



Wisdom Vortex:

International Journal of Social Science and Humanities

Open-access, Peer Reviewed, Refereed, Quarterly Journal, Multiple Language (English & Hindi)

e-ISSN: 3107-3808

p-ISSN: Applied for

Wisdom Vortex: International Journal of Social Science and Humanities, Volume: 02, Issue: 02, July-Sep 2026

How to cite this paper:

Anand, A. & Kumari, S., (2026). History of Pandemic and Its Psychological Impact. *Wisdom Vortex: International Journal of Social Science and Humanities*, 2(2), 1-5. <https://doi.org/10.64429/wvijsh.02.02.019>

Received: 15 Apr. 2026

Accepted: 28 May. 2026

Published: 10 July. 2026

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History of Pandemic and Its Psychological Impact

Dr. Abhinaw Anand ¹

Dr. Shalini Kumari ²

ABSTRACT

Pandemics are fundamentally disruptive events that reshape human history. While their physical and economic tolls are easily quantified through mortality rates and financial losses, their psychological footprints are often deeper and longer-lasting. This paper examines the historical trajectory of major pandemics from the Plague of Athens to COVID-19 analyzing the recurrent psychological phenomena that accompany widespread contagion. It argues that while medical technology has advanced exponentially, the human psychological response to pandemic threats remains remarkably consistent, characterized by existential dread, social fragmentation, escape and chronic collective trauma.

Keywords: *Pandemic, Plague, COVID-19, Black Death, India*

Throughout history, infectious disease outbreaks have served as existential mirrors for humanity. A pandemic does not merely attack the physical body; it assaults the social fabric, rupturing the predictable rhythms of daily life and forcing communities to confront the immediacy of mortality.

Historically, public health responses have focused primarily on containment, quarantine, and treatment. However, the "invisible psychological pandemic" that runs parallel to the biological one often persist long after the virus or bacteria has been subdued. Understanding this psychological history is crucial for developing holistic public health strategies that address both physical pathology and mental resilience. These are some main pandemics faced by human beings.

The Plague of Athens (430 BCE)

One of the earliest detailed accounts of the psychological toll of a pandemic comes from the historian Thucydides during the Peloponnesian War. The Plague of Athens brought about a sudden collapse of social order and law, driven by intense psychological terror. Thucydides observed a state of anomie (the breakdown of social bonds and norms). Seeing both the pious and the wicked

¹ Assistant professor (Senior Scale), H.O.D., Department of History, S. B. College, Ara, VKSU, Ara

² Assistant Professor (Senior Scale), H.O.D., Department of Psychology, Mahila College, Khagaul, Patliputra University, Patna

dying indiscriminately, citizens concluded that the gods had abandoned them or did not exist (Malbeuf et al., 2021). Facing imminent death, many abandoned long-term virtues and spent their fortunes rapidly on immediate, sensory pleasures a psychological flight from existential terror.

The Black Death (1347–1351)

The Second Plague Pandemic, or the Black Death, eradicated an estimated 30–60% of the European population. The psychological impact of this scale of loss was catastrophic, fundamentally altering the Western psyche.

The Flagellant Movement: In the absence of scientific understanding, the pandemic was viewed as divine retribution. This birthed the Flagellant movement, where groups publicly whipped themselves to appease God's wrath, demonstrating extreme collective guilt and religious hysteria. The psychological manifestation of extreme collective guilt through public self-flagellation, alongside the projection of existential terror onto marginalized Jewish communities (accused of well-poisoning), is well-documented in historical analyses of medieval trauma (Jedwab et al., 2017; Zentner, 2020). Fear frequently externalizes as aggression. The psychological need to find a tangible cause for the suffering led to widespread, violent persecution of marginalized groups, most notably Jewish communities, who were falsely accused of poisoning wells.

Cholera and Class Anxieties (19th Century)

As urbanization accelerated in the 1800s, cholera outbreaks repeatedly struck major global cities. Because cholera flourished in overcrowded, poorly sanitized slums, the psychological response became heavily stratified by social class. The wealthy viewed the disease not just as a pathogen, but as a moral failing of the lower classes, associating infection with filth and laziness (Cohn, 2012; Robertson, 2021). Severe anxiety over forced hospitalizations and quarantines led to widespread "Cholera Riots" across Europe and Russia. The psychological terror of the asylum or hospital often seen as a place where the poor were sent to die outweighed the fear of the disease itself.

The 1918 Influenza: Grief and Collective Amnesia the 1918 Influenza pandemic infected one-third of the world's population. Occurring under the shadow of World War I, its psychological impact was uniquely suppressed, leading to what historians call a "collective amnesia". Wartime censorship suppressed news of the flu's severity in combatant nations to maintain morale. This forced communities to suffer in isolation, creating disconnect between the horrific reality they witnessed at home and the public narrative. Because the world was exhausted by wartime losses, the millions of flu victims were rarely memorialized publicly. Families processed profound grief in private, leading to a lingering, unarticulated generational trauma that contributed to the cynical, nihilistic tone of the 1920s "Lost Generation." (Barraza, 2023; Outka, 2014; Turcotte, Cutkomp, 2024).

The HIV/AIDS Epidemic (Late 20th Century)

The emergence of HIV/AIDS in the 1980s highlighted how a chronic pandemic can inflict severe psychological trauma through systemic rejection. Because early transmission was heavily linked to marginalized communities (specifically gay men and intravenous drug users), the public psychological response was heavily coded with homophobia and moral judgment. Patients faced a double burden: the terror of a terminal illness and the psychological devastation of being ostracized by families, healthcare workers, and society.

The COVID-19 Pandemic (2020–2023)

The COVID-19 pandemic represented a new paradigm. A globally synchronized psychological crisis amplified by digital connectivity. It is frequently described as a syndemic a synergistic epidemic where biological, social, and psychological factors interact to worsen health outcomes. Unlike past pandemics where information travelled slowly, the 21st century featured an overwhelming surplus of information and misinformation. Continuous exposure to alarming headlines created a state of chronic hyper-vigilance and anxiety (Clemente-Suárez et al., 2021; Saqib et al., 2023; Yadav et al., 2020). Lockdowns and social distancing artificially severed the primary human coping mechanism for stress: physical proximity and community connection. This prolonged isolation triggered unprecedented spikes in clinical depression and anxiety disorders globally.

Pandemics in Indian Context (special reference of covid-19)

India is the third largest region in the world that has faced a number of epidemics and pandemics. According to several reports recorded over the past few centuries, India has faced with deadly diseases such as: measles, cholera, dengue, smallpox and many more. Out of these a few pathogens have been eradicated while some of them continue to affect the population. Such sudden and quick outbreaks are not rare in India, and several articles have found that certain developing countries exacerbate malnutrition, shortage of health care, and a lack of effective public health system.

The first SARS-CoV-2 positive case in India was reported in the state of Kerala on January 30th, 2020. Subsequently, the number of cases drastically rose. According to the press release by the Indian Council of Medical Research (ICMR) on May 8th, 2020, a total of 14, 37,788 suspected samples had been sent to the National Institute of Virology (NIV), Pune, and a related testing laboratory. Among them, 56,342 cases tested positive for SARS-CoV-2. A state-wise distribution of positive cases until May 8th, 2020, and the cases have been depicted on an Indian map. Nearly 197,192 Indians have recently been repatriated from affected regions, and more than 1,393,301 passengers have been screened for SARS-CoV-2 at Indian airports, with 111 positive cases observed among foreign nationals. As of May 8th, 2020, Maharashtra, Delhi, and Gujarat states were reported to be hotspots for COVID-19 with 17,974, 5,980, and 7,012 confirmed cases, respectively. To date, 16,540 patients have recovered, and 1,886 deaths have been reported in India. To impose social distancing, the "Janata curfew" (14-h lockdown) was ordered on March 22nd, 2020. A further lockdown was initiated for 21 days, starting on March 25th, 2020, and the same was extended until May 3rd, 2020, but, owing to an increasing number of positive cases, the lockdown has been extended for the third time until May 17th, 2020. Currently, out of 32 states and eight union territories in India, 26 states and six union territories have reported COVID-19 cases. Additionally, the health ministry has identified 130 districts as hotspot zones or red zones, 284 as orange zones (with few SARS-CoV-2 infections), and 319 as green zones (no SARS-CoV-2 infection) as of May 4th, 2020. These hotspot districts have been identified to report more than 80% of the cases across the nation. Nineteen districts in Uttar Pradesh are identified as hotspot districts, and this was followed by 14 and 12 districts in Maharashtra and Tamil Nadu, respectively. The complete lockdown was implemented in these containment zones to stop/limit community transmission. As of May 8th, 2020, 310 government laboratories and 111 private laboratories across the country were involved in SARS-CoV-2 testing. As per ICMR report, 14, 37,788 samples were tested till date, which is 1.04 per thousand people. India's first domestically developed COVID-19 vaccine was Covaxin. Produced by Hyderabad-based Bharat Biotech in collaboration with the Indian Council of Medical Research (ICMR), it was the nation's first indigenous COVID-19 vaccine and was prominently featured in the world's largest vaccination drive that commenced on January 16, 2021.

Impact Pandemic on Different Aspects of Life

Impact on Mental Health: Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Studies indicate that the higher severity of depression, anxiety and stress and many more disorders have been increased caused by the pandemic situation. Caused by joblessness, fear of being infected, isolation, study anxiety, frustration, role of social media.

Impact on Physical Health: Due to pandemic people have changed their life style, food habits, sleeping times so this can be of major effect on physical health also. Normal patients were not treated by doctors, so these diseases are also increase.

Cognitive Fatigue and Exhaustion: Prolonged states of hyper-vigilance inevitably lead to "pandemic fatigue." Whether in medieval Europe or the 2020s, communities eventually experience a psychological burnout that manifests as reckless behaviour, denial, and a demanding return to "normalcy," even when the biological threat persists.

Moral Injury Among Caregivers: From the monastic orders tending to plague victims to modern ICU nurses, those on the front lines consistently suffer from moral injury the psychological distress resulting from actions, or lack of resources, that violate their moral code (e.g., having to ration care) (Čartolovni et al., 2021; Reynolds et al., 2022). Impact due to quarantine and separation from parents: In many cases a single parent or both the parents are infected and quarantined. In either condition children are separated from their parents. They might feel separated or alone as they have limited knowledge and level of maturity to understand the implications of the current pandemic situation in their limited world. Health care providers: Research on mental distress in healthcare workers has already shown that,

compared with those in other industries, healthcare workers were more likely to suffer from psychiatric disorders, that approximately half of all physicians were experiencing burnout, and that doctors suffered higher rates of suicide than the general population.

CONCLUSION

The history of pandemics proves that pathogens do not just infect cells; they infect the collective human mind. While medical science has evolved from bloodletting and superstitions to mRNA vaccines and antiviral therapies, the underlying architecture of human fear remains unchanged. Existential dread, social polarization, anxiety, and grief are predictable, systemic components of any pandemic. Future pandemic preparedness must look beyond stockpiling ventilators and personal protective equipment. True resilience requires robust psychological infrastructure: proactive mental health support, transparent communication strategies to mitigate collective anxiety, and a deep sociological understanding of how communities react under extreme, prolonged duress. Only by treating the psychological scars alongside the physical symptoms can societies truly heal from the trauma of global contagion.

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