

MENTAL RESILIENCE IN THE CORONA LOCKDOWN: FIRST EMPIRICAL INSIGHTS FROM EUROPE

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INTRODUCTION

IN THE FACE OF THE WORLDWIDE PANDEMIC, WE CONDUCTED A **GLOBAL INTERNET-BASED CROSS-SECTIONAL SURVEY** TO INVESTIGATE POTENTIAL RESILIENCE FACTORS ALLOWING PEOPLE TO STAY MENTALLY FIT IN THE TIMES OF PANDEMIC-BASED ADVERSITY. IN RESILIENCE RESEARCH THERE HAS NEVER BEEN SUCH A POSSIBILITY SO FAR TO EVALUATE PSYCHOLOGICAL OUTCOMES OF SIMULTANEOUS WORLD-WIDE EXPOSURE TO A COMMON STRESSOR. MOREOVER, LITTLE IS KNOWN SPECIFICALLY ABOUT RESILIENCE FACTORS EFFECTIVE DURING PANDEMICS, THOUGH SUCH KNOWLEDGE IS OF GREAT IMPORTANCE THESE DAYS (E.G. FOR **IMPROVED PREVENTION PLANNING**). THUS WE COLLECTED DATA FROM **5000 PARTICIPANTS** FROM SIXTEEN EUROPEAN COUNTRIES (3645 FEMALE, MEAN AGE = 37.9) ASSESSING POTENTIAL **RESILIENCE FACTORS, EXPOSURE TO CORONA-SPECIFIC AND GENERAL STRESSORS** AS WELL AS **INTERNALIZING SYMPTOMS**. WE ALSO IDENTIFIED 23.2% OF THE PARTICIPANTS WITH A PAST OR PRESENT DIAGNOSED MENTAL HEALTH CONDITION.

BIBLIOGRAPHY

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RESULTS

AN EFFECT OF THE CRISIS ON PARTICIPANTS' MENTAL HEALTH WAS SUGGESTED BY **HIGH AVERAGE P SCORES** (I.E. SELF-REPORTED CHANGES IN MENTAL HEALTH PROBLEMS) OF 14.9 (SD ± 5.7 , POSSIBLE RANGE 0-36; COMPARED TO 9.7 (ROMPEL ET AL., 2017) IN AVAILABLE REPRESENTATIVE SAMPLES FROM EUROPE). OUR PRIMARY HYPOTHESIS WAS THAT RESILIENCE TO ALL STRESSORS COMBINED (RESc) IS POSITIVELY ASSOCIATED WITH POSITIVE APPRAISAL STYLE (PAS). CONTROLLING FOR COVARIATES, **PAS EXPLAINED SIGNIFICANT ADDITIONAL VARIANCE IN RESc** (ADJUSTED R² INCREASE: 0.05, $p < 0.001$). ALL OUR KEY SECONDARY HYPOTHESES ABOUT RESILIENCE FACTORS WERE ALSO CONFIRMED (ALL $p < 0.001$). PARTICIPANTS WITH A PAST OR PRESENT MENTAL HEALTH CONDITION HAD A HIGHER AVERAGE SCORE (16.7 ± 6.4) THAN THOSE WITHOUT.

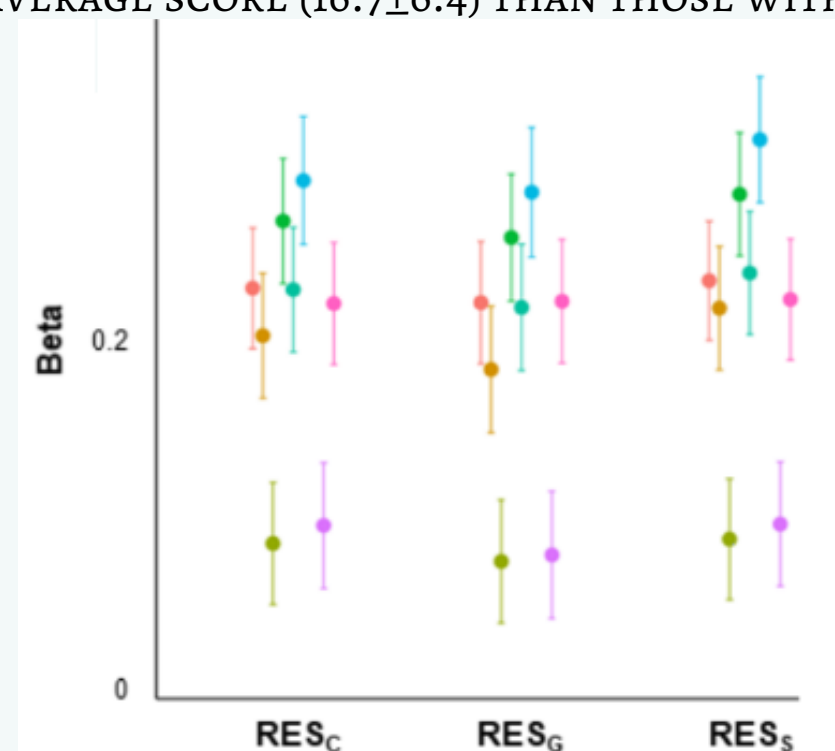


FIG. 1 ASSOCIATIONS OF HYPOTHEZED RESILIENCE FACTORS WITH OUTCOME-BASED RESILIENCE.

Table of stressors		
Stressor	Percent	Average severity rating (1-5)
<i>Most frequently experienced general stressors</i>		
Negative political events	81	
Burdensome experiences at work/school	61	
Conflicts/disagreements in family, social, or professional settings	59	
<i>The most burdensome general stressors</i>		
Death of a loved one		3.97
Separation from a loved one		3.59
Onself or a close person experiencing mental health problems		3.26
<i>Most frequently experienced Corona-specific stressors</i>		
Corona-related media coverage	93	
Not being able to perform leisure activities	91	
Loss of social contact	89	
Feeling restricted to leave home	87	
<i>The most burdensome Corona-specific stressors</i>		
Inability to attend a funeral of a family member/friend/loved one		3.84
Family/friends/loved ones being at hospital while one is restricted to visit them		3.74

TAB. 1 LIST OF GENERAL AND CORONA-SPECIFIC STRESSORS.

RESILIENCE FACTORS:

- POSITIVE APPRAISAL STYLE;
- PERCEIVED SOCIAL SUPPORT;
- PERCEIVED INCREASE IN SOCIAL SUPPORT DURING THE CORONA CRISIS;
- OPTIMISM;
- GENERAL SELF-EFFICACY;
- GOOD STRESS RECOVERY;
- NEUROTICISM;
- BEHAVIORAL COPING STYLE;
- POSITIVE APPRAISAL SPECIFICALLY OF THE CORONA CRISIS.

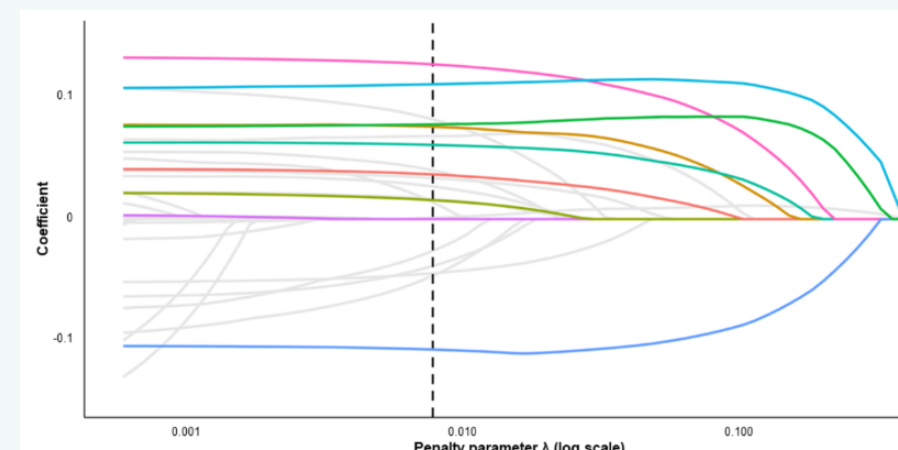


FIG. 2 COMBINED MULTI-VARIABLE ANALYSIS OF THE RELATIVE ASSOCIATIONS OF RESILIENCE FACTORS AND COVARIATES WITH RESILIENCE.

CONCLUSIONS

WE IDENTIFIED A **POSITIVE ASSOCIATION BETWEEN RESILIENCE AND POSITIVE APPRAISAL STYLE (PAS)** DURING A TWO-WEEKS PERIOD OF STRESSOR EXPOSURE IN THE EUROPEAN CORONA LOCKDOWN. WE ALSO FOUND **POSITIVE ASSOCIATIONS BETWEEN OTHER HYPOTHEZED RESILIENCE FACTORS AND RESILIENCE**. THESE FINDINGS CONFIRM AND EXTEND RESULTS FROM POPULATIONS OF HEALTHY ADULTS (KALISCH ET AL., 2017) CONFRONTED WITH GENERAL STRESSORS OF EVERYDAY LIFE, BUT ALSO SHED A NEW LIGHT ON RESILIENCE FACTORS IN FACE OF GLOBAL PANDEMIC. IT ALSO ALLOWS US TO THINK OF RESILIENCE FACTORS AS **'GLOBAL'**, I.E. PROTECTIVE IN DIFFERENT TYPES OF ADVERSE CIRCUMSTANCES. OUR RESULTS ALSO INDICATE THAT THE IDENTIFIED **RESILIENCE FACTORS ARE VALID NOT ONLY FOR HEALTHY**, BUT ALSO FOR **VULNERABLE POPULATIONS WITH PAST OR PRESENT PSYCHIATRIC DIAGNOSES**.

LIMITATIONS

- THE ASSOCIATIONS WE REPORT ARE BASED ON ASSESSMENTS CONDUCTED AT THE **SAME TIME POINT**, WHICH MAY LEAD TO **OVERESTIMATION OF EFFECTS**,
- THUS, **LONGITUDINAL STUDY** WITH SAME QUESTIONNAIRE SHOULD BE CONDUCTED TO CONFIRM FINDINGS (IN PROGRESS),
- THE SAMPLE CONTAINS A LARGE PROPORTION OF **WOMEN, GERMANS, AND STUDENTS OR EMPLOYEES WORKING IN RESEARCH AND/OR EDUCATION** (REPRESENTATIVENESS ANALYSES PLANNED).

SPECIAL THANKS TO OTHER AUTHORS OF THE ARTICLE, ESPECIALLY: ILYA M. VEER, PhD; DOROTA KOBYLŃSKA, PhD; RAFFAEL KALLISCH, PhD