

The Trauma Of The Coronavirus Pandemic Among Polish Students

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Introduction

Modernity has made man believe that they rule over nature and control all the elements. Nonetheless, along with modernisation processes, its negative effects appeared. Humans have been exposed to health and ecological threats triggered by their activity. The Bhopal disaster connected with environmental contamination or the Chernobyl disaster have shown that the effects of modernisation may be dangerous and pose a threat to human health and lives. Together with technological advancement, the modernisation risk has grown to an unprecedented scale. The dark side of modernity, as observed by Ulrich Beck (1992: 20), abounds in various modernisation risks. The growth of the reign of technological and economic advancement is to a greater extent balanced by the production of risk, which only at early stages may be labelled as “latent” side effects. The veil of concealment is lifted along with universalisation of threats. Threats to the lives of plants, animals and humans emerge. What is more, together with emerging globalisation, they become commonplace and no one can hide or escape from them. We are witnesses to the rise of a global society of risk. As noticed by Anthony Giddens (2006: 91), the modern risk refers to all the social classes in all the countries and the reach of its consequences - experienced by everyone - is indeed global. Many kinds of man-made risk, like those regarding health and environment, reach beyond country borders. The global threat of diseases spreads all over the world like tsunami waves, sowing fear and death. The 20th century might be called the age of global epidemics. Dangerous transmissible diseases often appeared on Earth. One may refer to the most dangerous ones, which appeared in the recent decades: SARS (2002-2003), Avian influenza (2003-2006), Swine influenza (2009-2010), Ebola

(2013-2016), Measles (2019-present). In spite of the threat caused by the above-mentioned epidemics, we have never been put in jeopardy of their fatal consequences. Only coronavirus has brought a real threat to health and life. The fear of the virus has grown, as it became global by rapidly spreading all over the world.

In the middle of December 2019, in the Wuhan city in Central China, a new type of coronavirus was diagnosed, which turned out to be similar in terms of its genetic sequence to the SARS virus which causes acute respiratory syndrome. The new virus called SARS-CoV-2, which causes the COVID-19 disease, started spreading all over the world rapidly. In March the virus incidence in Europe has increased dramatically. On 11th March 2020, World Health Organisation declared the coronavirus pandemic. Thus it may be said that COVID-19 has become a global plague of the 21st century, which leads to high mortality and gives rise to worldwide fears of infection and the effects of becoming infected. On 29th March 2020 there were almost 700 000 confirmed cases of coronavirus infection in the world and more than 32 000 died due to the virus. In Poland there were 1862 confirmed cases and 22 deaths (The reach2020).

The coronavirus pandemic is a global phenomenon and a destructive force. The example of social reactions to the threat gives grounds to claim that a moral panic rose, which is expressed by increased anxiety, global society's fear of the disease and death (Cohen 2011). Another concept which allows for explaining the social meaning of the observed phenomenon is the theory of trauma by Piotr Sztompka (2000). The rapidly growing number of infected and so far unprecedented number of fatalities came as shock in the society.

The aim of this article is to show how Polish students who had to stay home since 11.03.2020 due to the suspension of University classes and lectures reacted to the pandemic. Yet another aim of the article is an attempt to capture this macro experiment based on subjecting young people, who had led an active lifestyle and had not known any social cataclysms, to mandatory quarantine.

Theoretical basis for the research

While searching for theoretical references for the research into social effects of the coronavirus pandemic among Polish students, the concept of cultural trauma is worth invoking. Within the framework of the developed theory of trauma, an explication of social reactions in the situation of the epidemic threat may be carried out. The theory was developed within the research

programme on the effects of radical changes among the society (Alexander 2004, Smelser 2004, Sztompka 2004).

Neil Smelser (2004: 44) states that the “collective trauma is the memory accepted and publicly given credence by a relevant membership group and evoking an event or situation which is laden with affect, represented as indelible and regarded as threatening a society’s existence or violating its fundamental presuppositions”. In this sense, trauma is a wound inflicted to a collective identity. A cultural trauma may be the memory of Great Depression in the USA in the 1930s as well as the Chernobyl trauma of 1986.

On the other hand, Jeffrey Alexander (2010: 197) refers to traumas as naturally occurring events that shatter an individual or collective actor’s sense of well-being. The author further states that: the trauma experience occurs when the traumatizing event interacts with human nature. Human beings need the sense of security, order, love and bond. If anything that undermines these needs occurs, then according to the common theory it appears not very surprising that as an effect people experience trauma. Alexander in his understanding of collective trauma puts emphasis on disturbances to social homeostasis. A sudden loss of social security leads to social shock. In this case the mechanisms of trauma are rooted in the sudden loss of social security by a social collectivity.

The invoked definitions presume that social trauma arises when people experience negative events which undermine their sense of security and are perceived as external and unwanted. In other words, trauma is a social fact, as Emil Durkheim (1982) puts it. It is widely distributed among a given group, a common experience of a collectivity of members. It acquires the features of factuality or becomes manifested in the case of each member, it is perceived as imposed forcefully, limits one’s activity. The threat of coronavirus is a good example of a social fact of traumatic meaning. Under its influence, governments, owners of companies and people in general make different decisions and try to adapt to the new situation. Mass buying out of foodstuffs, clearing agents and other goods on the day of declaring the suspension of classes at schools may be an example of such collective actions taken under pressure of increasing fear and panic. The society afflicted by various disasters from the past activated the previously verified strategies based on stocking up for the time of crisis and the threat of the coronavirus pandemic. The society remains under the influence of fear which was given rise by the coronavirus pandemic.

Piotr Sztompka (2000: 28) maintains that trauma may affect three spheres of human existence. The first one is biological or demographic. It may be revealed in the form of biological degradation of mankind, increase in the number of incidences, mental disorders, decrease in

reproduction, increase in mortality and hunger. Second of all, it may strike the social structure. It may ruin the existing relations, upset existing arrangements, overturn the existing hierarchy. Thirdly, it may strike culture. It may upset the society's cultural tissue.

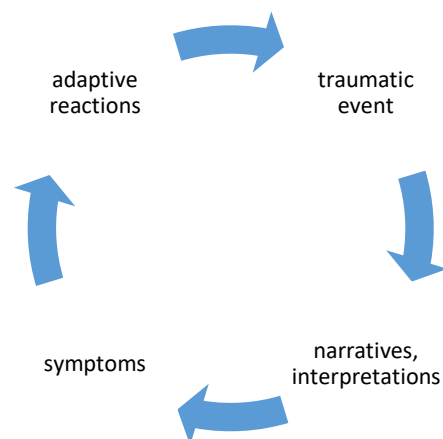
The phenomenon of the coronavirus pandemic influences all the levels of trauma. People are worried about their health and lives, the number of infected and fatalities increases. The circles of infected people grow and strike the society's biological tissue. The threat of coronavirus resulted in the lockdown of schools, universities, service points, cinemas, restaurants, bus transportation. People lose their jobs, their income decreases, they experience degradation of their status, cannot afford to pay their credits or rents. The sole situation gives rise to economic fears. Individuals live in uncertainty and fear as regards their future. They do not know what the economy and their living standards will look like in the near future. The threat to their existential security arises and the belief that we live in a safe and the best of all possible worlds is questioned. It suddenly turns out that nothing is certain and our whole existence is facing a major trial. Ontological security (Giddens 1991) in the circumstances of increasing threat of coronavirus escalated by media bursts like a soap bubble. It turns out that there is no antidote for the pandemic. Science and medicine are helpless. Media reports on the increasing number of incidences, the sight of elderly people lying on hospital floors, coffins taken away by military vehicles, lockdown of cities, closure of country borders create the atmosphere of dread and fear. Trauma is enhanced by social isolation of millions of people worldwide. As in the time of the medieval plague, people are subjected to stay within their cities and homes and leaving them is strictly forbidden (Marzano 2009: 18).

All these events may generate trauma. Suddenly a dangerous epidemic which poses a real threat to the lives and health of millions of people all over the world emerges. The fear of disease is accompanied by a sudden isolation. People remain locked at home and are deprived of current possibilities of spending their free time, working and leading social lives. Limitations on peer contacts may turn out especially dangerous to youth, who function mainly in their peer groups (Tenbruck 1965). The crowding of a large number of people in a limited housing space will generate stress and tension. Moreover, anticipatory anxiety connected with dismissals, redundancies or decrease of salary emerges. People become afraid for the way this situation influences the economy and their living standards.

To sum up, the precondition for the emergence of a cultural trauma is an event which upsets the current cultural tissue. A possibly traumatic event becomes a trauma if it is defined as a trauma. In such a case, the trauma discourse must appear. Media reports on the coronavirus pandemic, ongoing discussion on this issue, following information regarding this topic indicate the existence

of the sense of threat among people. Subsequently, upon defining these events as threatening and undermining identity, the symptoms of trauma in the form of apathy, fear, moral panic and psychosocial symptoms appear. The deterioration of health, negative evaluation of actions taken by the government and relevant services, anxiety and fear of infection constitute symptoms of trauma. In the next stage, reactions which are supposed to be the response to its occurrence appear (Giddens 1991). They can be divided into active and passive responses. All the responses which facilitate the departure from trauma shall be included in the first group. An active dissent or combating the threat, mobilisation and attempt at opposing it occur. Here it may be observed that people buy out spirits, masks, food from the shops and organise collections of money, masks and protection supplies for hospitals. They also get involved in aid for seniors. Ignoring the threat or taking potluck and resignation from combating the trauma shall be included in the passive responses. An example of such an attitude is a pragmatic acceptance, that is focusing on daily life as if nothing ever changed. People go to work, shops, church. They do not follow the instructions as regards the limitation of contacts, keep meeting each other. Such situation was observed in Italy. The citizens of this country ignored warnings and are currently unable to deal with treatment of the infected and burying the dead. An attempt to redirect attention to other areas in order not to plunge into sadness occurs as well. There is also a strategy of consistent optimism and the belief in a quick disappearance of the threat of pandemic, that due to the Providence, luck, science the virus will be stopped and the infected will be cured. Yet another strategy is based on the belief that one must submit to it, that in the risk society everything is possible and pandemics of dangerous viruses occur. In the face of that an individual lives the moment and does not worry about the future. Such behaviours are noticed among those who use the quarantine to throw a party at which they will have fun, not taking into account the threat.

Figure 1. Model of social trauma



Research methodology

The survey method was used to collect data. It allows for conducting research on large groups of individuals. The survey is based on asking a selected group of people questions which are mainly closed questions and then they are subject to quantitative analysis. The CAWI internet survey was used in the research. Recruiting respondents took place in two forms. The students of the Pedagogical University of Kraków were sent e-mails with a link to the survey and an invitation to fill it out. The link to the survey was also shared in social media which gather students from the whole country.

Respondents were selected using purposive sampling. Mainly the students of the Pedagogical University of Kraków were included in the research, as due to the invitation sent by e-mail the survey was filled out by them. The sample was selected on the basis of the availability of respondents.

The on-line survey is a cheap and fast method to carry out social research. Its disadvantage is the lack of representativity. The research carried out in a short time shall be perceived as an exploration and a diagnosis of the problem issues.

The research was carried out between 18th and 27th March. 3533 surveys were collected. On the basis of the received answers, an attempt to explain social consequences of the pandemic among Polish students will be taken.

Table 1. Characteristics of the researched sample (in %)

| | | | | | | |
|--------------------|---------|-------------------------------|-----------------------|------------------------|---------------------------|--|
| Gender: | Female | | | Male | | |
| | 80 | | | 20 | | |
| Financial standing | Worse | | The same | | Better | |
| | 13 | | 70 | | 17 | |
| Place of residence | Village | City up to 20 000 inhabitants | City 20 000 - 100 000 | City 100 000 - 500 000 | City of more than 500 000 | |
| | 42 | 10 | 15 | 7 | 26 | |
| Mother's education | Primary | Middle school | Vocational | Secondary | Tertiary | |
| | 3 | 1 | 25 | 34 | 38 | |
| Father's education | Primary | Middle school | Vocational | Secondary | Tertiary | |
| | 3 | 1 | 44 | 26 | 27 | |

The average age of the researched students is 23. On the basis of the conducted characteristics of the research sample, it may be said that females significantly prevailed over male respondents. It is consistent with the actual state, since - as shown by major research carried out among students in the recent years - in Polish universities there are more women (62%) than men (38%). The researched group comes from different societies, taking into account the size of the place of residence. The majority of respondents evaluate their financial standing as average. Taking into account the social standing measured by the level of parents' education, it may be noticed that the respondents come from families of tertiary and secondary education. Nonetheless, mothers have higher education than fathers of the respondents.

By taking up the research, we wanted to answer the question in what way the coronavirus pandemic and its consequences (mandatory quarantine) influenced the psychosocial condition of Polish students.

- Does the coronavirus epidemic pose a threat to youth?
- Do the students express the fear of pandemic?
- Are the symptoms of trauma noticeable among them?
- In what way do they try to combat the emerging threat?

Results of the research

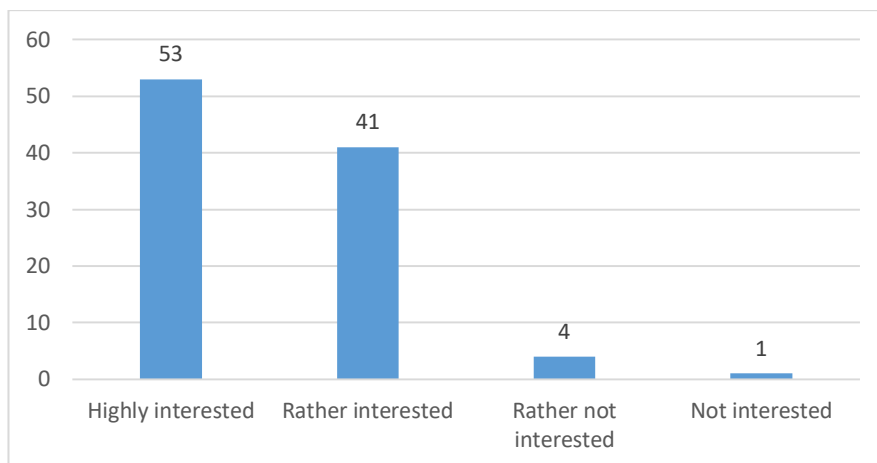
In the model of social trauma (Figure 1), which is circular, the initial stage which means a possibly traumatic event is presented. A possibly traumatic event is connected with the social change of particular parameters. As observed by Sztompka (2000: 22), the change is sudden and quick. It is radical and touches the very essence of social life. It is perceived as external, imposed, as something that happens devoid of the involvement of an individual. It appears as something unexpected, unpredictable, shocking, terrifying.

The pandemic gives rise to unprecedented changes in people's lives. The sole situation is unwanted, uncomfortable. The threat has come from far away and - worst of all - there is no cure. People, authorities, relevant services feel helpless, which is noticeable in media reports. Therefore, the trauma of this event increases the lack of possibility to defy it. The worst thing about this situation is that people have lost faith in science and medicine. For people who thought that man gained control over everything, it is a shock. A general fear for the future connected with the coronavirus pandemic appears.

To sum up, the coronavirus pandemic is a traumatic situation which has impact on the psychosocial functioning of an individual. This impact is of negative character. The results of the conducted research demonstrate the meaning of the coronavirus threat.

The data presented in Figure 2 show that the vast majority of the researched students are interested in the phenomenon of the virus epidemic. It is worth stressing that as much as a half of respondents is highly interested in information about the disease.

Figure 2. The level of interest in the coronavirus pandemic (in %)



Another index aiming at demonstrating the scale of interest in the epidemic is the question about the level of knowledge about the infection. The respondents were asked if they know how many people are infected with the coronavirus at the moment. The data show that 95% of students has such knowledge.

The collected answers indicate the commonness of interest in the coronavirus pandemic among Polish students. Youth, despite the fact that they are to the least extent threatened by the dangers of becoming infected with the virus, try to follow the course of events continuously. The large scale of interest in the coronavirus pandemic may indicate the trauma of the coronavirus event. It arouses keen interest, students search for knowledge about it. The epidemic gives rise to discussions, the issue is present in media, conversations at work and home. Moral panic will appear, as the pandemic generates fear and social anxiety. Mass buying out of foodstuffs, clearing agents and other goods on the day of declaring suspension of classes at schools may be a symptom of such panic. People went to shops to protect themselves against hard times.

The mass interest in the pandemic does not validate the claim that a trauma has occurred. Defining this event as threatening and upsetting the demographical structure of the country must

take place in such a case. In other words, a definition of the situation is crucial and a tragic narration must occur. People usually derive definitions from arsenals of meanings, that is, in this case these are media which inform about the number of infected, increasing number of deaths, lockdowns of healthcare facilities. Therefore, the arsenals of meanings are unambiguously negative and define the coronavirus as a phenomenon threatening people's lives and health.

Figure 3. Evaluation of the level of threat (in %)

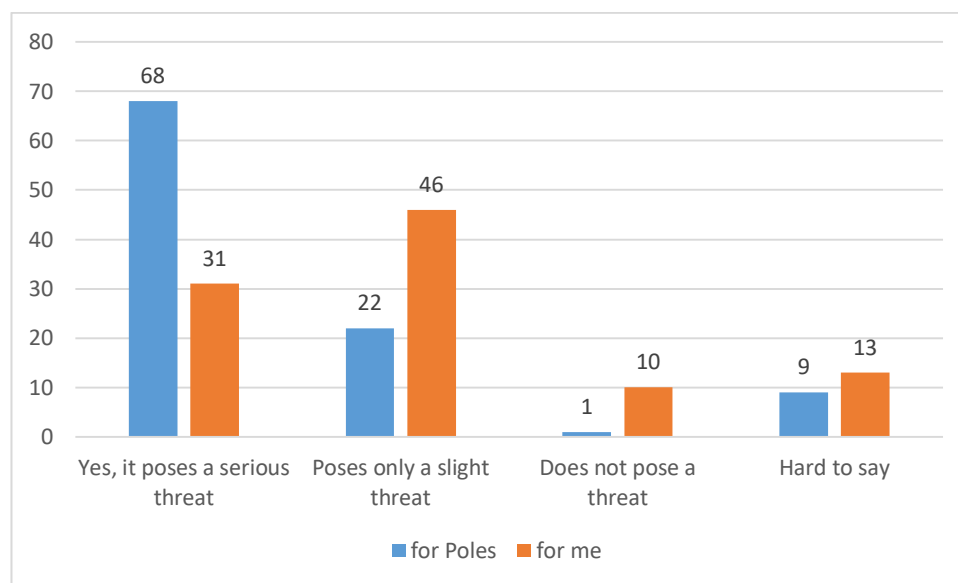


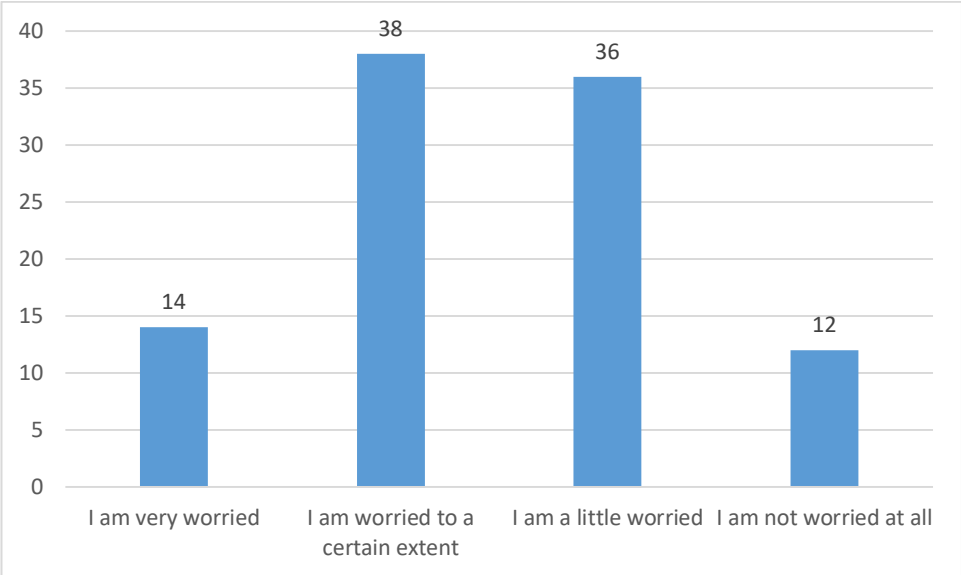
Figure 3 demonstrates the distribution of answers regarding the evaluation of the level of threat. The respondents were asked if the coronavirus epidemic constitutes a threat to the lives of Poles and if it is a threat to the respondents. The answers indicate that the vast majority of respondents believe that the coronavirus epidemic poses a threat to others rather than the researched students. 68% of respondents are convinced that it is a state of a serious danger to Poles and only 22% consider it a serious threat to themselves.

The analyses show that the students believe that the epidemic is more dangerous to others rather than themselves. It is a psychological phenomenon and it is called unrealistic optimism (Weinstein 1980). The phenomenon is based on the fact that majority of people firmly believe that Others rather than themselves will be victims of unfortunate events. The majority also think that they are more predisposed to experience positive events. Unrealistic optimism is also observed in Polish research (Czapiński 1998).

The surveyed students are convinced - in accordance with the unrealistic optimism rule - that the pandemic poses a threat to the general population, but not to them personally. The fact that the

perception of threat among the respondents may be as well influenced by the knowledge of the danger connected with the virus is also worth taking into account. In all the announcements, media reports, the fact that the pandemic is a threat to elderly people is stressed. Youth due to their age and vitality are the least threatened by mortality in case of becoming infected.

Figure 4. Fears of becoming infected with the coronavirus (in %)



Data presented in Figure 4 confirm the thesis that students are not seriously worried about the infection. Only 14% reveal great fear. Almost the same percentage of respondents see no basis for fear. Most of the respondents evaluate their chances of becoming infected as average. The surveyed students have estimated on a quantitative scale the probability of becoming infected to 39%. Thus, as indicated by detailed analyses, personal fears of infection are mild.

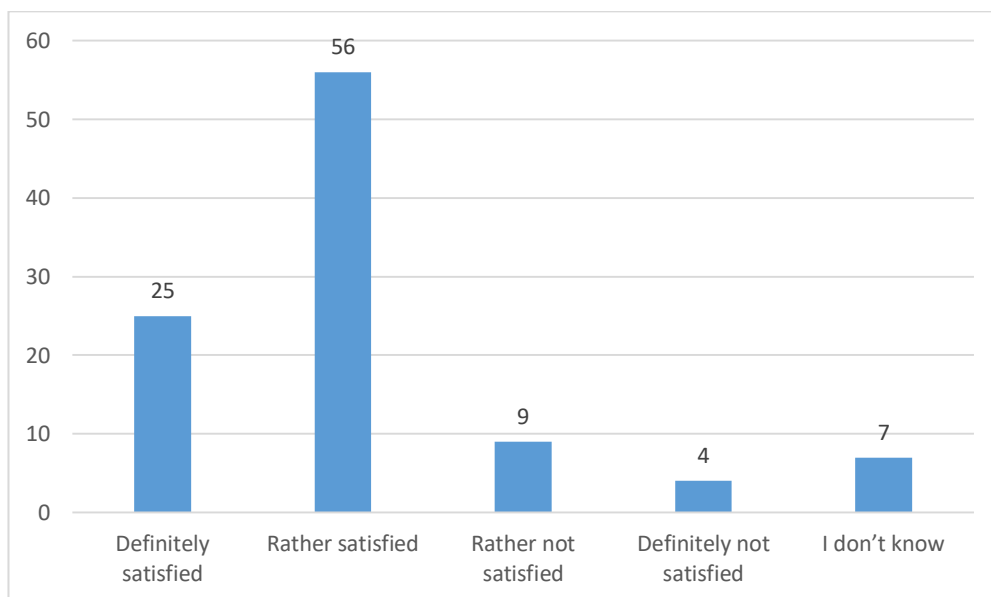
Table 2. Variables explaining the results of the sense of threat (linear regression analysis)

| Independent variable | Beta | Significance |
|---|-------|--------------|
| Religiosity | 0,082 | 0,000 |
| Gender | 0.150 | 0,000 |
| Interest in the information on pandemic | 0,355 | 0,000 |
| Evaluation of actions taken by the government and relevant services | 0.113 | 0,000 |
| R ² | 0,194 | |

The regression analyses show that independent variables explain almost 20% of the dependent variable. The fear of infection influences the interest in the information on pandemic to the greatest extent. The higher the level of interest in the epidemic, the greater the fear of infection. Therefore, a hypothesis that “bombing” students with information on epidemic may generate fear among students may be put forward. Gender is also a significant factor in experiencing anxiety in the situation of the threat of the virus. Higher level of fears is experienced by women. Yet another variable is the evaluation of actions taken by the government to combat the epidemic. Those who highly evaluate the government have also a lower level of fear. The last factor influencing the level of fear is religiosity. The respondents of a higher level of religiosity fear the infection more often.

To sum up, it should be concluded that the greatest fears of infection are observed among female students of a higher level of religiosity who are highly interested in the pandemic and evaluate the actions taken by government negatively. Those respondents are under the influence of the coronavirus pandemic trauma.

Figure 5. Satisfaction with life (in %)



If a possibly traumatic event becomes considered traumatic, the symptoms of trauma appear. One of them may be a lowered level of satisfaction with life. The data shown in Figure 5 indicate that the psychological well-being is rather unaffected by the state of epidemic. Approximately 81% of respondents declare that they are satisfied with their lives. The results of the analysis of the Pearson's r correlation coefficient (statistically relevant) also indicate that along with

religiosity, satisfaction with life increases ($r=0,121$). The correlation with the evaluation of financial status is also statistically relevant ($r=0,181$). The higher the assessment of one's financial standing, the higher the level of satisfaction with life. Thus the obtained results indicate that the psychological well-being is to a lesser extent connected with the current situation. It is a deeper characteristic, which is indicated by the 'onion' theory of happiness (Czapiński 2004:100). The author maintains that the psychological well-being consists of three layers like an onion. The deepest layer is the will to live, understood as an objective, that is, independent from consciousness, standard of psychological well-being of an individual, the state of which is constant. The second layer defined as a general subjective well-being consists of the emotional balance and general satisfaction as well as the sense of meaning of life. The last, external layer consists of current emotional experiences and fractional satisfactions relating to various spheres of life.

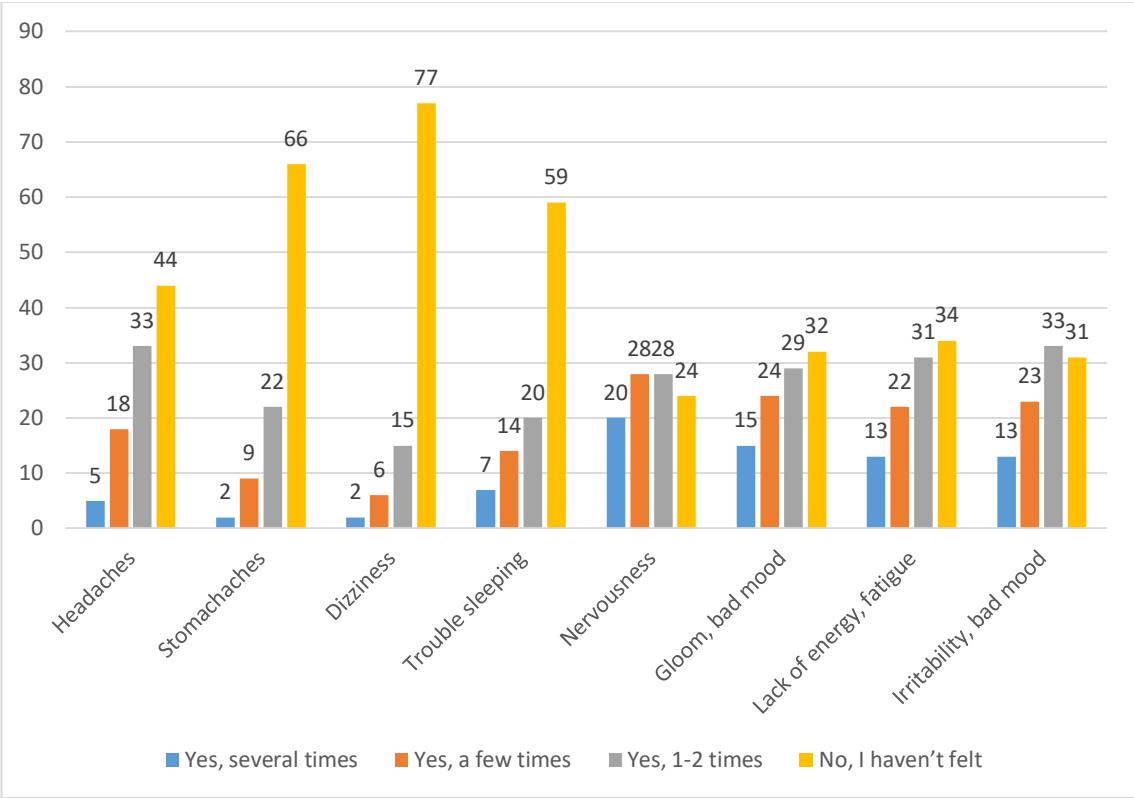
Thus, the psychological well-being is the deepest characteristic, which is not vulnerable to the influence of external disturbances. It also may be that the beginning of quarantine is only the initial stage of stress called the alert in which the body is mobilised to act (Selye 1956). Only in the case of a longer quarantine and deprivation subsequent stages may appear: adaptation and burnout, and then the indices of well-being may decrease. It is worth remembering that deeper layers of well-being, will to live also have the objective to mobilise an individual to take actions in difficult situations. Otherwise, subsequent petty troubles and daily difficulties might weaken the will to live and one's capabilities of coping with problems.

The situation of social isolation, seclusion, sudden change of daily functioning and emerging threat undoubtedly results in stress. Therefore an attempt to observe what the psychosomatic well-being looks like in this unique situation was taken. One should bear in mind that in the case of a single measurement it is difficult to evaluate the influence of the situation of the threat of pandemic on the condition of youth. Nonetheless, the knowledge of the students' well-being allows for determining how they cope with the difficult situation.

The data in the table indicate that in the last week the symptoms of nervousness, gloom, bad mood, lack of energy and irritability occurred more often. The symptoms of stress are visible and there is no denying that the whole situation connected with the threat of the virus has a negative impact on emotions. The students experienced somatic symptoms of stress such as dizziness, stomachaches or trouble sleeping to a lesser degree. The most common somatic symptom are headaches.

As it has been already said, it is difficult to determine unambiguously that the states of anxiety and lowered mood are directly evoked by the current situation of epidemic. It is a fact that symptoms of stress are observed among the respondents. It should be observed that the measurement was carried out at the very beginning of the students' quarantine. Prolonging the quarantine, further isolation, an increasing scale of incidences, introduction of further limitations may hinder daily functioning, which may influence the level of stress and intensify its symptoms.

Figure 6. Psychosomatic symptoms (in %)



The correlation analysis allows for studying the relationships between independent variables with the symptoms of psychological discomfort. By the same means it allows for determining whether the emotions observed among respondents are directly connected with the coronavirus pandemic and the threat resulting from it.

In order to conduct the analysis, an index of psychosomatic symptoms has been developed. It has been created on the basis of calculating the average value for all the eight measured symptoms.

Table 3. Results of correlation analysis of the psychosomatic symptoms index

| Independent variable | Correlation | Significance |
|---|-------------|--------------|
| Coronavirus constitutes a threat to Poles | 0,095 | 0,000 |
| Interest in the information on pandemic | 0,098 | 0,000 |
| Coronavirus constitutes a personal threat | 0,110 | 0,000 |
| Satisfaction with life | 0,272 | 0,000 |
| Amount of time spent on the Internet | 0,145 | 0,000 |
| Personal fears of infection | 0,192 | 0,000 |
| Probability of getting infected | 0,128 | 0,000 |
| Financial standing | 0,104 | 0,000 |
| Gender | 0,160 | 0,000 |

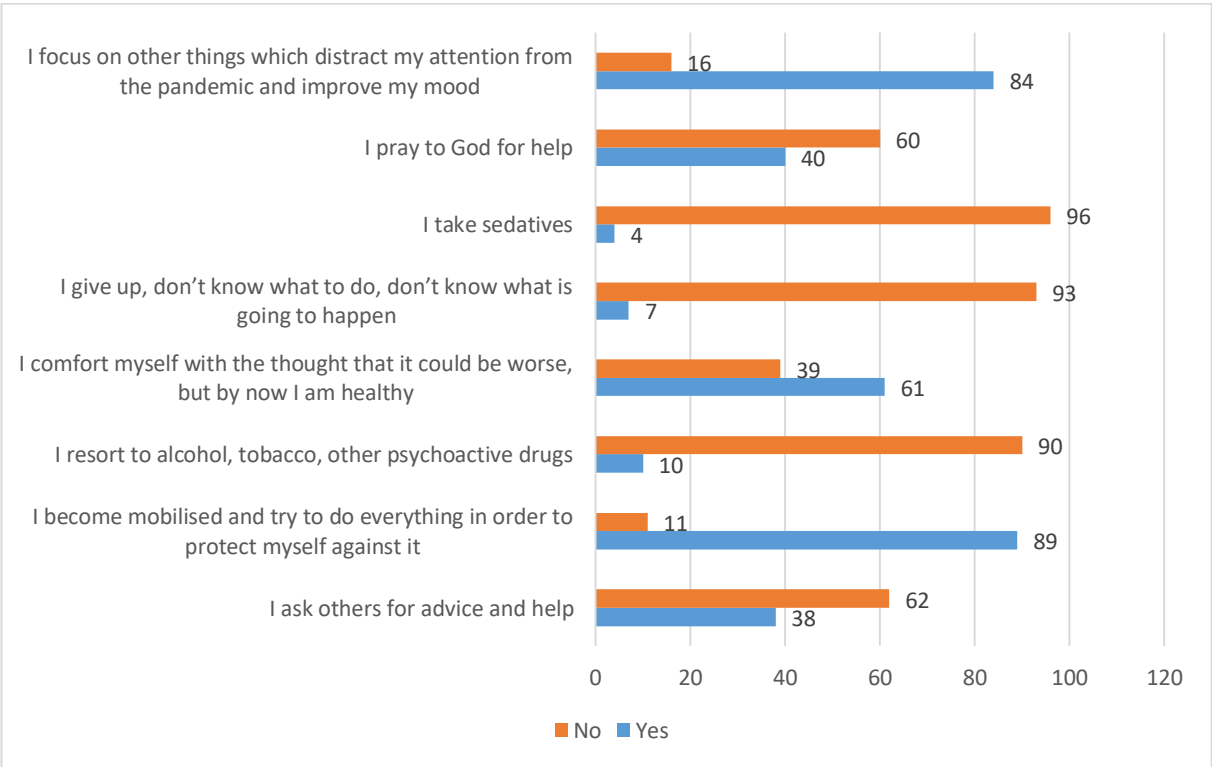
The psychological well-being is related to the psychosomatic condition of the students to the greatest extent. According to the presumptions, it is supposed to constitute a protective shield against the negative influence of external factors. The influence of gender on the emotions of respondents is also observed. A greater intensity of symptoms is observed among women rather than men. The level of fear of infection has also a significant impact on the emergence of stress symptoms. The higher the fear of infection, the higher the intensity of stress symptoms. The analyses also indicate that along with the amount of time spent on the Internet, the average number of psychosomatic symptoms increases. It may indicate that the Internet makes tracking the information about the pandemic easier. Another correlation indicates that the higher the interest in the pandemic, the higher the level of psychosomatic symptoms. Financial standing also has impact on the level of stress - the better the status, the lower the intensity of psychosomatic symptoms.

To sum up, in accordance with the theory of trauma, it may be indicated that its symptoms are present among the respondents in which the coronavirus pandemic resulted in a shock. They perceive the occurrence of the pandemic as a serious threat to their health and lives. The fact that the analyses have shown that a greater susceptibility to trauma is present among women and students who have the sense of deprivation is also significant. Furthermore, psychological well-being is of great importance in evoking trauma. If someone had a lower level of well-being in the situation of the emergence of a traumatic event, they will be more vulnerable to its destructive impact.

The next stage of the model is the one in which the reactions to trauma are analysed. If a trauma and its symptoms occur, an individual takes up actions which are the response to the emerging trauma. The reactions to trauma may be active and passive. They may lead to the status of combating trauma, and when they are dysfunctional, they influence the deepening of trauma.

In Figure 8 the distribution of answers to the question regarding the strategies of coping with the trauma of the coronavirus pandemic are shown. The respondents most often take active actions which aim at minimising the threat. On the one hand, they are various forms of protection against infection. On the other hand, they take up various activities in order to dissent from the stream of thoughts connected with the coronavirus epidemic. Some of them indulge in their hobbies, do gardening, read books. The others, as shown by the example of social media (Facebook) post their childhood photographs in order to reminisce over the past together and dissent from thinking about the lurking threat.

Figure 8. Reactions to trauma (in %)



Rationalisation, which is based on looking for positive aspects and concentrating on good things in their lives is also common. A more or less similar percentage of students prays to God for help and asks others for help and advice. It may be seen that the students adopt the ‘sweet lemon’

strategy by convincing themselves that it is not so bad. They also entrust themselves to the Providence or seek social support.

The results of the analyses show that to a lesser extent the students take up actions based on decreasing tension by means of taking psychoactive substances or medicine. Not many respondents declare that they adopt escapist strategies based on resignation and taking potluck.

Table 4. Results of correlation analysis

| | Seeking support | Mobilisation | Giving in | Prayer | Redirecting attention |
|---|-----------------|--------------|-----------|--------|-----------------------|
| Knowledge of the number of infected | | 0,142 | | | |
| Probability of getting infected | | 0,129 | | | |
| Interest in the information on pandemic | | 0,246 | | | |
| Coronavirus is a threat to Poles | | 0,182 | | | |
| Coronavirus is a threat to you | | 0,113 | | | |
| Satisfaction with life | | | 0,100 | | |
| Gender | | 0,193 | | 0,125 | 0,121 |
| Number of hours spent on the Internet | | | | 0,125 | |
| Place of residence | | | | 0,189 | |
| Religiosity | | | | 0,597 | |
| Personal fears of infection | 0,136 | 0,277 | 0,141 | 0,194 | 0,114 |

Table 4 presents the results of the Pearson r correlation. Its aim is to demonstrate the factors which influence the actions taken in the face of threat of trauma. The collation includes only those strategies the correlation coefficients of which were higher than 1.

Actions aiming at seeking social support in the face of danger characterise the students who fear the threat. The mobilisation strategy is well described by independent variables. People highly interested in the pandemic try to prepare to combat the threat most often. The higher the probability of getting infected was estimated by the respondents, the more often this strategy is

adopted. The people who are convinced that the coronavirus is a serious threat to themselves and the society more often combat the virus actively. An active constation is preferred more often by men rather than women.

Resignation from combating the threat is observed among youth of lower well-being. The fear of infection increases the occurrence of this strategy. Therefore the fear of infection together with a depressive mood increase the chances of giving in to the pandemic.

Actions based on entrusting oneself to the Providence are more often taken up by women rather than men. It is a strategy preferred by the religious youth. It is more often adopted by the respondents who fear the disease. Prayer is also more typical for students from rural areas and small towns rather than the youth inhabiting large cities. The respondents who spend less time on the Internet refer to God more often.

The strategy based on redirecting attention from the epidemic is present among women more often than among men. The respondents under the influence of the fear of infection adopt it more often.

To sum up, the reactions to trauma are most often activated by the fear of infection. The hypothesis that different situations considered traumatic lead to reactions to trauma is hereby confirmed. Mobilisation is present among students who seek knowledge on the pandemic and fear the infection. Regression characterises youth with a lower will to live. Prayer is used by students who come from small towns.

Conclusions

The research carried out among Polish students has shown that the use of the model of social trauma to analyse and explain social effects of the coronavirus pandemic among Polish society is justified. The trauma diagnosed among Polish youth is probably higher among older age groups. Due to the limitations imposed by the on-line survey and the availability of respondents, only the youngest segment of Polish society could be researched. Nonetheless, only comprehensive research of all the age groups allows for a more detailed diagnosis of trauma evoked by the pandemic among Polish society.

The collected data show that the rapid and dangerous coronavirus epidemic resulted in an initial trauma among the collectivity of students. The situation of epidemic disturbed the balance of social security. It suddenly got the generation which does not know any social disasters into the

state of fear of infection and death. The shock turned out to be even more severe, as in the times of late modernity, mankind turned out to be helpless while facing the virus. All the systems the task of which is to ensure security, such as healthcare, science seem to be helpless in the face of the threat of the coronavirus.

Surprise, helplessness, defencelessness and fear have been given rise by the rapid spreading of the virus. Dread and uniqueness of the situation is enhanced by extraordinary measures taken in the face of the threat, such as the lockdown of schools, universities, offices, service points. Not only may these actions as such enhance the sense of danger and fears, it may also lead to the second wave of trauma evoked by the coronavirus. At the very moment the economic costs of the pandemic are high. The students have lost their jobs in services and have trouble with paying rents or university fees. In the situation of the quarantine, companies are winding and calculating their losses. A large economic crisis, which is already feared by many people, may be a result of the pandemic. The situation is twice as traumatogenic. On the one hand, individuals fear of infection and death due to the epidemic. The fear may increase day by day together with the increase of incidence and deaths due to the disease. On the other hand, the trauma is evoked by economic effects of the lack of available jobs and the spectre of the upcoming unemployment. Moreover, it should be presumed that youth as a category which remains in the margin of the social structure, preparing to enter adulthood, may be the main victim of the coronavirus pandemic.

The carried out research has proven that the students are under the influence of the trauma of the epidemic. The vast majority of them is interested in the phenomenon and follows its course. They also believe that it constitutes a serious threat to Polish citizens. According to the respondents, the virus threatens them personally to a lesser extent. They estimate their chances of becoming infected at approximately 40%. It is worth stressing that the coronavirus trauma failed to disturb their psychological well-being. Nonetheless, psychosomatic symptoms connected with the threat evoked by the epidemic are observed among the respondents. They are mainly anxieties and lowered moods. The conducted research has shown that the students in the face of danger adopt active strategies for combating the trauma. Redirecting attention from information about trauma is also common. Part of students also prays and seeks support in others. The main factor influencing the decisions taken is the fear of becoming infected with the coronavirus.

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