

COVID-19: Mental Health Crisis, Life Satisfaction and Coping Mechanism

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Abstract

COVID-19 has severely affected the well being of people of our country. The events due to Corona virus pandemic are likely to have profound effect on mental health. This health emergency required to be addressed by the world which brought unwanted consequences to the well being of the citizens in every country. Objective: This study focuses to understand the effect of COVID: 19 on life satisfactions, stress and anxiety level and how are people coping with it. Method: Online questionnaire method was conducted on 130 participants (N= 130) ranging from 18 years of age to 28 years of age. Three scales are used, Satisfaction with Life Scale (SWLS), Depression, Anxiety and Stress Scale- 21 (DASS-21) and Brief Resilient Coping Scale (BRCS) along with subjective questions. Results: The results clearly showed that participants have reported being more satisfied in life before the pandemic and COVID-19 has serious impact on their mental health, most of the participants indulge in adaptive coping methods such as physical activity, music etc to cope with the situation.

Keywords: COVID-19, Pandemic, Life Satisfaction, Stress, Anxiety, Coping Mechanism, Psychological Impact

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Introduction

Pandemic is described as global health emergency which increases the vulnerability towards various mental health problems. Public health crisis predicted the affect of COVID-19 on health, safety and emotional well being of an individual along with the community (Pefefferbaum & North, 2020). In order to keep ourselves safe from the virus, lockdown was imposed all over the country and people were asked to maintain social distancing and to isolate themselves, which disrupted daily routines, work life, personal life and limited social support. People in USA reported experiencing stress in all aspects of their live but uncertainty and changes in routine were highly prevalent (Park, Russell, Fendrich, Fox, Hutchison & Becker, 2020).

The World Health Organisation (WHO), declared COVID-19 as global pandemic on 11th March 2020. Many countries including India took stricter measures to refrain the citizens from getting effected; the aim was to flatten the curve as much as possible. All the measures taken by authorities focused majorly on social distancing, quarantine and lockdown for unpredictable time, this was the only way to slow down the spread of the virus. India was just getting over the trauma of first wave and then again from March 2021 second wave hit the citizens of the country, the doctors and scientists

claimed the new strain of corona virus to be more contagious. In addition to this, stigma and fear are the other aspects of the corona virus outbreak; it was acting as a barrier to the people who wanted to seek help, the scepticism on the authorities and health care providers created a mass panic among citizens (Kar, Arafat, Kabir, Sharma & Saxena, 2020).

All these social factors are contributing to the psychological functioning of an individual during catastrophe, life satisfaction of an individual is assumed to be majorly effected along with stress and anxiety. Life satisfaction can be defined as a measure of well being of an individual and stress can be defined as a reaction to any challenging or crisis situation. An individual experiences stress when he or she is not able to meet the ends to solve the problem. Research suggests that stronger hope, higher level of meaning in life and life satisfaction negatively correlates with anxiety and stress level (Trzebinski, Cabanski, Czarnecka, 2020). This present study investigated the coping mechanism as a positive factor that helps the individual to preserve their mental health. Distracting oneself with productive activities or indulge into hobbies are ways of healthy coping and avoiding or limiting negative media influence helps in thinking positively (CDC, 2020).

The intention of the study is to expand the existing knowledge on psychological impact of such health crisis not only by focusing on the level of stress/anxiety and life satisfaction but also a positive aspect i.e. coping mechanism.

Objective

To understand the effect of COVID: 19 on life satisfactions, stress and anxiety level and different coping strategies.

Hypotheses

- 1) Life satisfaction and general mental health has significantly decreased after Covid-19.
- 2) There is no significant effect of Covid-19 on coping mechanism.

Methods

Participants

Questionnaire method was used to collect the data and participants were invited to fill questionnaire through social media platform. Total 130 participants filled the questionnaire from 18 years of age to 28 years of age. The participants were from different occupational backgrounds.

Tools

Satisfaction with Life Scale (SWLS) developed by Ed Diener is a 5 item scale. The test measures the global cognitive judgement of one's life satisfaction. Reliability has been demonstrated in terms of high internal consistency with a value of 0.87 and stability overtime with a test-retest coefficient of 0.82. The test has adequate criterion validity, good convergent and discriminant validity.

Depression, Anxiety and Stress Scale (DASS-21) is a 21 item scale with 3 subscales having 7 items each. The scale is designed to measure the emotional state of depression, anxiety and stress. It has Cronbach's alpha values of 0.81, 0.89 and 0.78 for the subscales of depressive, anxiety and stress respectively. Also the scale has excellent internal consistency, discriminative, concurrent and convergent validities.

Brief Resilient Coping Scale (BRCS) developed by Sinclair and Willson is a 4 item scale designed to measure the tendency to cope. The scale has internal consistency of $r = .76$ and test-retest reliability $r = .71$. Convergent validity

of the scale is demonstrated by predictable correlations with measures of personal coping resources, coping behaviours, and psychological well-being.

Procedure

The questionnaires were distributed online on different social media platforms. A description about the study was presented along with the questionnaires which mentioned the purpose of the study "to study the impact of covid-19 on stress and anxiety level, life satisfaction and coping". Participants were requested to fill the form and to read the questions carefully. They were asked to answer with the most relatable or applicable option, in case of doubt they were asked to contact through email. Confidentiality was assured to the participants beforehand.

The first part used Satisfaction with Life Scale (SWLS). It is a 5 item scale. Participants were asked to indicate how much they agree or disagree with each item on a 7 point scale. The participants were asked to rate the scale based on pre and post Covid-19 life satisfaction.

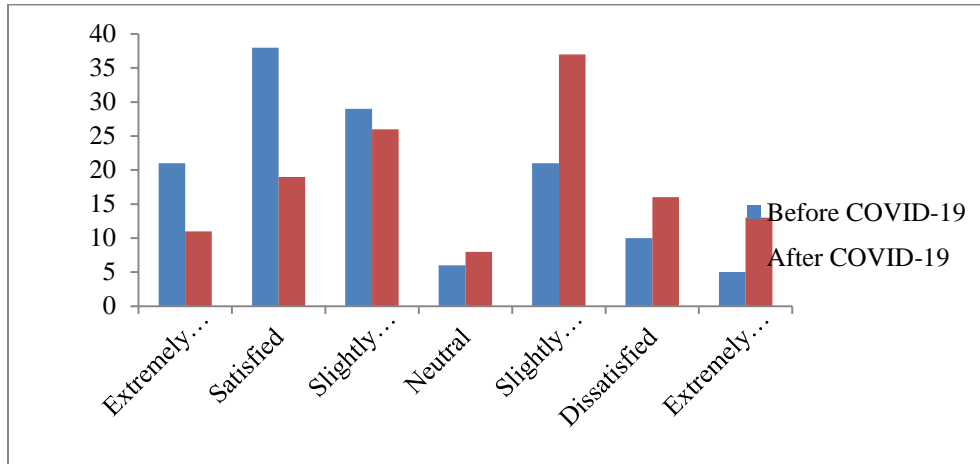
Second section was Depression, Anxiety and Stress scale (DASS-21) which is a 21 item scale. It was used to measure the current level of depression, anxiety and stress among participants. Participants were requested to read the statement carefully and choose the option applied to them over the past one week on the 4 point DASS-21 likert scale. This was followed by a subjective question: "Were you feeling all these signs/symptoms even before COVID-19 or these signs increased after COVID-19?"

The third part used Brief Resilient Coping Scale (BRCS). It is a 4 item scale. Participants were instructed to read the statements carefully and choose a number from the 5 point scale which describes them the most, 5- Describes me very well to 1- Does not describe me at all. In addition to this a subjective question was asked: "How are you coping with stress/anxiety and what are the activities that you do?"

After collecting the data the scoring was done of each scale and participants were thanked for participating in the survey.

Results and Interpretation

The graphical representation of the data collected is shown below:

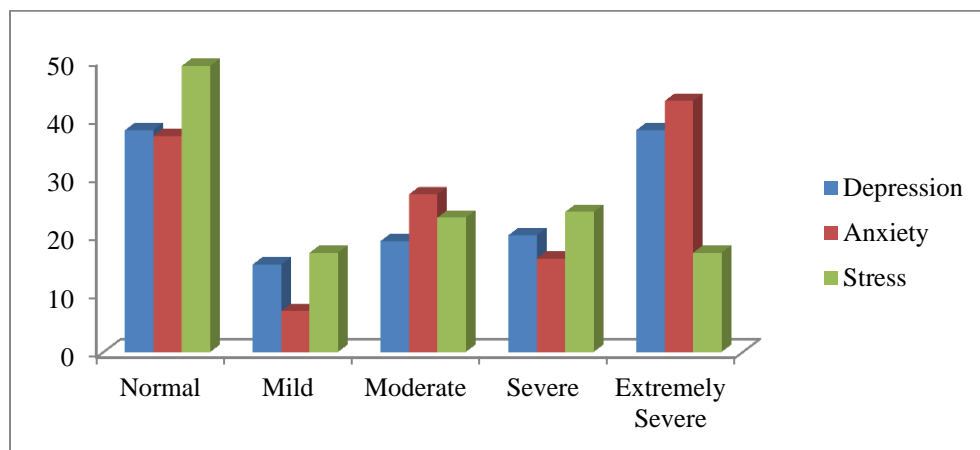


Graph no. 1: Satisfaction with Life Scale (SWLS)

As we can perceive from graph no. 1, out of 130 participants only 11 participants reported to be ‘extremely satisfied’ after the pandemic hit our country. As we can comprehend from the graph, there is a significant decline in the level of satisfaction among participants before and after corona virus, 38 participants reported to be ‘satisfied’ before the pandemic, out of which only 19 participants reported to be satisfied with life after pandemic. No significant difference is noticed in the level of being ‘Slightly Satisfied’, 29 participants reported to be slightly satisfied before, out of which 26 participants are still slightly satisfied with life.

There is a consequential rise in the level of being ‘slightly dissatisfied’ with life, from 21 participants reporting to be slightly dissatisfied the number increased to 37 after the adverse effect of COVID-19. However, there is no significant rise in the level of dissatisfaction among participants. More participants reported to be ‘Extremely Dissatisfied’ after COVID-19, there were 5 participants who were extremely dissatisfied before in life but the impact of COVID-19 increased the number to 13 participants being extremely dissatisfied.

Total number of participants being neutral is 14.



Graph no. 2: Depression, Anxiety and Stress Scale (DASS)

From graph no.2, we can figure out that out of 130 participants 38 participants are facing symptoms of extremely severe depression, 43

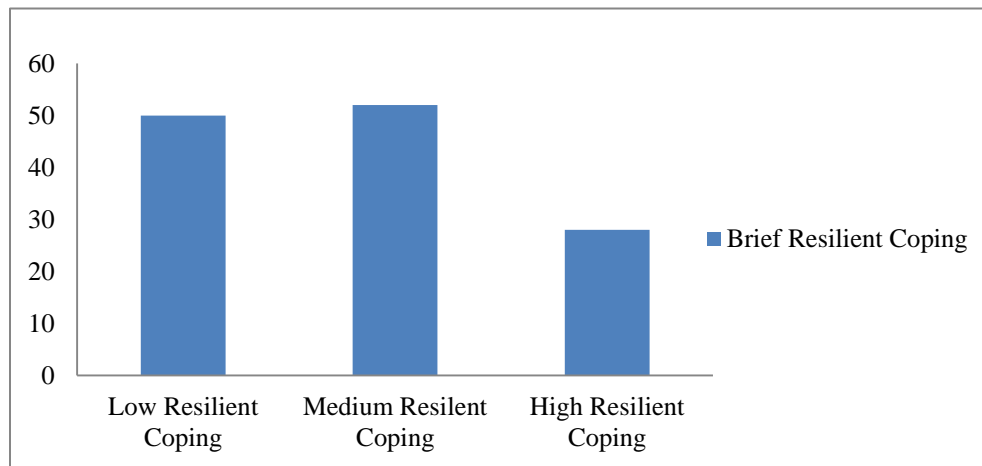
participants put up with extremely severe anxiety and 17 participants endure extremely severe stress at times. Number of participants experiencing

severe depression is 20, anxiety and stress is 16 and 24, respectively. There are 19 participants who reported moderate depression, 27 participants reported moderate anxiety and 23 reported moderate stress. However, number of participants having mild depression is 15, 7 participants are falling under the category of mild anxiety and number participants having mild stress is 17. Notable number participants stand normal level of depression, anxiety and stress i.e. 38, 37 and 49, respectively.

A question was asked in the end of the section: “Were you experiencing all these

signs/symptoms even before Covid-19 or these signs increased after COVID-19?” to which majority of the participants proclaim that the signs and symptoms of stress and anxiety have increased after COVID-19.

Some of the answers were: “Covid worsened things, messed up flow of my life which led to me becoming very pessimistic (especially during lockdown)”; “To a much lesser degree before covid”; “I had these issues earlier but it increased due to COVID-19 due to lockdown”.



Graph no.3: Brief Resilient Coping Scale (BRCS)

The graph for Brief Resilient Coping Scale indicates that 52 participants out of 130 have medium resilient coping making it the highest bar in the graph. We can see significant number of participants i.e. 50, having low resilient coping. It seems to be alarming that only 28 participants have high resilient coping.

Participants reveal using both adaptive and maladaptive coping to deal with the stress and anxiety. Few participants reported consuming alcohol, unhealthy eating habits and sleeping. On the other hand most of them reported indulging into music, work, yoga, meditation and other different activities.

Discussion

In the present study, we investigated the impact of COVID-19 on the level of life satisfaction, depression, stress and anxiety, and coping of individuals coming from diverse backgrounds. During an outbreak of an infectious disease, the psychological reaction of the

population plays a crucial role in determining emotional distress and social disorder during and after the pandemic (Cullen, Gulati & Kelly, 2020). As *graph no.1* evidently indicates, participants were more satisfied with life before the corona virus pandemic and the level of life satisfaction has significantly dropped due to pandemic. Evidence suggest that the increase in stress and anxiety results in lower life satisfaction and disrupts the well being (Rogowska, Kusnierz & Bokszczanin, 2020). The present study supports the evidence and previous research, as notable difference in life satisfaction has been spotted before and after COVID-19 which is suspected to be due to deteriorated mental health. Participants revealed that they are experiencing being more dejection which eventually escalated due to lockdown. They mentioned not being able to follow up their daily routine, socialise with their peers or colleagues and getting worried about future plans somewhat contributed to the

disruption of their life satisfaction and mental health. Previous research findings advocate that fear of COVID-19 hampered future study plan and future career, financial difficulty was also identified as a contributing factor to human stress (Islam, Doza, Khan, Haque & Mamun, 2020). From the present study we can perceive that covid-19 has unsettling affect on the population. Even individuals who did not have any difficulty to deal with problems earlier are in a quandary.

The study not only emphasises on the cynical side but also explores the positive aspect such as coping with the current scenario to retain their sanity. A previous study on anxiety and different coping methods used by nursing students to deal with mental distress during COVID-19 pandemic (Savitsky, Findling, Erel & Hendel, 2020) substantiate our findings by mentioning that engaging into work, providing support to others and maintaining stable educational framework contributes in lowering anxiety. From the findings of present study we can comprehend that participants are indulged more into physical activities like working out, yoga, meditation and daily exercise. It is recommended to do at least some exercise during home quarantine, exercising is considered to be therapeutic and beneficial for overall population (Pavon, Baeza and Lavie, 2020). Others were found to be enhancing their talent such as music, playing certain instrument or by listening to their choice of music. It can be assumed that listening to preferred music might be an adaptive coping strategy in time of social isolation (Krause, Dimmock, Rebar & Jackson, 2021). Talking to friends, family and someone trustworthy also turned out to be beneficial, venting out our own thoughts is considered to be therapeutic rather than bottling it up. Few participants revealed indulging into maladaptive coping like consuming alcohol or cigarettes to deal with the stress in fact some prefer to sleep all day. From the results it is deciphered that in pretext of lower life satisfaction few participants gave way to maladaptive activities.

Conclusion

A pandemic comes with a lot of consequences because of the uncertainty of its nature. COVID-19 not only disseminates infection but also state of panic and fear among the

population which resulted into various mental health hazards. With prolonged isolation and quarantine people are advised to engage themselves with healthy daily routine. To keep the unwanted thoughts away one can talk to someone close to them, they might even come up with a solution to your problem. It is imperative to understand that it is possible to cope up with mental health issues and refrain from the negative aspects of life.

References

- C.D.C (2021). Coping with stress. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
- Cullen, W., Gulati, G., & Kelly, B.D. (2020). Mental health in the COVID-19 pandemic. *QJM: An international journal of medicine*, 11, 311-312. <https://doi.org/10.1093/qjmed/hcaa110>
- Islam, S.M., Doza, M.B., Khan, R.M., Haque, M.A., & Mamun, M.A. (2020). Exploring COVID-19 stress and its factors in Bangladesh: A perception based study. *Heliyon*, 6, <https://doi.org/10.1016/j.heliyon.2020.e04399>
- Kar, S.K. et al. (2020). Coping with mental health challenges during COVID-19. *Springer*, https://doi.org/10.1007/978-981-15-4814-7_16
- Krause, A.E., Dimmock, J., Rebar, A.L., & Jackson, B. (2021). Music Listening predicted improved life satisfaction in University students during early stages of the COVID-19 pandemic. *Frontiers in Psychology*, 11, <https://doi.org/10.3389/fpsyg.2020.631033>
- Park, C.L. et al. (2020). Americans' COVID-19 stress, coping and adherence to CDC guidelines. *Journal of general internal medicine*, 35, 2296- 2303. <https://doi.org/10.1007/s11606-020-05898-9>
- Pavon, D.J., Baeza, A.C., & Lavie, C.J. (2020). Physical exercise as therapy to fight against the mental and the physical consequences of COVID-19 quarantine: Special focus on older people. *Progress in cardiovascular diseases*, 63, 386-388. [10.1016/j.pcad.2020.03.009](https://doi.org/10.1016/j.pcad.2020.03.009)

- Pfefferbaum, B., & North, C.S. (2020). Mental health and the covid-19 pandemic. *The New England journal of medicine*, 510-512. 10.1056/NEJMp2008017
- Rogowska, A.M., Kusnierz, C., & Bokszczanin, A. (2020). Examining anxiety, life satisfaction, general health, stress and coping styles during covid-19 pandemic in Polish sample of university students. *Psychology research and behaviour management*, 13, 797-811. 10.2147/PRBM.S266511
- Savitsky, B., Findling, Y., Erel, A., & Hendel, T. (2020). Anxiety and coping strategies among nursing students during the COVID-19 pandemic. *Science Direct*, 46. <https://doi.org/10.1016/j.nepr.2020.102809>
- Trezebinski, J., Cabanski, M., & Czarnecka, J.Z. (2020). Reaction to COVID-19 pandemic: The influence of meaning in life, life satisfaction and assumptions on world orderliness and positivity. *Journal of loss and trauma*, 25, 544- 557. <https://doi.org/10.1080/15325024.2020.1765098>