

Coping with Covid

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Abstract

Aim and Objective: What determines how people coped with the challenges of adapting to the Covid-19 pandemic restrictions and requirements? In four studies, conducted in 2021, groups of European adults (N>1800) noted how they had personally coped with Covid-19. **Method:** In each study, participants reported on their age, sex and education, their political and religious beliefs, as well as giving self-ratings and completing a number of standard tests on such things as their personality, intelligence and belief in conspiracy theories. **Results:** In the first study, sex, self-esteem, optimism and intelligence were significant predictors of self-assessed coping. In the second study, only optimism and emotional stability were significant predictors. In the third study, sex, optimism, self-esteem and ratings of change were related to coping. In the fourth study, self-esteem was the only significant predictor. **Discussion:** The results suggest that optimistic, better adjusted people, with higher self-esteem claim to be better copers. Age, education as well as political and religious beliefs and many personality measures were not related to self-reported coping with Covid-19. Implications for targeting those who require most help were discussed, and limitations were acknowledged.

Keywords

Covid Vaccine, Demographics, Ideology, Intelligence, Self-Esteem, Personality, Optimism

1. Introduction

The years 2020 and 2021 were dominated, universally, with the Covid-19 crisis which impacted on almost everybody on earth in some way [1]. It became an international pandemic and emergency which has massive effects on the economy and well-being of many individuals [2] [3]. Many, whether they themselves caught any of the variants of Covid-19 or not, experienced considerable stress and distress with medical and psychological consequences [4] [5] [6] [7].

Inevitably, there has been a huge interest in this area. One area of interest is how the pandemic affected people's mental health and why some coped better with all the required changes than others [8] [9] [10] [11]. For instance, Arslan *et al.* [12] examined the mediating role of optimism-pessimism and psychological inflexibility in the relationship of coronavirus stress with psychological problems among Turkish adults. In an online study of French 348 adolescents done in March 2020, Bourdige *et al.* [13] found those who perceived the least social support reported the highest levels of stress. They noted coping strategies of planning, behavioural disengagement, self-distraction, positive reframing, acceptance, and religion were used more than usual, while active coping and self-blame were used less. Acceptance was the most often used strategy and a source of decreased stress.

Some studies have looked at specifically anxiety about Covid-19 and attempts to specifically deal with the pandemic [14]. There have also been a number of studies that have sought to understand personal reactions to vaccination as well as the stress of quarantining [15] [16] [17] [18] [19].

There have also been a number of studies that have looked at personality correlates of reactions to the pandemic. Some have looked at personality and reactions to advice [20] as well as personality and susceptibility to catching Covid [3]. Fluharty and Fancourt [21] tried to determine whether sociodemographic correlates of coping strategies were associated with the usual predictors or not during a pandemic, and whether psychosocial factors affected their use of coping strategies. They were also interested in whether specific adverse experiences during the pandemic predisposed individuals to using more avoidant coping strategies. They found active coping strategies were more common amongst women, and older, better educated employed people with higher income. Problem-focused and emotion-focused coping strategies were more common amongst better educated women, with supportive coping strategies also more common in better educated women and younger adults as well as those with higher incomes. Avoidant coping strategies were used more by women, younger adults, and people with lower education and socio-economic status, as well as those who were lonely with some mental health condition.

Many have been interested in personality differences in reaction to, and coping with, Covid. For instance Kanazawa [3] found Conscientiousness was related to the maintenance of social distance and the less likely to contract COVID-19. Agreeableness was found to be related to compliance with social distancing requirements, yet greater likelihood to contract COVID-19. Openness and Neuroticism were related to less likely compliance and more likely to contract COVID-19. He also found men were less likely to comply with rules and more likely to contract the virus.

2. These Studies

During 2021 we conducted a number of studies on a variety of topics, and in

each we asked the same simple question about coping with Covid. The distribution of scores was normal. Thus, we decided to examine correlates of these scores. These four related studies had three things in common. *First*, they each had the same predictor variable which was the rating: “How well have you coped in the Covid-19 pandemic?”, 1 (*Not at all well*) to 9 (*Very well*). The means and standard deviations were very similar between the different studies. *Second*, in each we collected similar demographic (sex, age, education) and ideological data (political and religious beliefs). *Third* we had similar measures of self-esteem, based on four self-ratings, and optimism. This enabled replication. However, in each we also collected other data such as personality trait scores, intelligence, as well as specific beliefs which have been shown in the extensive coping literature to be related to coping preference, style and success [22] [23].

Some studies had personality data, while others concentrated on belief systems like Conspiracy Theories or Belief in a Just World. Each study was done in 2021 and data was collected online through the Prolific portal, with the same ethics approval source.

We developed two types of hypotheses: those similar across all three studies and those specific to each study. From both the Covid-19 specific and extensive general literature on coping we predicted the studies would show males more than females (H1); older rather than young (H2); better education more than less well educated (H3); more rather than less religious (H4); more rather than less optimistic (H5) and those with higher rather than lower self-esteem (H6) to report higher/better coping scores. Other specific hypotheses were done study by study.

3. Study 1

Apart from the measures listed above, the first study included *three* other measures thought to relate to coping with Covid. First, we examined Conspiracy Thinking (CTs) [24]. Overall, the research on CTs suggests that they are linked to poor coping and pathology of many sorts, including refusing vaccination, denying the cause and even acts of violent criminality [25] [26]. Hence it is hypothesised that belief in CTs is associated with poor self-reported coping (H1).

This study also examined beliefs in a Just/Unjust world (BJW), which is concept about the tendency of people to blame victims of misfortunes for their own fate [27]. The idea is that people have fundamental need to believe that the (social) world is a just place and that this belief is functionally necessary for them to develop principles of deservingness. People are confronted with difficult issues like why some people get ill, while others do not, and BJW beliefs are associated with good coping [28]. It was therefore predicted that BJW scores would be correlated with better coping (H2).

Finally, this study assessed an individual’s intelligence. There is a literature which suggests that intelligence is linked to more cognitive, effective and adaptive coping styles [29]. Hence it was predicted that IQ would be correlated with

effective coping (H3).

Participants

There were 502 participants: 254 males and 248 females. They ranged in age from 30 - 69, with a modal age of 36. In all 70.9% were graduates. With regard to their religious beliefs (1 = *Not at all* to 9 = *Very*) they scored a mean of 3.80 ($SD = 3.01$). In all 41.3% said they did, and 58.7% said they did not, believe in an afterlife. They rated their political views from 1 (*Very Conservative*) to 9 (*Very Liberal*) with a mean of 5.83 ($SD = 1.81$). They rated "I am an optimist" from 10 (*Agree*) to 1 (*Disagree*) with a mean of 6.74 ($SD = 2.15$).

Measure

Self-Esteem. Each participant rated four other factors on a scale from 1 (*Not Very*) to 100 (*Very*): Physical Attractiveness ($M = 62.16$; $SD = 19.23$), Physical Health ($M = 69.07$, $SD = 18.18$), Intelligence (IQ) ($M = 73.09$, $SD = 13.49$) and Emotional Intelligence ($M = 72.81$, $SD = 17.01$). The Alpha for these four items was .73 and they were summed together forming a variable labelled Self-Esteem.

Conspiracy Thinking (CT) [30]. This was a 10-item scale devised as part of the Conspiracy and Democracy project at the University of Cambridge. It consisted of 10 statements that are generic in nature and not connected to any specific societal, economic or political systems. People note those they believe to be true. In this study the Alpha was .68, with a mean of 2.01 ($SD = 1.77$).

Just World Beliefs (JWB). Rubin and Peplau [31] devised a 20 item self-report inventory to measure the attitudinal continuity between the two opposite poles of total acceptance and rejection of the notion that the world is a just place. Because some items were both dated and country specific, 6 were removed leaving 9 Just World and 4 Unjust World items remaining. Cronbach's Alpha in this study for the Just World was .88, and .82 for the Unjust World.

The Wonderlic Personnel Test [32]. This 50-item test can be administered in 12 minutes and measures general intelligence. Items include word and number comparisons, disarranged sentences, story problems that require mathematical and logical solutions. The test has impressive norms and correlates very highly ($r = .92$) with the WAIS-R. In this study we used 16 items from Form A (14, 15, 18, 21, 24, 27, 28, 29, 30, 32, 33, 34, 36, 37, 43, 46).

Procedure

Using the Prolific portal, we specified that participants needed to be over 30 years, working and be fluent in English, to avoid getting too many students. Participants were compensated for their time (receiving £2.50). Usual data cleansing and checking led to around 5% of the participants recruited being rejected before further analysis. This was done because of missing data, time spent of the survey and other irregularities.

Results

Table 1 shows five of the variables correlated significantly with the covid-coping score. Males more than females, more rather than less religious, optimistic people, those with higher self-esteem and those who thought there was life-after death scored themselves higher on coping. This meant many of the

general (sex, religion, optimism, self-esteem), but none of the study specific hypotheses, were confirmed concerning JMBs and CTs.

Table 2 shows a multiple regression with coping as the criterion variable. It showed that four variables were significant correlates and accounted for just

Table 1. Correlations between all the variables.

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12
(1) COVID Cope	6.74	1.74												
(2) Sex	1.49	.50	-.11*											
(3) Age	37.96	8.02	.01	.00										
(4) Degree	1.29	.46	.04	-.02	.21***									
(5) Religious	3.80	3.01	.11*	.04	.02	.06								
(6) Politics	5.83	1.81	-.03	.13**	-.03	-.07	-.23***							
(7) Optimist	6.74	2.15	.19***	.09*	.10*	.03	.20***	.01						
(8) Life-After-Death	1.59	.49	-.13**	-.11*	-.05	-.10*	-.50***	.12**	-.22***					
(9) Self	276.86	50.71	.20***	-.03	.02	-.11*	.17***	.00	.36***	-.10*				
(10) JWB	14.86	10.16	.03	-.17***	.04	.02	.04	-.14**	.27***	-.03	.21***			
(11) Conspiracy	2.02	1.77	.07	.11*	-.05	.09	.41***	-.23***	.08	-.28***	.00	-.02		
(12) IQ	10.27	2.83	.08	-.15***	.05	-.14**	-.25***	.08	-.11*	.19***	.04	.03	-.36***	

*p < .05, **p < .01, ***p < .001.

Table 2. Regression with Coping with Covid as Criterion variable.

	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>
Sex	-.42	.16	-.12	-2.68**
Age	-.01	.01	-.03	-0.74
Degree	.20	.17	.05	1.15
Religious	.01	.03	.01	0.18
Politics	.00	.04	.00	0.07
Optimist	.13	.04	.16	3.24**
LifeAfterDeath	-.33	.18	-.09	-1.83
Self	.01	.00	.15	3.13**
JWB	-.01	.01	-.08	-1.73
Conspiracy	.09	.05	.09	1.72
IQ	.08	.03	.12	2.58*
Adjusted <i>R</i> ²			.083	
<i>F</i>			5.004	
<i>P</i>			.000	

over 8% of the variance: sex, optimism, self-esteem and IQ. Brighter, optimistic males with higher self-esteem claimed they were coping better with Covid. There was no evidence that BJW or conspiracy beliefs were related to self-assessed coping.

4. Study 2

This study adds one new set of factors to those discussed above, namely personality as measured by the Big Five. There has been, over the years, a number of studies using different measures of both personality and coping [33] [34]. They tend to show predictably that Neuroticism - Emotional Stability is most closely linked to coping style preference; specifically more emotional and avoidant people are overall less successful at coping. That is Neurotics adopt less adaptive coping strategies which result in more anxiety and depression which are at the heart of Neuroticism.

On the other hand, Extraverts prefer moderately adaptive social support coping and Conscientious people are more assiduous in selecting and implementing better coping strategies. Hence it is predicted that Emotional Stability (H1), Extraversion (H2) and Conscientiousness (H3) are all positively associated with a subjective rating of successful coping with Covid.

Method

A total of 506 participants completed the questionnaire: 255 were men and 251 were women. They ranged in age from 17 to 61 years, with the mean age being 26.09 years ($SD = 7.49$ years). Almost all had completed secondary school education (97.45%) and 40.3% had a university degree. In total, 66.4% were single and 11.1% married, and 88.5% had no children. They are rated themselves on two scales: "How religious are you?" (*Not at all* = 0 to *Very* = 9) ($M = 3.45$, $SD = 2.70$) and "How would you describe your political beliefs?" (*Very Left Wing* = 1 to *Very Right Wing* = 9) ($M = 6.07$, $SD = 1.86$).

Questionnaires

Self-Esteem. As above each participant rated four other factors on a scale from 1 (*Not Very*) to 100 (*Very*): Physical Attractiveness ($M = 59.06$; $SD = 20.14$), Physical Health ($M = 66.26$, $SD = 19.38$), Intelligence (IQ) ($M = 72.33$, $SD = 14.39$), and Emotional Intelligence ($M = 69.83$, $SD = 19.22$). The Alpha for these four summed items was .73.

Beliefs in a Just World. As in study 1.

Ten Item Personality Measure (TIPI) [35]. This measures five personality traits (Emotional Stability, Extraversion, Openness, Agreeableness, and Conscientiousness) using 2 items each. This measure was designed to maximise content validity and efficiency. Items were measured on a 7-point scale from "strongly disagree" to "strongly agree". It has been used in many studies.

Procedure

As above. The questionnaire took an average of 20 minutes to complete. Participants were paid the standard rate for this task (£2.75). Data was inspected

and cleaned before analysis as noted above.

Results

Table 3 shows the correlational results. There were seven significant correlations with the coping variable: older rather than younger, males more than females, liberal more than politically conservative, optimistic rather than less optimistic, Just more than Unjust World believers and those higher on Conscientiousness, but lower on Neuroticism, had higher coping scores. Thus, four of the general and two of the study specific hypotheses were confirmed.

Table 4 shows the results of the regression where just two factors accounted for 9% of the variance. Emotionally stable optimists had higher coping scores. It was clear that Emotional Stability (low Neuroticism) was most closely related to coping, which is a finding that has been established in other contexts. Indeed, it is the teaching of better and different coping strategies (*i.e.*, cognitive behaviour therapy) that is at the heart of trying to help those with high trait Neuroticism.

5. Study 3

The third study replicated a number of the above study variables as they related to coping with Covid. However, one other was added which concerned self-ratings of change. It seems to be the case that we all want to believe that we can change for the better. Hence there are a many self-help books that promise to provide the answer of how to change personal behaviour, though these are not supported by the empirical literature [36]. It could be a sign of naivety or simply optimism. In this study we used both the optimism and change measures

Table 3. Correlations between all the variables.

	Mean	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14
(1) COVID Cope	6.01	1.88														
(2) Sex	1.50	.50	-.10*													
(3) Age	26.09	7.49	-.10*	-.08												
(4) Degree	1.59	.49	-.03	-.17***	.36***											
(5) Religious	3.45	2.70	-.01	.06	.01	-.08										
(6) Politics	6.07	1.86	-.09*	.20***	.02	-.04	-.32***									
(7) Optimist	6.20	2.32	.20***	-.13**	.03	-.00	.13**	-.03								
(8) JWB	101.26	12.88	.10*	-.09*	-.06	-.02	.08	-.08	.24***							
(9) Self	267.30	54.87	.07	.01	.07	-.13**	.04	.07	.40***	.11*						
(10) Extrav.	7.08	3.08	.01	-.01	.14**	-.01	.12**	-.08	.37***	.06	.26***					
(11) Agreeable.	9.25	2.22	.03	.12**	-.08	-.01	.10*	.01	.25***	.10*	.11*	-.02				
(12) Conscient.	9.58	2.71	.13**	.17***	-.20***	-.17***	.09	-.13**	.09*	.07	.19***	-.05	.16***			
(13) Emot St (N)	7.76	3.05	.31***	-.31***	-.10*	-.04	.05	-.13**	.42***	.25***	.25***	.15**	.19***	.17***		
(14) Openness	10.05	2.43	.02	.05	.03	-.02	.02	.05	.33***	-.02	.25***	.33***	.15***	.04	.12**	

*p < .05, **p < .01, ***p < .001.

Table 4. Regression with Coping with Covid as Criterion variable.

	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>
Sex	.06	.19	.02	0.31
Age	-.01	.01	-.04	-0.72
Degree	.00	.19	.00	-0.00
Religious	-.04	.03	-.06	-1.33
Politics	-.06	.05	-.06	-1.22
Optimist	.11	.05	.13	2.32*
JWB	.00	.01	.01	0.22
Self	-.00	.00	-.03	-0.63
Extraversion	-.03	.03	-.04	-0.83
Agreeableness.	-.04	.04	-.05	-1.10
Conscientiousness.	.05	.03	.07	1.37
Emot Stan (N).	.16	.03	.26	4.90***
Openness	-.02	.04	-.03	-0.63
Adjusted <i>R</i> ²		.089		
<i>F</i>		4.661		
<i>P</i>		.000		

hypothesising that both would be correlated with self-rating coping (H1).

Participants

There were 510 European participants: 255 male and 255 female with an average age of 40.15 (*SD* = 9.19) years. In all 64% were university graduates. 38% were single and 40% married. Nearly all were in employment in a wide variety of jobs, which they specified, and all fluent in English. They indicated to rate: “How religious are you?” (*Not at all*) 0 - 9 (*Very*) (*M* = 3.80, *SD* = 3.03), “What are your political views?” (*Very Conservative*) 1 - 9 (*Very Liberal*) (*M* = 5.77, *SD* = 1.78) and “I am an optimist” (*Disagree*) 1 - 10 (*Agree*) (*M* = 6.35, *SD* = 2.26).

Measures

Self-Esteem. Participants made four ratings on 1 (*Not Very*) to 100 (*Very*): Physical Attractiveness (*M* = 57.51, *SD* = 19.85), Physical health (*M* = 65.73, *SD* = 20.05), Intelligence (*M* = 70.17, *SD* = 14.38) and Emotional Intelligence (*M* = 70.54, *SD* = 17.89). These were combined into a Self-Esteem score with a mean of 263.77 (*SD* = 56.58) and an Alpha of .78.

Change. They were asked “Have you changed much over the past 10 years?”. In all 85.5% said Yes, and 14.5% No.

Procedure

Data was collected on-line through Prolific. Participants were compensated for their time (receiving £1.50). Usual data cleansing and checking led to around 2% of the 630 recruited being rejected before further analysis. The study was run

in December 2021.

Results

Table 5 shows five significant correlates of the coping response. Males more than females, older more than younger, more rather than less optimistic, those with high more than low self-esteem and those who thought they had changed claimed to cope better. Surprisingly, the ratings of optimism and change were not significantly positively correlated. Thus, four of the general, as well as the study specific, hypotheses were confirmed.

Table 6 shows the results of the regression which showed four variables in particular accounted for just over a tenth of the variance. Those males who were optimistic, with higher self-esteem and change-possibility beliefs scored higher on self-rated coping. It indicated that the most powerful correlate was optimism.

Table 5. Correlation between the variables.

	Mean	SD	1	2	3	4	5	6	7	8	9
(1) COVID Cope	6.73	1.83									
(2) Sex	1.50	0.50	-.11 *								
(3) Age	40.15	9.19	.09 *	.03							
(4) Degree	1.35	0.48	.01	.03	.10*						
(5) Religious	3.80	3.02	.09	.10*	-.01	-.04					
(6) Politics	5.77	1.78	-.04	.02	-.15***	.00	-.22***				
(7) Optimist	6.35	2.26	.30 ***	.02	.12**	-.06	.25***	-.04			
(8) Self	263.98	56.59	.21 ***	-.03	-.06	-.14**	.27***	-.04	.45***		
(9) Change	1.14	0.35	.13 **	-.16***	.15***	.03	-.05	-.03	-.03	-.02	

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 6. Regression with Coping with Covid as Criterion variable.

	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>
Sex	-.34	.16	-.09	-2.16*
Age	.01	.01	.04	0.98
Degree	.14	.16	.04	0.89
Religious	.01	.03	.01	0.20
Politics	-.01	.05	-.01	-0.32
Optimist	.20	.04	.25	5.12***
Self	.00	.00	.10	2.15*
Change	.59	.22	.11	2.64**
Adjusted R^2			.110	
<i>F</i>			8.876	
<i>p</i>			.000	

6. Study 4

The final study could be considered a replication of the above studies. Apart from the same demographic, ideological and self-esteem factor this study included a measure of IQ.

Measures

A total of 292 participants completed the questionnaire: 147 were men and 145 were women. They ranged in age from 26 to 76 years, with the mean age being 38.65 years ($SD = 8.76$ years). Almost all had completed secondary school education (94.14%) and 197 had a university degree. They are rated themselves on two scales: "How religious are you?" (*Not at all* = 0 to *Very* = 9) ($M = 3.38$, $SD = 3.12$) and "How would you describe your political beliefs?" (*Very Left Wing* = 1 to *Very Right Wing* = 9) ($M = 5.73$, $SD = 1.97$). Their mean score on the optimism scale was 6.55 ($SD = 2.29$).

Measures

Self-Esteem. Participants made four ratings on 1 (*Not Very*) to 100 (*Very*): Physical attractiveness ($M = 61.39$, $SD = 19.50$), Physical health ($M = 66.91$, $SD = 20.57$), Intelligence ($M = 71.98$, $SD = 15.57$) and Emotional intelligence? ($M = 70.81$, $SD = 17.92$). These were combined into a Self-Esteem score with a mean of 271.10 ($SD = 56.58$) and an Alpha of .74

The Wonderlic Personnel Test [32]. This 50-item test can be administered in 12 minutes and measures general intelligence. Items include word and number comparisons, disarranged sentences, story problems that require mathematical and logical solutions. As above.

Procedure

Participants were compensated for their time (receiving £1.50). Usual data cleansing and checking led to around 2% of the 630 recruited being rejected before further analysis. The study was run in May 2021.

Results

Table 7 shows the correlational results. There were three significant correlations

Table 7. Correlation between the variables.

	Mean	SD	1	2	3	4	5	6	7	8	9
(1) COVID Cope	6.73	1.89									
(2) Sex	1.50	.50	-.14*								
(3) Age	38.18	8.30	.09	.03							
(4) Degree	1.33	.47	.03	.06	.09						
(5) Religious	3.38	3.13	.00	-.12*	.06	.02					
(6) Politics	5.74	1.98	.02	.07	.05	-.11	-.14*				
(7) Optimist	6.55	2.29	.12*	-.03	.16**	-.09	.21***	.19**			
(8) Self	271.11	55.50	.21***	-.16**	-.06	-.32***	.21***	.07	.30***		
(9) IQ	16.25	3.67	.06	-.09	.06	-.07	-.22***	.11	.03	-.06	

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 8. Regression with Coping with Covid as Criterion variable.

	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>
Sex	-.42	.22	-.11	-1.92
Age	.02	.01	.09	1.61
Degree	.46	.24	.12	1.89
Religious	-.04	.04	-.07	-1.14
Politics	-.00	.06	-.00	-.03
Optimist	.04	.05	.05	0.85
Self	.01	.00	.24	3.68***
IQ	.02	.03	.04	0.46
Adjusted <i>R</i> ²			.062	
<i>F</i>			3.384	
<i>P</i>			.000	

with the coping variable: males more than females, optimistic rather than less optimistic, and those with higher self-esteem claimed to cope better. **Table 8** shows the results of the regression where just one factors accounted for 6% of the variance. Those with higher self-esteem claimed to cope better.

7. Discussion

Four studies allowed for the possibility of exploring both replications and a number of different correlates of self-assessed Covid-coping, given that all four studies had the same outcome variable. There were seven variables common across all studies and two were significant in all four: females more than males and less rather than more optimistic people claimed they coped better with Covid. In three studies those with lower rather than higher self-esteem claimed to cope less well, and in two, age was a significant correlate indicating that older people coped less well.

In no study was education related to coping and only one religious and political beliefs. Indeed, in all the regressions apart from sex, neither of the other demographic factors (age, education) nor the ideological factors (religious, political beliefs) were significantly related to self-assessed coping. Whereas it appears that ideology is related to people's beliefs about the origin of Covid as well as whether one should be vaccinated, it does not relate to their self-reported coping.

The additional variables identified in the four studies suggested there were other predictable correlates of coping. The regressions indicated that from the first study IQ was a correlate, but the fourth study failed to replicate this finding. The second identified Neuroticism/Emotional Stability and the third a change mindset. The amount of variance accounted for in the four studies ranged from only 6% to 11% suggesting there were other very important factors that were

playing a role such as health status, social support and economic circumstances.

These studies gave some insight to those interested in helping people in the pandemic. The results suggest that: women more than men, those with lower self-esteem and a sense of optimism, those lower on emotional adjustment and those with a lower change mindset will report poor coping. In short, people who feel good about themselves and seem optimistic about change cope better.

One implication of the results is who to target for help and advice. Certainly, from these results it appears that optimism and self-esteem would be good targets for those interested in assisting those not coping well with Covid or indeed coping in general.

To some degree, these results are highly unsurprising. They tend to indicate that people with higher self-esteem who were also self-confessed optimists claimed to be coping well. Peterson [37] noted that optimism is linked to good mood, perseverance, achievement, and physical health. As it is often conceived as an “attributional style”, it is possible to change. The same is probably true of self-esteem, which it has been argued, with the appropriate intervention can be raised. However, what is perhaps equally interesting, why some of the other factors assessed like religious beliefs were consistently unrelated to coping.

Like all studies this had limitations, perhaps the greatest being the fact that the outcome variable was a simple single rating, albeit that for all studies, it was reasonably normally distributed. It would have been particularly interesting to know each participants’ personal coping style as well as personal experience of Covid, though we did have ratings of their physical health. The coping literature suggests that people tend to adopt various coping styles (e.g., rational), some of which are more adaptive and healthier than others. Our sample was younger, better educated and self-selected which is not ideal, though varied and big enough to explore a number of relationships. There is also the problem with method invariance and item over-lap and it would always be desirable to escape problems of self-report alone (impression management, self-deception) by having other data like behavioural records and observer data. Finally, there is the question of whether the same results would occur if we examined general coping for life’s problems as opposed to specific issues around coping with Covid. It is likely that the increased acuity and chronicity of the Covid-19 simply made clearer the factors that are related to general coping.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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