contempt for others

Some described contempt for, and conflicts with, family members precipitated by issues relating to the pandemic:

Had an argument with older members of my immediate family about making sure they wore masks, stayed inside as much as possible, etc. (for their own safety and for others' safety). It was hard to get them to understand how serious the situation is. (US476)

Family rift: mask wearers versus conspiracy nuts. Father died of pancreatic cancer recently, couldn't have typical services, feel torn between need to keep a physical eye on Mom, and need to keep Mom safe by staying away. Non-mask wearers visiting Mom pose risk to all family members, many snappish comments, stink eye, and ill will has resulted and continues to do so. (US211)

For some, there was contempt for people who did not comply with social distancing measures; while for others, contempt was directed at those who did support these

measures or at people who did not respect others' opinions concerning responses to the pandemic:

> I have read friends' posts on FB where there are people on their streets throwing parties daily, and Lowe's has had a full parking lot - even with the Stay-at-Home order. And it's frustrating. They laugh at people wearing masks and cough on them on purpose like it's a joke. People refuse to be socially distant. Some are doing it, but a lot aren't. A lot of us are anxious and angry. (US233)

> I'm disgusted by the responses of people around me in supporting this quarantine and by the government. I'm afraid all our civil liberties are being stripped away but every time I try to talk about that people say I don't care if others die. (US345)

> My worst experience with the COVID-19 crisis is the way that our government and local authorities have handled the crisis and the way people have treated each other for having differing opinions. It has been disturbing to me that so many people have been vilified for their opinions. I have kept my opinions to myself and my voice silent for fear of out-lash from others. I have found myself losing respect for people I call friends because of their public responses to this crisis. I have felt isolated, not because of fear of the virus, but because of fear of the way the media and so many individuals are responding. (US434)

Subtheme 1eii: Contempt for Government

Numerous participants were not sparing in expressions of their contempt and anger concerning the government's response to the pandemic:

> Knowing that, but for the lack of our current administration's preparedness and failure to respond appropriately, tens of thousands of American lives could have been spared. Doing everything that is needed to protect ourselves and each other as we fight against this deadly virus and then having a counter-productive president who is picking petty fights, attacking Americans left and right and is willing to risk our lives in so many different ways on a daily basis. It's a continuum. (US5)

> The most frustrating part is knowing that people's lives are at stake and key decisions are being made by an orange buffoon (US85)

> I feel an unceasing rage at the failure of American institutions and authority figures to adequately address the crisis. I've completely lost faith in the US government and our elected officials as a whole. I am looking at ways to emigrate once the crisis is done. I no longer want to be a part of an inhumane society. (US112)

> The helplessness of watching the Trump administration brainwash their followers and place the lives of people in danger through both their deliberate actions and inactions. (US306)

> Hearing about what is not being done by our moron deranged sociopath US President. When he does something it's the worst most heinous idea ever. (US613)

Theme 1f: Stress

Many participants provided accounts of stress, manifested in exposure to potential threat; being trapped in an intolerable situation; accumulation of pressure that appeared to overwhelm their capacity to anticipate their world; or a range of symptoms of psychological distress.

Subtheme 1fi: Exposure to threatening information or events

Some participants described their worst experiences as involving exposure, either on the news media or in person, to traumatic information or events:

Reading stories of people who died; looking at the staggering numbers of dead. (US447)

I live in Manhattan. During the worst week there was an ambulance siren every 5-10 minutes and I felt like I was living in a war zone (I guess I was). (US397)

I live in NY city very close to the hospital where the epicenter of the outbreak was & dozens of people died daily & their bodies were placed in refrigerated trucks parked outside the hospital. (US398)

I was on my porch here at my house in Brooklyn. It was a beautiful spring afternoon and I felt at peace. A refrigerated truck which I assume was full of corpses drove past. Because it was so long it took a long time to turn the corner on our residential block. I couldn't stop thinking about the families who may not even know that their loved ones were no longer alive, or where their bodies were. (US150)

I had been having difficulty breathing and the shortness of breath was getting progressively worse. I felt like I was drowning and I couldn't get air into my lungs. Made difficult decision to go to hospital. I was driven to emergency room, and then dropped off by myself. Everyone was suited up, and I was whisked to a room surrounded by other people presumed to be dealing with Covid. Young, old, crowded the area in stretchers. Some intubated in rooms. Thankfully I did not have to be admitted. Walking out I passed the trailer where those who were not as fortunate as I laid. (US499)

Subtheme 1fii: Being Trapped in an Intolerable Situation

Some participants described experiences of feeling stuck in a highly invalidating environment, or one associated with traumatic events, because of 'lockdown':

It's between having been sick myself and being stuck in the house I was abused in for the first 19 years of my life. Please do share this with others if you'd like. People trapped in places attached to those kinds of memories should know they're not alone. (US10)

My relationship with my husband was falling apart before this crisis, so sheltering in place with him has been another aspect of the sadness and isolation. I can't talk to friends on the phone for fear he might accidentally overhear. (US403)

My worst experiences involve me feeling trapped at home with my family. I do not have a good relationship with my family and so being home with them makes me feel depressed and anxious. My parents get very angry at me and when I tried to leave home to go somewhere else my dad started shouting at me very angrily and threatened to stop financially supporting me. My parents told me they were going to stop paying for my therapy sessions claiming it is for financial reasons but to me it seems like a punishment. I feel I have lost all agency and control over my life. (US607)

Stuck inside with an ex-wife and a sullen 16 year old. (US718)

Subtheme 1fiii: Accumulation of Pressure

Some participants reported being overwhelmed by an accumulation of pressure, often seeming to involve repeated invalidation:

The Shelter in Place order has been extremely detrimental for me psychologically and psychiatrically. Being home with small children and my husband all day has drained me beyond my capacity. Feeling like I can't ask a neighbor to have a play day without being shunned forever it's ridiculous. Initially, I believed and trusted the science behind that government decision, and as time has gone on I truly believe it is bullshit. I say that as an extremely educated professional. Seeing the invalidation of that opinion on social media has been horrible. My home situation is also very complicated (I have a partner elsewhere I can only see for an hour a week in public), and it's killing me. I don't think that relationship will survive this pandemic. (US672)

I had a relationship end during the pandemic and that plus work stress, isolation, and what felt like no outlets was emotionally overwhelming. My work days were never ending and I couldn't find any comfort around me. My drinking increased as well which compounded the emotional experience. (US109)

Just feeling overwhelmed that this will not end and anxious about not having "normalcy." I felt like I was juggling my emotions as well as everyone else's stress. I cried and felt overwhelmed, but it passed (this has happened a few times). My other stressors are around feeling protective of my loved ones, especially my parents. (US413)

One participant made it clear that there was no possibility of an alternative construction of the situation, viewing it solely in terms of traumatic stress:

I do not think that this survey is useful. The introduction says that the goal is to determine under what circumstances individuals are traumatized or stressed by Covid-19. I read this and I thought, "this is way off. Everyone—100% of therapists, patients, and citizens are traumatized and stressed by Covid-19." The premise is very troubling to me. I did not have a worst experience. Every minute since the beginning of March has been horrible. I have been stressed continuously to the point where I started to feel like my body would be destroyed by unending stress and poor sleep even if I never caught the virus. This is Trauma. Before I left New York City and started to work remotely from a rural area in Massachusetts, I was a wreck because I felt like I had to sanitize everything and I could not tolerate being in the subway. Now I am safe as long as I never shop again, but I am watching public officials and crazy individuals willfully expose other people to death. This is not just a bad experience or a worst experience. It is a life-changing trauma. If anyone in your survey says they were unaffected, you can be sure that they simply are repressing their experience or dissociating. (US496)

Subtheme 1fiv: Symptoms of psychological distress

Participants provided descriptions of a wide range of symptoms of distress, including panic attacks, sleep disturbance, suicidal ideation, emotional lability, lethargy, concentration difficulties, and traumatic memories:

Had a complete emotional break down and panic attack a few days in. Could not handle any of the stress and cried and couldn't catch my breath while hiding under a desk in my room, shaking and trying to muffle the sounds of my sobbing from my family. (US565)

Lashing out at loved ones, unexpected/unprompted crying and panic attacks. (US506)

Roller coaster Panic, worry, fear emotions. Overwhelmed by the media, chest tightening and crying. (US287)

Screaming fights with my partner, which we rarely did before the pandemic. Stress level very high due to having to work full time remotely without childcare in the home. One night

I was so frustrated I cried alone in bed and had insomnia for 6 hours straight, stressing out about short term and long term situations (related and unrelated to COVID). (US175)

Weird, vivid, scary dreams. Feeling both massively irritable and weepy emotional. Angry and scared, yet grateful for my family's health (US54)

My depression hit a new low and my suicidal thoughts became more extreme. (US65)

During my worst days I cannot get out of bed but also cannot sleep and I feel like the most worthless piece of human garbage. My motivation to be productive in any sense would be down the toilet. (US361)

…constant panic and anger which blend to make some type of indescribable monster emotion that literally nauseates me. (US383)

It's not concrete. It's moments that just strike when you're not expecting them. Feeling slightly out of body while trying to get a lid off a jar that won't budge, feeling a sense of losing control and then anger striking from seemingly 0 to 100 in a split second suddenly wanting to physically rage with all power and destroy everything in sight. (US411)

I had a whole wave of memories from my past coming back, like a flood, over a 2 days period. I grew up in Israel, and as a teenager I have experienced the Gulf War. Back then we were at home for months, we could not go to school, had to stay in the house, or just in the garden nearby, in case a siren went off. We had to deal with many sirens, mostly at night, and rockets falling all around the country. It was a time of a great fear… We had to wear gas masks and seal a designated room in the house as soon as a siren was heard. I suddenly remembered it all, how I was the one sealing the vent hole, the door frame, while my parents took care of my younger siblings. I realized that those old memories and emotions were never processed or dealt with…and they all came back now. I have been telling myself it was much worse back then, at least now we do not need to wear gas masks and there are no sirens…or rockets falling… At the same time it is hard for me to grasp the magnitude of loss of precious life. (US110)

I couldn't concentrate on anything at all. It's like my brain can't do anything but try to survive this day. (US162)

Some participants realized that what might at first sight be regarded as 'symptoms', although unpleasant, had a strategic function.

Other anxieties I normally have at moderate levels were amplified. I later realized this was because worrying about these anxieties was a coping mechanism to avoid worrying about my stress surrounding COVID. (US535)

Discussion

Various transitions in construing were evident in participants' descriptions of their worst experiences of the pandemic. For some, there was anxiety because of the uncertainty and unpredictability of events. There was also the threat of death of the self or significant others, or of the collapse of their core constructions of the world. Another fairly common experience was the guilt or shame associated with the loss of one's core role as this was perceived by the self or others: for example, the roles of breadwinner, helper, responsible person, unselfish and equal member of the community, or person who is in control of events. Several participants reported sadness associated

with losses experienced either by themselves or by other people. Contempt was also frequently experienced, either for others, usually because of their responses to the pandemic and its associated restrictions, or for the government's handling of the situation. Many participants described experiences of stress, often associated with exposure to potentially threatening events of information, being trapped in intolerable situations, or accumulation of pressure, and a wide variety of symptoms of psychological distress were also reported.

The transitions were either experienced in relation to direct effects of the pandemic, such as illness and death, or more indirect effects, such as 'lockdown' measures imposed by the government. Kelly (1955) described *constriction* as a strategy in which people draw in the outer boundaries of their worlds to attempt to minimize 'apparent incompatibilities' in, and invalidation of, their construing. Lockdown may in this sense be regarded as a constrictive strategy but one in which the drawing in of the boundaries of people's worlds was enforced (Winter & Reed, 2021). Participants' descriptions of its effects were largely negative, such as experiences of social isolation, deprivation of resources, or feeling trapped.

The conceptualization of respondents' experiences in terms of transitions in construing is consistent with previous literature demonstrating the utility of a personal construct theory perspective on experiences associated with illness (Cipolletta, 2021; Viney, 1983). An advantage of this perspective is that it provides implications for interventions targeting particular transitions in construing. For example, individuals whose primary transition during the COVID-19 pandemic is anxiety or threat may be most likely to benefit from interventions focused on meaning-making processes and on increasing a sense of coherence (Castiglioni & Gaj, 2020). That expressive writing and story-telling may be useful in this regard is indicated both by recent work on people affected by the pandemic (Milner & Echterling, 2021; Negri et al., 2020; Procaccia et al., 2021) and by the fact that participants in the present study were generally able to write eloquently about their experiences. Those experiencing sadness, perhaps as a result of loss, may benefit particularly from constructivist approaches to meaning reconstruction in bereavement (Neimeyer, 2016). Experiences of guilt or shame may be ameliorated by helping individuals to find alternative ways of fulfilling their core roles, as by opportunities for working from home or for virtual social contacts. People experiencing post-traumatic stress may be helped by constructivist trauma therapy (Sewell, 2005). More generally, those who are trapped in fixed negative constructions of the present and future may be assisted to move forward aggressively, in Kelly's (1955) sense of 'active elaboration of one's perceptual field' (p. 508), by finding alternative constructions of events, including the opportunities that the COVID-19 pandemic has provided, despite all its associated tragedies, for reconstructing not only individuals' lives but also the world (Cipolletta & Ortu, 2021).

As in personal and relational construct psychotherapy (Procter & Winter, 2020), such interventions may be applied not only at the individual level to ameliorate symptoms of psychological distress but also at the relational level to heal the ruptures in interpersonal relationships that have been wrought by the pandemic. For example, those who are in situations of mutual contempt may be helped to engage in sociality,

in Kelly's sense of construing each other's construction processes, perhaps with a particular focus on becoming more aware of the superordinate constructs that underlie the other's decisions and actions. Those experiencing sadness at loss of social contact may be helped to develop new, perhaps virtual, ways of what Kelly (1955) termed dispersing their dependencies.

While a relational construct perspective may therefore be employed at a micro-social level, it may also usefully be applied at a macro-social level, for example as a basis for interventions with institutional systems faced with challenges because of the pandemic (Mascolo & Burbach, 2021). A further area that may benefit from personal and relational construct analysis concerns measures taken by governments and communities' responses to these. This is of particular importance as the impact of the pandemic is and will continue to be heavily determined by construing processes underlying the choices and decisions made both by individuals and by governments. Such choices and decisions include those concerning imposing, and complying with, measures involving 'lockdown' of people's worlds.

Kelly's (1955) view of choice was that, faced with two alternatives, a person will choose the option 'through which he anticipates the greater possibility for extension and definition of his system' (p. 64), the enhancement of the individual's ability to predict their world. For governments, the choices faced are between ensuring protection of the population from contracting the virus and maintaining economic growth. For individuals, they may be between ensuring the safety of themselves, their loved ones, and others and pursuing their own social and economic interests. It is apparent from our participants' responses that many experienced the constriction of imposed lockdown as adversely impacting their freedom, particularly regarding social activities. For such individuals, compliance with measures aimed to counter the spread of the virus will be facilitated if they can view this as ultimately, in the long term, making it more likely that they can elaborate their worlds and lead more meaningful lives.

There is some evidence that anxiety and threat can be reduced by clear guidelines and policies aimed at reducing the spread of the virus (Milman et al., 2021). This was evident in the account of one of our participants:

> My lowest point emotionally was right before the shelter in place when I felt so much uncertainty. The uncertainty and confusion about whether to cancel things and not knowing what choices to make, caused the greatest anxiety and fear. The shelter in place provided clarity, rules, and a new routine, and was in some ways a relief. (US663)

All too often, though, it appears that a situation of intense anxiety, inevitably associated with the many unanswered questions about the coronavirus, has been exacerbated by the uncertainty caused by confusing, or constantly changing, government advice and pronouncements (Depoux et al., 2020; Galic et al., 2020). As indicated in the responses of several of our participants, government messages and policies may be met with contempt, and this may be particularly the case when they are seen to involve 'false facts' (Huaxia, 2020), the creation and dissemination of which by some political leaders may be regarded as a manifestation of Kellian hostility, the extortion of evidence for constructions (Winter & Reed, 2021). Members of the public are also more likely to be confused by lockdown policies, and less likely to construe them as

ultimately being to their own benefit and needing to be taken seriously, if faced by instances of political leaders appearing to flout such policies (British Broadcasting Corporation, 2020; Levy, 2020).

A major strength of this study is that it has been able to collect descriptions of their negative experiences of the pandemic from citizens of the country that has suffered the highest number of COVID-19 deaths. Limitations are that the representativeness of a sample, in this case primarily female and Caucasian, responding to an internet survey can be questioned; and that only 57% of participants opted to answer the open-ended question in this survey. Furthermore, while the study was able to address the research question of what are US citizens' worst experiences of the pandemic, at least in those who responded to the survey, it did not consider the interesting question of whether there have been positive experiences associated with, or lessons learnt from, the pandemic. Although these questions were not asked, such experiences were evident in some of our participants' responses. They have now been explicitly asked in another qualitative survey (Todorova et al., 2021), the accounts elicited from which will also be considered from a personal construct perspective.

As we finish writing the paper, vaccination programs allow some anticipation of the end of the pandemic. While the disease and deaths resulting from it may therefore gradually be controlled, the psychological and social consequences of COVID-19, as reflected in our participants' accounts, are likely to take longer to heal and should not be ignored.

Notes

1. It should be noted that, although Kelly (1955) did provide some personal construct definitions of common emotional terms, emotion itself was not a term used in his theory.
2. In an earlier analysis, there was another overarching theme of 'strategies'. However, since most of the responses in this category were also coded in terms of the transitions resulting from constrictive lockdown strategies, this has now been omitted.
3. In an earlier analysis, this theme was labelled as "loss".
4. This replaces a theme of "anger and conflict" which was used in an earlier analysis.

Acknowledgements

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