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Non-Verbal Communication, Anxiety, Behavioral Changes within Covid Regulatory Changes

Sydney Stack
ss719@humboldt.edu

Olivia McCracken
om54@humboldt.edu

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Olivia McCracken & Sydney Stack

Communication Studies

California Polytechnic University, Humboldt

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**Non-Verbal Communication, Anxiety, Behavioral Changes within Covid Regulatory
Changes**

Abstract

In the current era of education and social communication shifting into a virtual world the students entering the early elementary education system have experienced something that is new to all of us. Within the last two and a half years life as we have known it has vastly shifted. Virtual learning and communication, which is not something that is new, but something that was scarce prior to the Covid-19 pandemic is now the “new normal.” For many of the students affected, this way of learning has shaped much of their educational career. Changes like these are affecting areas of development within these young students; such as the development of their nonverbal communication, the increase of anxiety, alongside behavioral shifts. Throughout this paper we will be discussing and analyzing the current research and data alongside these new protocols, as well as their effects in the short term on those who are most vulnerable. Some of the new protocols and overall changes that we will be looking into are the use of masking, social distancing, distance learning, and the increase in screen time. Above all, the questions we are going to be looking at are: Have these changes affected early elementary students, and has it created limitations within their nonverbal communication, and increasing anxiety? And how?

Keywords: COVID-19, nonverbal communication, elementary age, mental health

In late 2019 break out cases of Coronavirus disease took over media coverage across the world, the virus spread widely, and quickly with very little warning and no hint of how drastically it would change the way we lived. Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus (*WORLD*). This disease is an upper respiratory virus which is spread by airborne droplet transmission of infectious particles, individuals who are in close contact with each other, and surfaces that may have been used by someone infected with the virus. While this may sound like many other viruses, the main concern was the rapid transmission of the virus among vulnerable populations such as immune compromised, elderly, and high risk persons. In response to the rapid spread, new protocols and protective measures were put into place such as masking, social distancing, and distance learning.

With all of these new protocols, something we have seen among society is an increase in anxiety and a general unease in regards to a new way of living. Masking is described as “The act of wearing a mask in a public place in an effort to slow down the spread of COVID-19” (*CDC*). Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (*CDC*). Since the beginning of the pandemic distance learning has been the on and off practice of online learning with virtual classes, and schooling from home. This transition to virtual classes increases the amount of time these students are spending in front of a screen. Screen time is time spent using a device such as a computer, television, or games console (*DISCOVER*) which is linked to things such as depression, anxiety, obesity, and sleep issues (*MOSLEY*). Finally, anxiety is defined as a feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome (*DISCOVER*). With all of these new protocols and practices in place it makes us ask the questions: How have these changes affected early elementary students, and has it created limitations within their nonverbal communication, and increasing anxiety?

Since the beginning of the COVID-19 pandemic protocols have changed rapidly and continuously. Starting in March 2020 when the number of cases were skyrocketing is when restaurants, stores, and other businesses began shutting their doors. Alongside this schools began teaching remotely and many businesses also began conducting their day to day workloads remotely as well. Interestingly enough businesses that never thought about moving their day to day work to at home, could. These changes have seemed to make lives of working people easier and improved day to day balance of their work and home life, from the article *COVID-19 Pandemic Continues To Reshape Work in America*, the author states “Working from home is a relatively new experience for a majority of workers with jobs that can be done remotely – 57% say they rarely or never worked from home prior to the coronavirus outbreak. For those who have made the switch to telework, their work lives have changed in some significant ways. On the plus side, most (64%) of those who are now working from home at least some of the time but rarely or never did before the pandemic say it’s easier now for them to balance work with their personal life” (*PARKER*). With that being said, the vast majority of society besides essential workers such as nurses, doctors, and important service industries employees, stayed home. This new dynamic changed perspectives for so many families that were not used to being at home every day together. Young students were able to spend more time with their families than most of them had done before and with this shift is where their online learning began.

The shift began with the idea that this change would only be for a short period of time, in attempts to “flatten the curve,” meaning, “prevent a rate or quantity from greatly intensifying or increasing within a short time” (*DISCOVER*). What we eventually saw was roughly 18 months elementary students spent on an online learning platform. From the article *Young children’s online learning during COVID-19 pandemic: Chinese parents’ beliefs and attitudes* the author describes that “online learning refers to “the learning experienced through the internet” either in the synchronous or asynchronous environment where students engage with instructors and

other students at their convenient time and place” (*DONG*). Also from the Census Bureau’s website “Nearly 93% of people in households with school-age children reported their children engaged in some form of “distance learning” from home” (*MCELRATH*). This prolonged change has really shaped how learning is done currently. With distance learning in place we see an increase in screen time with “work” for these students along with leisure.

While students were still required to be a part of a learning environment during the COVID-19 shut down we saw a wide array of increased usage of screens. From staying connected to friends and family, social media, gaming, television, and movies these were just some of the ways technology was used during this time. While prior to the shutdown these things were still prevalent and popular, the restrictions of parks and playgrounds changed day to day activities for children. From the article *Social Connectedness, Excessive Screen Time During COVID-19 and Mental Health: A Review of Current Evidence* the authors state,

“The mental health impacts of excessive digital use include attention-deficit symptoms, impaired emotional and social intelligence, social isolation, phantom vibration syndrome, and diagnosable mental illnesses such as depression, anxiety, and technology addiction like gaming disorder (Amin et al., 2020; Dienlin and Johannes, 2020; King et al., 2020; Lanca and Saw, 2020; Lodha and De Sousa, 2020; Oswald et al., 2020; World Health Organization, 2020; Xiang et al., 2020; Hudimova, 2021; Wong et al., 2021). Though digital devices kept many socially and emotionally connected, screen time also resulted in experiences of irritability, corona-anxiety, sleep problems, emotional exhaustion, isolation, social media fatigue and screen fatigue and phantom vibration syndrome” (*PANDYA*).

These specific findings are from the section based on children and adolescents and the repercussions of prolonged and increased screen time. These are just some of the findings on this topic. Something else to consider is the amount of time people and children were spending indoors. Vitamin D deficiency can have a big impact on mental

and physical health. With increased time spent indoors and on screens, and less time outside playing, alongside social isolation from classmates and friends, there was bound to be a big impact on children during this time.

After getting accustomed to distance learning, students were then slowly integrated back into in-person learning. Children's mental health was already being affected by screen time, lockdowns, and a deadly virus being a non-stop discussion throughout the world. With the reintegration process beginning, safety protocols and measures were put into place so that students could return to attending school and extracurricular activities on school grounds.

The reintegration of students back to in person learning was a shift that took roughly a year and half to begin and the installation of new protocols in situations, from the CDC website "In addition to universal indoor masking, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully reopen while maintaining these distances, it is especially important to layer multiple prevention strategies, such as screening testing" despite these in depth screenings and protocols increased anxiety from reintegration is inevitable. From the lack of socialization amongst peers, to the increased risk of ailments people are scared and despite childrens' concept of this information, they are just as susceptible to having these fears and anxieties. From the Times' article *The Coronavirus' Effect on Kids Mental Health is Deepening Kluger* states "Nobody is immune to the stress that comes with a pandemic and related quarantining. Children, however, may be at particular risk. Living in a universe that is already out of their control, they can become especially shaken when the verities they count on to give the world order—the rituals in their lives, the very day-to-dayness of living—get blown to bits,"(KLUGER) putting into perspective how earth shattering these changes can be for

those with limited cognitive understanding and control over the situation. ““Especially for kids predis-posed to seeing the world in pessimistic terms, there will be more anxiety because they feel so much more out of control,” says Mary Alvord, a Maryland-based psychologist specializing in children, and co-author of Resilience Builder Program for Children and Adolescents. “We’re hearing kids say, ‘I’m afraid for myself, for my parents. What if we get sick?’” (KLUGER) these deepening fears can create long term effects on their views of the world and how they will get through things. Imagine having limited control over your environment and life and to top it off, you now have to fear for you, and your families health and safety. Kluger also shares from an interview with a young boy “But being able to avoid personal loss is not the same as avoiding the fear of it, and children are very much aware of what’s at stake. “I have a grandma and a grandpa who are very old, and it can infect them and they may die,” said 4-year-old Benjy Taksa of Houston, in a very brief mom-supervised interview with TIME (KLUGER). These fears are affecting people of all different age ranges and it really reinforces their cognitive understanding of the severity of what a virus can do.

Nonverbal communication is one of the most important forms of communication. Nonverbal communication is defined as any system of communication other than speech or writing: for instance, sign language or visual language (DISCOVER). This form of communication consists of several types of nonverbal communication: body movement and posture, facial expressions, gestures, eye contact, touch, space, and voice. Together these types of nonverbal communication help the participants in a communication interaction to express care and interest in the conversation and also to gauge the emotions of their interaction partner(s). For part of our research, we will be focusing on facial expressions as the main form of nonverbal communication as “as school kids strongly depend on their everyday communication, especially in classrooms, on nonverbal communication” (CARBON).

The safety guidelines set forth in response to COVID-19 introduced disruptions to nonverbal communication when implementing wearing a face mask to reduce the spread of infection, by definition these masks cover a majority of the face leaving just the eyes and above exposed to others. Masks have evolved throughout the pandemic, and began often with people (such as ourselves) wearing bandanas, scarves, and neck gaiters as protective measures against transmission. As transmission was increasing these masks began to be deemed ineffective and multi-layered cloth masks, surgical masks, and masks with filters such as KN95 were being deemed as effective. A study done during the first wave of COVID infections during 2020 was focused on the impact of wearing face masks in communication interactions of adults, a replication study that was done later in collaboration with a 9-year old student from Florida. The replication study performed with elementary school students from Sarasota County as participants “showed extreme problems in reading the emotion disgust, strong effects on fear and sadness, and only mild effects on happiness, but also even better performances for emotional states anger and neutral when faces were masked” (*CARBON*). The students who participated in the study were shown photos of an adult making facial expressions and were asked to identify the emotion being perceived, then they were shown the same adult making the same expression, now wearing a face mask, and were again asked to identify the emotion. Data showed that the children had a harder time telling what the emotion behind the mask was, particularly they showed a drastic decrease in perceiving disgust with the mask present.

As we previously stated, children depend heavily on nonverbal communication cues in their everyday communication, but what happens when they have trouble reading those cues? As adults we (the authors of this paper) experience feelings of anxiety and apprehension when we struggle to read the emotions, expressions, and perceived intentions of our communication partners, it is more than likely that children have an even harder time as they have limited experience to inform their behaviors. The impact of COVID-19 protections and the resulting isolation associated with quarantining and distance learning on children’s mental health is

already being seen by school psychologists. Dr. Carol Weitzman, the director of developmental-behavioral pediatrics at Yale School of Medicine, shared this in an interview with *Stateline*, “We don’t know a lot about how it has affected children’s mental health yet. We’re just starting to learn. But we do know that about one-quarter of all kids are showing up with symptoms of depression and one-fifth with symptoms of anxiety. That’s millions more kids than before the pandemic” (*VESTAL*). The response to the declining mental health of children in the United States is showing up in the form of funding and legislation centered on providing mental health care to students. Tennessee has enacted a law that requires schools to conduct mental and behavioral health screenings during the 2021-22 school year to “evaluate the effect the pandemic had on their mental health” (*VESTAL*). For younger children who are entering the education system for the first time or those who had just begun when the pandemic hit and are returning to school, it is a stressful time and only with support from parents and teachers will things be made better. Parents can help their children by communicating with them about the importance of building new relationships and the skills gained in the process. The best way to combat the delayed development of nonverbal communication skills and children’s anxiety surrounding reintegration is for parents to lead by example, speak with their children in calm voices, using relaxed body language and facial expressions to show their children that they are safe and with people trusted with their wellbeing (*CENTERS*).

With all of our gathered data and information our interpretation of this information shows that the changes in result of the COVID-19 virus, pandemic, and shutdown have in fact affected the lives of early elementary school students. It has created limitations with their cognitive abilities to decipher nonverbal communication cues, and it has increased anxiety and affected their mental health. From the overall response to covid we have seen an increase in screen usage among children which has affected many aspects of their health, specifically their mental health, and behavioral changes. Some of the aspects which are affected are anxiety, depression, addiction of gaming, social media, social isolation, and sleep issues among others

not listed. This topic is extremely important to examine for both authors of this paper because of the personal investment we have in children's communication and mental wellbeing; Stack has a six month old daughter and McCracken has several family ties to the early elementary education system both in teaching and administration and as students in the classroom. With the knowledge of the effect these changes have had among children we can hope that issues such as these will continue to be recognized and addressed in the future and throughout academia.

LOC 3 Engage in Communication Inquiry

LOC 4 Create Messages Appropriate to the Audience, Purpose, and Context

LOC 5 Critically Analyze Messages

LOC 9 Influence public Discourse

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