

Attitudes compatible with the preservation of the affective state in young people with COVID-19.

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Abstract

The predisposition determines the attitudes that people have to face the circumstances; in this research, a comprehensive approach is made to the attitudes of young people infected by COVID-19 to preserve their affective states; during and after the infection, there is an alteration of the experiences with the family members of the home, with the couple and with the family that is living in another place, which confronts the young person to resolve this situation. To carry out the research, we worked with four male and four female participants and three doctors who treated COVID-19, who with their testimonies, helped to understand the subject better. The semi-structured in-depth interview was used, and software and discourse content analysis were used for processing.

The results show attitudes of resignation to the acceptance of death, compliance with the measures of social isolation, rationalization of death as a good act use of biosafety equipment, show feelings of helplessness in the face of calamity. Intake of infusions and preventive medications; in couple relationships, they show an attitude of trust; communication is carried out by telephone. Young people have savings for emergencies, in cases of death, they perform religious rituals, among their priorities is their family; household members have returned to work; in cases where deaths have been registered. There was emotional and economic dependence on the deceased; they receive emotional support from significant others, and there is economic and moral solidarity.

Keywords: Emotions, Couple relationships, Feelings, Young adults, COVID-19.

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Introduction

Attitude is the choice of the path to follow in any circumstance it is the way of issuing habitual responses to specific events. Affectivity is the set of emotions, moods, feelings that permeate human acts, influencing thought, behavior, the way of relating to enjoying, including suffering, and interactions with body expressiveness [1,2]. Affective state disorders include attention commitment, anguish, stress, isolation, depression [3]. Therefore, the attitude gravitates in responding to the existential circumstances and in how the emotional state of oneself and others is going to be preserved. The affective state is constituted first by the emotions, which are understood as the intense and temporary alteration of the mood, pleasant or painful, which is accompanied by a particular somatic shock [4].

The period of confinement in Peru began on March 16, 2020, the young man (19 to 24 years old) who is within the Economically Active Population (EAP) during this period reported fluctuations in his emotional component, mainly caused by the volume of infected people around their homes, with a predominance of cultural emotions, which generated an attitude towards the preservation of life and health [5]. Activating the deployment of self-protection measures, such as the use of elements of biosecurity and disinfectants for the prevention of risks, self-care measures are not exhausted at the

personal level, but they reach the other members of the family with whom they live; the situation is complicated when one of them tests positive for COVID-19; triggering emotions of fear, fear, depression, hopelessness, which increase in cases of fatal outcome and lead to the resolution of the grief within a scenario marked by the potential risk of infection and death of other members of the family [6-8].

Second, couple relationships are part of the affective state of young people, which are characterized by an increase in thoughts and actions that disturb the balance due to the impossibility of face-to-face encounters, because, in the confinement period, the interactions take place through the telephone, with the constant concern that the couple is at risk [9]. A situation that could trigger an increase in tension or anxiety complications increase when the young person participates in a study program or a temporary job in the remote system, which can lead to the occurrence of an anxiety disorder which damages their well-being and social performance [10]. Third, there are feelings, understood as experiential manifestations of interdependence with other people with whom there are ties of gratitude and consanguinity, before which the young person accepts the impossibility of visiting them, for fear of being a carrier of the virus and infect their relatives [11]. The news of an infected person places the young person in the real threat of loss by death, which generates altered behavioral states [12]. If a fatal outcome

occurs, mourning must be worked on in the best way to accept the loss, continue to protect himself with his family, for which emotional support is of great importance for coping with grief.

The affective state is a construct that encompasses everything emotionally; it can be several specific forms of affect such as feelings, preferences, emotions, humor, and affective traits [13]. The soul life is made up of layers: (a) Vital background, (b) Endothymic background, and (c) Superior structure of the person; This division helps to understand the psychic world that exists in subjectivity, and from the conceptual point of view, affective experience is distinguished and ordered [14]. From anthropology, the identification of affective states is made from their components and properties, under the terms: emotion, passion, feeling, and affection, which describe their own and others' individual and collective emotional states [15]. Neurosciences point out that a high activation in positive and negative affect at the exact moment causes the individual to experience ambivalence, and if both affects are experienced at a low level, then it leads to indifference [16,17]. Using neuroimaging techniques, it is observed that happiness (positive affect) is distinguished from sadness in that there is more significant activity in the medial ventral area of the frontal cortex. That sadness is related to increased activation in the anterior insula [18-20].

The components of the affective state are: (1) Emotions, understood as experiential reactions that are accompanied by a robust somatic shock are rapid and unstable, their duration is short, they have an anatomical substrate associated with the cerebral amygdala and are accompanied by a symptom (thought), vary according to their intensity, tone, and tendency, they are the most superficial part of affective states, they are evaluative states that generate bodily changes [21]. They are sensations of body changes that follow from contact with certain types of stimuli. It is the cognitive evaluations that link and mediate between the subjects and the environment, provoking particular reactions as a result of the specific evaluations that the subject makes, of his relationship with the environment by his well-being [22]. (2) Couple relationships are associated with passions; it is about the affective response to something outside, something that happens and affects the individual, it is a powerful emotion that encompasses desire or enthusiasm towards the partner with whom it maintains a loving relationship; passion is more vital than emotion since they affect thought and will [23]. Aristotle, cited by referred that passions are faculties of human beings that could come to govern them, manifesting themselves in fits of anger, appetites for amorous pleasures, which disturb the body and can even corrupt or modify judgment [24]. The affective emotional state due to its intensity modifies the ideas of the subject who forms overvalued ideas. These impulses unbalance the person in her psyche, they are a phenomenon of considerable intensity in which the affective force dominates, and the cognitive order takes a back seat, with blurred and disordered ideas [25]. (3) The feeling is an affective state elaborated by the intelligence and the will; it is stable, specific, and lasts for years, they are deep affective states and of low intensity; as examples, we have a love of a person, family, kindness or hatred towards

someone [26]. It is not about instinct but about thought, perception, everything that is not an objectifiable psychic life, they are states of the self [27]. The human being in his relationships with others establishes affective bonds, organized in complex forms of human exchange, charged with tension and energy that drive behavior in a certain sense; affective force drives behavior, causes and justifies human actions [28]. The psychopathology of affectivity studies alterations such as affective indifference, affective lability, and inability to express affections, among others [29].

Peruvian governmental regulatory context

The Peruvian state, in the face of the pandemic, issued provisions for coping. Through the health emergency was declared nationwide for 90 days; was published, which approved a new package of measures to control and counteract the expansion of COVID-19, for which primary mechanisms are established focused on protecting population health and minimizing the health impact [30]. Likewise, help reduce the impact on the Peruvian economy due to the high risk of the virus spreading; through ministerial resolution, it specified the general technical guidelines for the expansion of clinical care capacity, in the face of the national state of emergency due to the severe circumstances that affect the life of the nation as a result of the COVID-19 outbreak [29,30]. On the other hand, considers giving a timely and pertinent response for the reception, organization, and distribution of confirmed or suspected symptomatic patient transfers COVID-19, which require hospital management [31]. All the institutions that provide the health service, private or mixed, including the Volunteer Fire Department and other entities, had to articulate with the Directorate of the Mobile Emergency Attention System (SAMU, by its acronym in Spanish), prior registration of authorized ambulances, to guarantee the service, becoming the only entities authorized for these transfers [32].

Problematic manifestations, problem, and objective

Countries that have been affected by COVID-19 have faced the same type of problems with young people who have seen their routine disrupted by confinement measures and restrictions on movement outside the home in which it has been necessary to wear masks, masks, and disinfectants to reduce the risks of contagion [33,34]. Various publications report that life will not be the same and that there will be a new stage. In both cases, allusion is made to transformations that have occurred in people's affective state and whose continuity of life depends on the attitude with which such circumstance is faced. The attitude with which they face the circumstances in which they do not have the power to change them determines the course of existence and the reason for young people. Young people from 19 to 24 years old, Comas District, Lima, Peru, who during the pandemic were without a higher education program in progress and stable and formal work, are part of this research, in the field of their emotions, are they were affected because they were fully aware of the risks of infection and imminent loss of the infected family member to a disease that surprised the entire population lacking experience in handling it. Given this,

they adopted the most frequent self-protection measures were: the intake of infusions of garlic, onion, lemons, eucalyptus, matico, ginger, among others, and to a lesser extent the intake of Ivermectin. The same ones that were shared with the other members of the household and suggested to the collateral relatives; in cases where the recovery of the infected person was impossible, and he died, they became depressed and felt a deep sense of guilt.

The young participants, in general are in a relationship of falling in love or dating; in that sense, the nature of the couple's relationship generates more intense emotions that could be disturbing if they are associated with mistrust or jealousy, in addition to concern about what they occurred at home, the possibility of communicating with their partner was also part of the young person's world if they did not respond, thoughts appeared in the sense that the relationship was coming to an end, which led to insist on phone calls and establish communication. Sometimes neglecting the responsibilities of remote study or work, the presence of feelings of being prisoners in their own home generated an attitude of discomfort and irritable behaviors, which had to be self-regulated so as not to increase the tense environment that was lived in the home. The sentimental life was also affected, especially by the estrangement of the grandparents, with whom they had shared their childhood and adolescence, choosing to respect the isolation provisions. Receiving a positive diagnosis in a relative mobilized the search for money, transfers to the hospital, acquisition of medicines and preparing for a potential loss and if this occurred, it had to be accepted with resignation. It dragged with a grief that had not been worked on or overcome, resorting to the prayer and taking medicine to cope with the pain of loss.

This research is crucial because it approaches a comprehensive description of the experience of affective states in a population without higher education and without employment, who are in conditions of social and health vulnerability, whose problems affect the same age group in different regions. It is considered that the visibility of this reality can become a possibility of having a more favorable attitude to resist the restrictive measures with the probability of overcoming this stage that they had to live; these problems are the ones that motivated the present research question: How The dynamics of the formation of compatible attitudes occurs for the preservation of the affective state in young people infected by COVID-19. Moreover, the proposed objective was: to understand the dynamics of the formation of compatible attitudes to preserve the affective state in young people infected by COVID-19.

Methods

Hermeneutical, qualitative phenomenological study with a micro-social perspective allowed participants to reflect on their personal experiences [33]. The main categories that guided the study were: emotion, couple relationship, and feeling. The planning was developed in three stages: descriptive, structural, and discussion. In the descriptive one, the planning of the methodological and ethical processes of the research was carried out. In the structural, intervention protocols and

contingency plans were proposed, and a first approach was made to the participants to empathize and socialize about the importance of the study. In the last stage, reflection was carried out regarding the results obtained; these results were contrasted with other previous studies, giving rise to new knowledge.

The participants were eight young single men (four men and four women) residing in Comas, north of Lima, Peru. The participants suffered from COVID-19 or had convalescent or deceased relatives from this disease; In addition, they were without a working relationship, had internet signal access devices, and agreed to participate in the investigation. Three doctors from national hospitals who care for the infected population also participated.

All data were collected through an in-depth semi-structured interview that was developed *via* Zoom, which was validated by experts on the subject, as suggested by the studies by Gable et al. and Wolf et al. [34]. The results were analyzed with the professional software Atlas.ti 9, through which it was possible to process all the information resulting from the application of the interview.

Ethical considerations

The research assumed two fundamental ethical principles: 1. Informed consent, 2. Confidentiality and anonymity [35]. Therefore, the cited authors were referenced, the identity of the participants was zealously preserved, who were not induced to issue expected responses, much less to modify the versions of their interviews. In addition, it was explained to them that they could express their wish not to participate in the research. In general, the research will be guided by the ethical principles of beneficence and not non-maleficence.

Results and Discussion

Figure 1 shows that young people abide by social isolation, restrict exits, are predisposed to accept death with resignation, rationalize the loss of a household member as a good act; as self-protection measures, they use biosafety equipment, and the family regularly takes infusions and preventive medications.

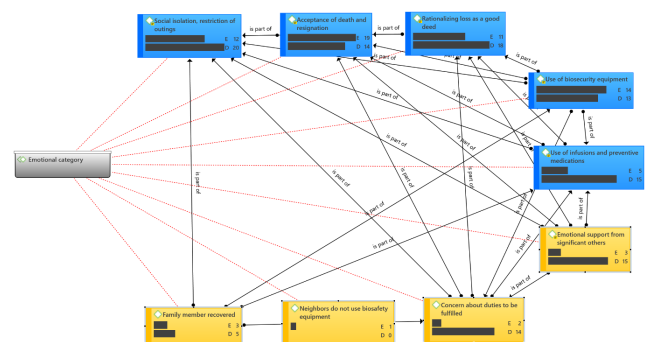


Figure 1. The semantic network of the emotions category.

In the emotional sphere, the young people's story shows the absence of previous experiences in health emergencies; they only know them through references from their parents and grandparents, which is why it becomes a new event. They

narrate that what they did was abide by the isolation dictated by the government and which resulted in the restriction of exits and a confinement situation, the news broadcast by social media and those circulating through the networks generated a panic reaction, which was worsened by the news that they spread about the number of infected and deceased people who were at risk over 60 years of age and premonitory so they were resigned to accepting the death of any member of the family. Faced with the impossibility of understanding the infection and its lethality, they rationalized the losses assuming them as a good act to avoid suffering and consequences for the infected. The measures that were used to protect against the threat of contagion were masks, masks, and disinfectants. Additionally, they took infusions that enjoyed prestige against flu and colds; only some indicate that self-medicated Ivermectin was consumed within their home.

These results are consistent with the theoretical proposal of who indicated that the commitment of emotions alters people's spirits, be it intense or fleeting, pleasant or painful, which is accompanied by a certain shock. The levels of impotence explain this coherence that young people report in the face of the imminence of painful events.

Figure 2 shows that, in the discourse of young people, trust in their partner stands out, the main communication channel being telephony. In situations in which they had to decide, they report that the family is a priority and not the couple. Conflicts with a partner have arisen due to the perception of a loss of interest, and clandestine encounters have sometimes occurred between them so as not to worry the family.

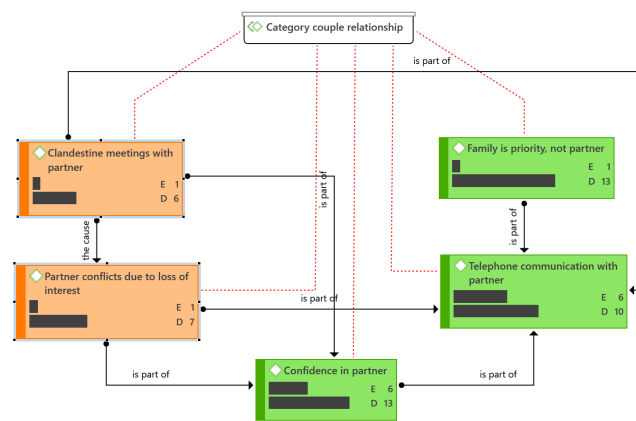


Figure 2. The semantic network of the couple relationships category.

Relationships are intense; they represent a life project, they are full of enthusiasm; the deprivation of face-to-face encounters, affect thought, will unbalance the person the discourse of young people reflects that the limitations to their encounters occur as a consequence of the need to preserve their health and that there must be confident to cope with this process, the way to communicate is through messages and conversations, in both cases, the medium is the telephone; that rare situations, the non-response to calls caused more significant tensions because they were associated with interfering situations, such as not having the support service to charge mobile phones,

generating more significant uncertainty that was associated in some cases with the loss of the couple. Responsibility with the family of origin is a priority at crossroads where a choice must be made between the couple's demands and self-care.

The relationship is emerging as a life project, and the couple is expected to understand and share the decision to respect isolation. Relationships in which one of the members is jealous and has obsessive thoughts require immediate physical encounters that are compulsive acts to reduce jealousy behavior. When the couple does not satisfy this demand, it is argued that the interest in being together is being ruined. Young people report that they always generated opportunities to meet again, taking due care. These were characterized by short conversations, a desire to remain healthy, and satisfaction with seeing each other. These findings agree with those proposed by, who referred to disturbing thoughts and actions in the balance due to the impossibility of face-to-face encounters, with those specified by, who indicated that couples communicate by phone. Also, it specifies that these events harm well-being and social performance [32-35].

Figure 3 shows that young people experience feelings of helplessness in the face of the devastating effect of the pandemic, they have left as much money as possible in their accounts to face any health emergency, even more so when the risk of infection increased with the return to work of some members of their household. In the cases where deaths occurred in the family, they were those who provided the money, and with whom there was an affective and economic dependence, the mourning is carried out with religious rituals. In this category, the economic and moral solidarity of family members, neighbors, and acquaintances is recognized who were aware of what happened in the family and accompanied the deceased's soul peace evenings, they were comforted knowing that the body of their relative was gone, but it would remain in their hearts.

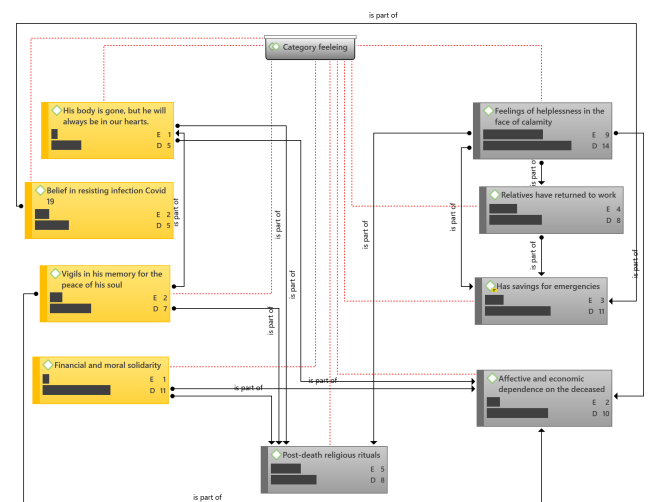


Figure 3. Semantic network of the feelings category.

Feelings are experiential manifestations of the affective state concerning family members with whom there are relationships of interdependence, advice, guidance, affection, understanding, and support are received, but due to the pandemic, they cannot

be visited, which generates attitudes of frustration and helplessness in young [34]. however, the force of reason prevailed, and these young people had to abide by the restrictions so that when the return to normality occurs, they can be found, in this case, the telephone communication maintains the affective relationship, emergencies call for the presence of the young family to cope with the infection.

These results are consistent with those proposed by who indicated that feeling is a deep affective state elaborated by intelligence and will; likewise, it agrees with those specified who said that feelings are states of the self; and it is consistent with those proposed by who specified that they are complex forms of human exchange, charged with tension and energy.

Figure 4 shows that the story of the young participants in the research, the doctors who acted as experts, and the theoretical proposals; Determines the answer to the research question is as follows:

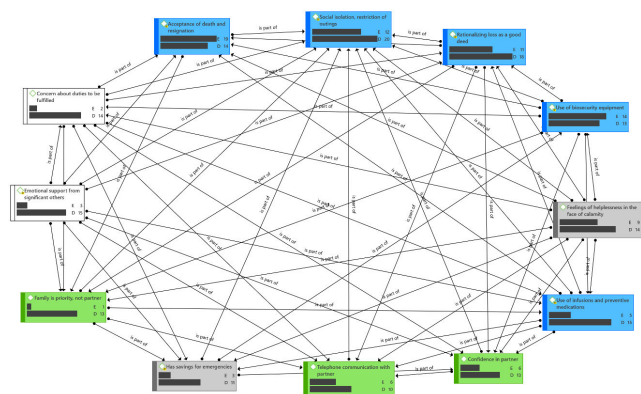


Figure 4. Semantic network of emotional states.

The dynamics of the formation of compatible attitudes for the preservation of the affective state in young people infected by COVID-19 is given by the resignation to the acceptance of the death of a relative if it occurs, compliance with the measures of social isolation, and restriction of exits, rationalizing the death of a family member as a good act in the face of the suffering caused by the infection. In self-protection measures, they use biosafety equipment, show feelings of helplessness in the face of calamity, and take herbal teas and preventive medications. Regarding relationships, their attitude is one of trust; they communicate by phone.

Young people present an attitude of anticipation of risks for which they have savings for an emergency; in cases of death of family members, they perform religious rituals, and in other cases, traditional practices are broken. Among their priorities is the family; many of them have returned to work. In the cases where deaths have been registered, it was common to find emotional and economic dependence on the deceased; they receive emotional support from significant people, and economic and moral solidarity was found.

Conclusion

The attitudes for the preservation of the affective state, in young people from 19 to 24 years old, are given by the

acceptance of death with resignation and its rationalization as a sharp agony; the presence of feelings of helplessness in the face of calamity; predisposition to comply with the measures of social isolation and restriction of exits, use of biosafety elements, intake of infusions and preventive medications; trust predominates in couple relationships; communication is carried out by telephone.

The emotions, according to the account of the young people, show the lack of experience in health emergencies, which motivated them to submit to isolation; the effect of the news on social media and social networks generated a panic reaction, displaying various actions aimed at protecting oneself from contagion and preparing emotionally if someone in the family becomes infected.

The couple's relationships went through a sudden interruption of face-to-face encounters; mutual trust was decisive to cope with it; communication was made through the mobile phone and its applications; the non-response to telephone calls caused tensions associated with the loss of a partner. Responsibility with the family of origin was a priority. The young people generated occasional spaces, generally discreet, to meet again and have short conversations.

The predominant feelings that the young people experienced were helplessness in the face of the effect of the pandemic, taking economic forecasts to face any emergency. The helplessness affected those who lost a relative who provided economic support to the family and with whom there was an emotional and economic dependence. The duel was carried out in isolation, with religious rituals. The economic and moral solidarity of relatives, neighbors, and acquaintances was decisive in facing the losses.

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