

Coping Mechanisms and Emotional Distress for Young People and Adults in Pandemic Context

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Abstract: The COVID-19 pandemic context put to test all adaptive skills of human beings around the world. In this disruptive context, a sample of 401 respondents (173 male and 228 female), aged between 19 and 65 years old, were assessed using the Unconditional Self-Acceptance Questionnaire (USAQ), the Cognitive Emotion Regulation Questionnaire (CERQ), the Emotional Distress Profile (PDE) and the Autonomy Questionnaire, from Cognitrom Assessment System. The main objectives of the study aimed at identifying the significant differences in emotional distress, coping mechanisms, autonomy and self-acceptance based on gender and age as grouping variables, and the significant relationships between all these variables. Statistics show differences in behavioural and emotional autonomy between male and female, differences related to catastrophizing and blaming others as resilience mechanisms between male and female, differences in self-acceptance and positive assessment (as coping mechanism) between young people and adults, and significant negative correlations between emotional distress and all types of autonomy (value, cognitive, behavioural and emotional), significant positive correlation with coping mechanisms like blaming others, catastrophizing, self-blame and acceptance, and significant negative correlation with positive assessment and refocusing on planning. All results are discussed in the context of the disruption caused by the pandemic context and in relationship with the necessity of supporting people to maintain their mental health and well-being, now more than ever, with the new turning back to the previous way of life caused by the lifting of the state of alert by the authorities.

Keywords: *Emotional distress, coping mechanisms, autonomy, young people, adults.*

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1. Introduction

The COVID-19 pandemic became subject of extensive research. Pandemic and epidemics are not new phenomenon for humanity (Rana, Bhatti, Aslam, Jamshed, Ahmad & Shan, 2021), human history being loaded of records of such past events, and even more recent ones, in the beginning of the 21st century. Still, the COVID-19 pandemic is considered one of the worst events in recent history, with an estimated impact on more than 186 countries in the world, and with a huge negative effect on economy, commerce, tourism, education, health, politics, and every other aspect of human daily life.

Having affected our daily life in unprecedented ways (Giuntella, Hyde, Saccardo & Sadoff, 2021), the COVID-19 pandemic challenged people worldwide to adapt to the rapid turns and changes that created chaos in all societies and cultures. Adaptation is a conduct change process, involving adjustment to environmental and/or individual conditions (Călin, 2017), and at this point, we can state that both adaptation skills and resilience have been heavily put to test in the past two years.

We can argue that critical events, like the COVID-19 pandemic, become turning points in the functioning of entire societies, especially when people need to face such dangerous progression (Mamzer, 2020). Having a certain sense of control over reality is the motor of daily effective functioning for many people, but when disruptions at such a large scale emerge, this causes existential fears and disorganization.

After two years of pandemic, we can argue that much has changed for the postmodern society, politically, socially, economically, and even ecologically (Baumlin, 2020). The author states that the pandemic shifted people's perception, attitudes, and values, from what they thought to be a hopeful future to a crisis of political trust versus scientific expertise in fighting and controlling the virus. Such crisis resulted in panic, confusion, or mistrust in authorities.

In addition to the serious effects it had on physical health, and with more than 6 million deaths world-wide reported by the World Health Organization (2022), the COVID-19 pandemic caused a significant negative impact on people's mental health, causing anxiety, depression, distress, and uncertainty (Sandu, Enache, Milos & Stirbetiu, 2021). After two years of crisis, the prevalence of depression in Romania is 5%, namely 931.842 cases, according to World Population Review (2022). These numbers are important in the context in which depressive cognitions are strongly correlated to

negative psychosocial variables, among which we can list negative thoughts, anxiety, loneliness, hostility (Kessedjian, 2020), aversive emotional, cognitive, or physical states (Vijay, Paquette & Douglas, 2020).

Scientists argued the changes in social structures that the pandemic caused, and in the relationship among family members, community level and large-scale social level (Bintube, 2020). People experienced fear, sorrow, grief, social pressure (especially related to the imposed restrictions), and even social stigma (for example, in the context of the dispute between vaccinated and non-vaccinated people).

Moral values were adjusted, the human existence itself was redefined, inequity among individual members of the society was increased, and all these had enormous consequences on many families, on their survival, on their social life.

Another overall negative impact of the pandemic concerned education and young people, equally important dimensions of the postmodern society.

On one hand, the educational systems faced shifts from face-to-face education to the online environment, thus challenging both teachers and students to develop digital competences, authorities to adapt the curriculum, educational institution's management to ensure the technological infrastructure (Marinoni, van't Land & Jensen, 2020). Everyone needed to adjust to using communicational technologies in the daily activities, overcoming the awkwardness of speaking to the screen of the laptop, thus resilience to technological challenges and mental stress became important to manage (Chandasiri, 2020). Disruption in time spent on online classes and self-study, the environment of learning, changes in daily routine and in sleeping habits (Chaturvedi, Vishwakarma & Singh, 2021) are also important factors to be considered in relationship with their long-term effects.

On the other hand, a very important aspect for the postmodern society is the influence of COVID-19 pandemic on the career decision-making, that became more difficult to assume in these new conditions (Mares, Cojocariu & Cîrtita-Buzoianu, 2021), authors observing a tendency to focus on training areas dominated by practical aspects.

Furthermore, the COVID-19 pandemic seriously affected autonomy in all its aspects, with important consequences on motivation, free will and achievements (Modrek, Hass, Kwako & Sandoval, 2021), the restrictive measure taken by authorities world-wide being an important factor in the disruption of the meeting of the social connection needs of all human beings. In the context in which studies show that social support is important

in relieving the negative effects of life stressors (Kunst, Bekker, Maas, van Assen, Duijndam & Riem, 2021), the consequences of the pandemic have been one of the focus themes of researchers in the past few years.

As we can conclude at this point, the COVID-19 pandemic caused mentality changes in nations world-wide, creating the framework for differently interpreting and understanding internal relationships in society (Tulenkov, Gugnin, Shtepa, Patynok & Lipin, 2021) and shaping a new cultural understanding of the individual life.

2. Literature review

The main variables of our research are emotional distress, autonomy, self-acceptance and coping mechanisms of youth and adults. We will discuss each of them in the following part of the paper, also arguing the relationships between these dimensions.

Emotions are dependent variables or etiquettes used to describe certain changes produced in different levels (David, Holdevici, Szamoskozi & Băban, 2000). In the emotional process, the intensity is determined by both physiological components and the cognitive components that influence the quality of an emotion. Positive emotions are related to pleasure and satisfaction, while negative emotions are related to dissatisfaction and emotional distress, which is a state of mental anguish with a variety of forms (Kandola, 2020) and a broad area of interference on different aspects of mental health and psychological well-being. One of the mechanisms of emotional distress seems to be an imbalance in the neurotransmitter levels (Barandouzi, Lee, del Carmen Rosas, Chen, Henderson, Starkweather & Cong, 2022), that causes both depression and anxiety. According to some authors, emotional distress is the essence of a bifactor model, in which anxiety and depression share this strong general factor (Spence & Rapee, 2022).

Among the symptoms of emotional distress, Kandola (2020) lists feelings of helplessness, hopelessness, difficulties of remembering or thinking, relying on substance consumption, isolation, anger and irritability, fatigue and even difficulties in keeping up with daily tasks. Thus, emotional distress is a source of danger for self-esteem, self-efficacy, and psychological well-being (Rus, Matei, Sandu, Delcea & Siserman, 2020), also being related to both various clinical disorders and adaptive coping strategies (Costea-Bărlutiu, Rosan & Matei, 2021). Studies show numerous evidence linking stress to emotional disturbances like anxiety (Besharart, Khadem, Zarei & Momtaz, 2020), boredom (Yan, Gan, Ding, Wu & Duan, 2021), criticism

and exclusion (Dooley & Fitzgerald, 2013), internet addiction (Hamami, Galand Abdul Aziz & Sa'id, 2022), increased vulnerability (Hamaideh, Al-Modallal, Tanash & Hamdan-Mansour, 2021), fear, sadness, anger, or nervousness (Brooks, Webster, Smith, Woodland, Wessly, Greenberg & Rubin, 2020), mood swings, irritability, depression, and burnout (Brickham, Yaghmaian, Morrison, Bowes, Rosenthal & Tang, 2022). The long-term impact of the pandemic caused stressful life events, and research shows that these stressful events predict changes in brain structure and increase psychopathological manifestations (Fassett-Carman, Smolker, Hankin, Snyder & Banich, 2022).

Stress is perceived as a current problem with multiple implications, almost unavoidable, with which most people must confront daily (Rus et al., 2020), that affects both emotional and mental state. A stressful situation puts the whole body in a state of alert, causing discomfort that interferes with human activities (Valdez López, Marentes Patrón, Correa Valenzuela, Hernández Pedroza, Enríquez Quintero & Quintana Zavala, 2022), affecting health, productivity, interpersonal relations, and causing accidents (Jha, Bhoi, Saha, Singh, Mukherjee, Sharma & Jayarani, 2022).

To deal with stressful situations, people develop coping mechanisms that help them face everyday challenges (Sinescu & Raban-Motounu, 2019). Of all these mechanisms, some are effective in dealing with distressful experiences, and other predispose the user to vulnerabilities and emotional dysfunctions. A series of coping mechanisms are directly addressed to the stressor and are focused on the problem itself, and other mechanisms are focused on emotional management and target the emotional regulation associated to the stressor (Compas, Orosan & Grant, 1993). The coping mechanisms that this research studies are (Perte & Tincas, 2010): self-blame (constant thoughts throughout which people blame themselves for what happened), acceptance (people tend to resign to what happened), rumination (people think continuously to the associated feelings and ideas of the negative event), positive refocusing (which means thinking to pleasant things and not to the event itself), refocusing on plans (people think about the steps they will follow to face the event), the positive reevaluation (through which people give a positive meaning to the event, in terms of personal development), placing in perspective (people minimize the severity of the event, especially when compared to other events), catastrophizing (by which people accentuate in an explicit way the terror caused by the event), and blaming others for what people believe that happened.

One important factor in managing negative emotions and stressful situations is psychological resilience, a dynamic and adaptive process

throughout which people deal with adversity (Connor & Davidson, 2003). Studies show that resilience is significantly related to mental health (Haddadi & Besharat, 2010) and that one of the protective factors of resilience is self-acceptance.

According to some authors, self-acceptance is a judgement of the actual self (Chen, Liu, Zhang & Li, 2017), namely a positive attitude regarding an individual's past, present and future. Studies show that high levels of self-acceptance greatly support mental health and reduce depression (Chen et al., 2017), thus leading to happiness and proving to be a crucial factor when going through stressful life events and when recovering from traumatic events (Tibubos, Köber, Habermas & Rohrman, 2019). It seems that self-acceptance helps individuals to accept their vulnerabilities and limitations, to judge themselves in a more positive way, to recognize their weaknesses and strengths. This is, on the other hand, a part of the self-regulation process, which is a combination of cognitive, emotional, and social skills (Meuwissen & Carlson, 2019), thus being a crucial factor of long-term success, mental and physical health. Self-regulation is part of individual's autonomy, allowing people to use their skills, to correct mistakes, to identify alternative perspectives, to set appropriate goals, to be responsible and to experience self-efficacy (Bindman, Pomerantz & Roisman, 2015).

Autonomy and, implicitly, self-regulation are resorts upon which motivation is built, that allow personal psychological growth, social integration, and psychological well-being (Deci & Ryan, 2002). Autonomy can be thus defined as people's desire to regulate and self-control their own behavior (Nikou & Economides, 2017). Furthermore, autonomy is a critical milestone for individuals, contributing to the development of responsibility, self-confidence, freedom of choice and self-regulation (Chen, Lo, & Wang, 2020).

3. Objectives and hypotheses

This study aimed at: (1) identifying the significant differences in emotional distress, coping mechanisms, autonomy and self-acceptance based on gender and age as grouping variables, and (2) identifying the significant relationships between all these variables.

The hypotheses we approached are: (1) We presume the existence of significant differences between male and female regarding emotional distress, autonomy, self-acceptance and coping strategies; (2) We presume the existence of significant differences between young people and adults regarding emotional distress, autonomy, self-acceptance and coping

strategies; (3) We presume there is a correlation between emotional distress and autonomy, self-acceptance and coping strategies.

4. Sample and instruments

The sample comprised 401 respondents, 173 male and 228 female, of which 221 aged between 19 and 34 years old, and 180 aged between 35 and 60. All respondents are residents of Constanta County, both from urban and rural areas. The data was collected in March-October 2021, through online questionnaires.

The ethics of the research were respected, confidentiality of the responses was ensured, and informed consent was obtained from all respondents.

The instruments we used are part of Cognitrom Assessment System (CAS++), standardized and adapted on Romanian population. We used Unconditional Self-Acceptance Questionnaire (USAQ), Profile of Emotional Distress (PED), Cognitive Emotion Regulation Questionnaire (CERQ), and the Personal Autonomy Questionnaire (PAQ).

The Unconditional Self-Acceptance Questionnaire (USAQ) is an instrument that measures elements of the cognitive schema concerning oneself, that is closely related to psychological well-being because it represents the overall evaluation process of the own person. It assesses the behaviors and not the person itself, who is accepted unconditionally regardless of performance, because it is too complex and continuous change to be evaluated globally, starting only from a sample of concrete behaviors in concrete situations.

The Profile of Emotional Distress (PED) is a questionnaire that measures both dysfunctional and functional negative emotions, namely fear and sadness/depression.

The Cognitive Emotion Regulation Questionnaire (CERQ) is a multidimensional questionnaire that aims to identify the cognitive coping strategies that a person uses after experiencing certain events or negative situations. Thus, the survey gives an important assessment over people's emotional regulation in response to emotional events that have the effects of aggravation of individual emotions.

The Personal Autonomy Questionnaire (PAQ) assesses four dimensions: cognitive, behavioral, emotional and value autonomy. Autonomy is conceptualized as the individual's capacity to govern oneself, to self-regulate, to be independent, to make decisions and choices, to understand the consequences of these decisions, to be self-confident, to be

independent, to take into account one's own interests, needs and values, and to freely revise one's actions without being controlled by external forces.

5. Results

The Shapiro-Wilk normality test showed asymmetrical distribution of scores for all considered variables. Thus, we used only non-parametric comparison and correlation tests.

The first set of hypotheses assumed differences between male and female regarding all variables. We applied Mann-Whitney U Test and obtained the following results:

Table 1. Comparisons based on gender

Variable	Gender	Mean Rank	U-Test	Sig.(2-tailed)
Emotional distress	1	213.00	17646.000	.071
	2	191.89		
Autonomy - values	1	203.82	19234.000	.671
	2	198.86		
Cognitive autonomy	1	203.50	19290.000	.707
	2	199.11		
Behavioral autonomy	1	173.59	14980.000	.000
	2	221.80		
Emotional autonomy	1	216.58	17027.000	.019
	2	189.18		
Personal autonomy	1	194.28	18559.000	.312
	2	206.10		
Self-acceptance	1	209.82	18196.500	.184
	2	194.31		
Self-blame	1	210.11	18146.000	.169
	2	194.09		
Acceptance	1	207.36	19621.000	.336
	2	196.17		
Rumination	1	196.80	18995.000	.526
	2	204.19		
Positive refocus	1	193.75	18468.000	.274
	2	206.50		
Refocus on planning	1	189.06	17657.000	.071
	2	210.06		
Positive assessment	1	188.07	17485.000	.051
	2	210.81		
Perspective	1	201.18	19691.000	.979
	2	200.87		

Catastrophizing	1	220.49	16350.000	.003
	2	186.21		
Blaming others	1	219.44	16532.000	.005
	2	187.01		

By analysing this table, we can conclude that the hypothesis was confirmed and that significant differences were discovered for behavioral autonomy, emotional autonomy, and the coping strategies of catastrophizing and blaming others. Female respondents showed higher levels of behavioral autonomy, male respondents showed higher levels of emotional autonomy, and scored higher in the two coping mechanisms (catastrophizing and blaming others).

The second set of hypotheses assumed the existence of differences between young people (1=19-34 years old) and adults (2=35-60 years old) regarding all variables. Results are shown in the next table:

Table 2. Comparisons based on age

Variable	Age	Mean Rank	U-Test	Sig.(2-tailed)
Emotional distress	1	204.79	19053.000	.469
	2	196.35		
Autonomy - values	1	197.96	19217.500	.560
	2	204.74		
Cognitive autonomy	1	198.03	19234.500	.570
	2	204.64		
Behavioral autonomy	1	193.26	18180.500	.138
	2	210.50		
Emotional autonomy	1	190.84	17645.000	.051
	2	213.47		
Personal autonomy	1	193.97	18336.500	.178
	2	209.63		
Self-acceptance	1	188.13	17045.000	.014
	2	216.81		
Self-blame	1	208.18	18303.500	.168
	2	192.19		
Acceptance	1	196.58	18913.000	.395
	2	206.43		
Rumination	1	199.57	19573.000	.783
	2	202.76		
Positive refocus	1	204.08	19208.500	.554
	2	197.21		
Refocus on planning	1	206.71	18627.500	.272
	2	193.99		

Positive assessment	1	212.76	17290.000	.786
	2	186.56		
Perspective	1	202.42	19577.000	.839
	2	199.26		
Catastrophizing	1	199.94	19655.500	.839
	2	202.30		
Blaming others	1	196.59	18914.500	.397
	2	206.42		

By analysing this table, we can conclude that the hypothesis was confirmed, but significant differences were discovered only for self-acceptance, with adults having significant higher levels than youth.

The last set of hypotheses assumed the existence of correlations between emotional distress and all other variables. Results are shown in the table below:

Table 3. Correlations between emotional distress and other variables

Variable	Correlation Coefficient	Sig.(2-tailed)
Autonomy - values	-.124*	.013
Cognitive autonomy	-.125*	.000
Behavioral autonomy	-.284**	.000
Emotional autonomy	-.118*	.018
Personal autonomy	-.256**	.000
Self-acceptance	-.004	.932
Self-blame	.176**	.000
Acceptance	.164**	.001
Rumination	.069	.169
Positive refocus	-.089	.076
Refocus on planning	-.157**	.002
Positive assessment	-.162**	.001
Perspective	.055	.274
Catastrophizing	.263**	.000
Blaming others	.356**	.000

By analysing this table, we can conclude that the hypothesis was confirmed. We obtained modest but significant correlations between emotional distress and value autonomy, cognitive autonomy, behavioral autonomy, emotional autonomy, overall personal autonomy, and

correlations with coping mechanisms (refocusing on planning, positive assessment, catastrophizing and blaming others).

6. Discussion

The first category of significant differences obtained concerns the higher levels of behavioral autonomy of women, the higher levels of emotional autonomy of men, and the preference of male respondents for the use of catastrophizing and blaming others as coping mechanisms.

Studies show that changes in the organization of a household and the process of decision-making more often encountered in women (Rahman, Mostofa & Hoque, 2014), that have a better understanding and a better overall image of the necessities. Women can negotiate and to decide over family planning (Seidu, Aboagye, Okyere, Agbemavi, Akpeke, Budu, Saah, Tackie & Ahinkorah, 2021), they are usually more sensitive and carrying, they serve others (Heilman & Wallen, 2010), taking care of their family members, ensure all the necessities of the household (from shopping to different kinds of activities), and even gained financial independence in the context of the postmodernist society (Apostu, 2017; Fakir, Anjum, Bushra & Nawar, 2016). Thus, women empowerment increased women's autonomy, contributing to the shift from subordinate to a partner with equal rights in most civilized societies. Many studies concerned themselves with women's autonomy regarding pregnancies during COVID-19 pandemic (Linden & Maimburg, 2020; Sweet, Wilson, Bradfield, Hauck, Kuliukas, Homer, Szabo, Wynter & Vasilievski, 2021), that significantly changed maternity and health practices, from prenatal monitoring to postnatal support. Furthermore, research documented the fact that men suffer from greater morbidity and mortality once infected with the virus (Connor, Madhavan, Mokashi, Amanuel, Johnson, Pace & Bartz, 2020), thus resulting in gender differences in some areas of everyday life. Furthermore, especially during the state of emergency in Romania, one employed parent had the right to take a leave and stay home with the children under the age of 12, while the other parent went to work. In this context, many women remained home to take care of their children, thus exercising all aspects of behavioral autonomy.

On the other hand, men scored higher in emotional autonomy, thus showing increased independence from their families, friends, colleagues, also correlated with higher reported self-confidence (Laitonjam & Jatinder, 2014), proving that while women define themselves through connectedness, men define themselves through separation. Studies show that starting from adolescence to adulthood, gender is significantly correlated with the

development of autonomy (Dutra- Thomé, Marques, Seidl-de-Moura, de Oliveira Ramos & Koller, 2019), although traditional adult role (like marrying, having children and a job) are no longer associated with autonomy, but rather the separation and independence from families, assuming the responsibility for oneself, or focusing on becoming a self-sufficient person.

Men also score higher in catastrophizing and blaming others as coping mechanisms. Although specialized literature shows that usually women score higher in catastrophizing as a dysfunctional coping mechanism, we believe that the pandemic context may have altered that. As previously said, many women remained at home, while men continued to work, thus exposing themselves much more to possible interactions with the virus. In the context in which anxiety escalated during the COVID-19 pandemic, the fear of being infected also caused problems in adaptation, along side with fear of death. Everyday mass-media exposed statistics and information about the effects of COVID-19, thus increasing some hypochondriac manifestations in men, leading to poorer functioning in different areas. Authors also found that catastrophizing was associated with greater work disability for men only (El-Shormilisy, Strong & Meredith, 2015).

Another important aspect to mention is the fact that although depression rates are higher in women compared to men (Ingram, Miranda & Segal, 1998), we cannot leave aside the influence of individual vulnerability factors, such as neuroticism and attributional styles that may contribute to an increased risk of catastrophizing. And with the pandemic context that impacted men and women alike, we can assume that men developed less effective ways of coping to the stressful situations they had to deal with. Catastrophizing is a coping strategy positively related to depression (Garnefski, Teerds, Kraaij, Legerstee & van den Kommer, 2004) and although we did not obtain a statistically significant difference, we can see in Table 1 that the emotional distress reported by men was higher than that reported by women.

In terms of blaming others as coping mechanism, men also scored higher, meaning they have different emotional regulation mechanisms. Blaming others is an externalizing coping strategy, different than the ones women usually use, which are internalizing, like blaming oneself (Lewis, Haviland-Jones & Feldman Barrett, 2008). Men feel the stressor as something that must be endured and in the pandemic context this attribution was most probably appraised as unchangeable, also considering the amount of time passed within the restrictive frame.

The second category of significant differences showed that self-acceptance is higher in adults than in youth. Self-acceptance protects people from stressful situations, and it is also an important factor for alleviation of social and emotional problems. In the pandemic context, anxiety and depression raised greatly, thus leaving space for self-depreciation. Our results show that many young people feel bad about themselves, especially under the influence of the pandemic as external factor. Self-acceptance is closely connected, for example, to physical attraction, and the extensive use of technology and virtual environments makes it much easier for others to tease and bully. Thus, the pandemic context also created a framework for low ratings of self-worth for young people. Studies show that usually young people score lower than adults in self-esteem and shyness (Durkin, Toseeb, Botting, Pickles & Conti-Ramsden, 2017), fact that impacts the overall self-acceptance.

Furthermore, longitudinal studies show that emotionally stable extraverted and conscientious people experience higher self-esteem and self-acceptance than their opposites (Erol & Orth, 2011).

The third category of significant correlations showed small correlations between emotional distress and value autonomy, cognitive autonomy, behavioral autonomy, emotional autonomy, overall personal autonomy, and correlations with coping mechanisms (refocusing on planning, positive assessment, catastrophizing and blaming others).

The negative correlation between emotional distress and value autonomy, cognitive autonomy, behavioral autonomy, emotional autonomy, and overall personal autonomy, shows that if emotional distress reaches higher values, all aspects of autonomy are affected, fact also suggested by other studies (Inguglia, Ingoglia, Liga, Lo Coco & Lo Cricchio, 2015; García-Mendoza, Parra, Sánchez-Queija, Bernardino & Freijo, 2020). Emotional distress is strongly related to depression and anxiety, which in turn are related to dependence (Birtchnell, 1984).

Emotional distress is also positively related to coping mechanism like blaming others, catastrophizing, self-blame, and acceptance. All these strategies are dysfunctional emotional coping mechanisms, and as a result they have a great impact as predictors of depression, anxiety, stress, anger and sadness (Martin & Dahlen, 2005; Garnefski, van den Kommer, Kraaji, Teerds, Legerstee & Onstein, 2002), also being predictors of major depressive disorder in clinical population (Lei, Zhang, Cai, Wang, Bai & Zhu, 2014). Emotion regulation strategies play an important role when an individual encounters negative events and stress. While catastrophizing involves exaggerated threat appraisal and thoughts that explicitly emphasize

the terror of an experience, self-blame shifts the negative emotions towards the individual itself. A catastrophizing coping style is positively related to depression and anxiety.

People that use acceptance as a coping strategy through which people resign in face of situations that they cannot overcome or change. And the pandemic context was just such a context in which things were almost literally out of our hands. People had to wait and see the evolution of the pandemic and to more or less willingly obey the legislation imposed by the Romanian government throughout this period. Maybe the most iconic example is the dispute towards COVID-19 vaccine, that divided population in two sides, one considering a necessity to take the vaccine, and the other opposing it. Authorities tried to come up with some constraints, like introducing the green certificate in public institutions. At this point people had to make a choice, either to accept and renounce to certain activities, or to accept and get the vaccine.

Furthermore, even in this moment, with the annulment of all restrictions starting with the 8th of March 2022, people have to accept they need to return to their old habits and duties. For students and universities, for example, the impossibility of continuing courses in online platforms raised many arguments and protests, but in the end, whether they like it or not, classes had to continue in face-to-face form, and adjustments to the new approach have to be made step-by-step, solving problems as they arise.

Thus, our results are consistent with studies that argue that certain cognitive emotion regulation strategies that an individual uses to deal with a life stressor are associated with psychological distress (Li, Zhu, Yang, He, Yi, Wang & Zhang, 2015).

Emotional distress negatively correlates with positive assessment and refocusing on planning. Planning means thinking and decision making, and in this context, people with this coping mechanism carefully analyse what steps to take next and how to better handle a negative event. This is the opposite attitude of an anxious individual, this mechanism being in fact much closer to resilience.

Positive refocusing, characterized by thinking about joyful and pleasant matters instead of a negative event, is negatively related to depression (Garnefski, Kraaji & Spinhoven, 2001). Positive assessment or positive reappraisal enables people to attach a positive meaning to a negative event in the context of personal growth, and this strategy is negatively related to anxiety (Garnefski et al., 2001). In the pandemic context this coping strategy may have linked the social isolation with the joy of reuniting with the family, with spending more time with the loved ones, for example.

Many people stated they rediscovered Romanian traditional cuisine during isolation and prepared the childhood's meals that their grandparents used to cook. Other people acknowledged that some savings were made due to the impossibility of taking a vacation during isolation.

7. Limits of the study

There are several limits to this research, one of them related to the fact that it cannot be considered representative for all Romanian population, as we used a convenience sample. Furthermore, the assessment was conducted through online questionnaires, thus the interaction with respondents was limited. Also, we did not consider other important personality factors (like neuroticism or extraversion) and other demographic variables like socio-economic status, the quality of being employed or unemployed, level of education and field of professional activity. Moreover, some of our results are opposite from the ones available in the specialized literature, and this fact limits our capacity to compare our research with similar ones.

8. Conclusion

Our study aimed at assessing emotional distress, autonomy, self-acceptance, and coping strategies in the pandemic context. All our objectives were demonstrated. We had three sets of hypotheses that confirmed the following facts:

- Women have higher levels of behavioral autonomy,
- Men have higher levels of emotional autonomy,
- Men use catastrophizing and blaming others as coping mechanisms,
- Adults have higher levels of self-acceptance than youth,
- Emotional distress is negatively related to all dimensions of autonomy (value, cognition, behavior and emotion) and to overall personal autonomy,
- Emotional distress is negatively related to positive assessment and focusing on planning as coping strategies,
- Emotional distress is positively related to blaming others, catastrophizing, self-blame, and acceptance, as coping strategies.

Our results were analyzed in the COVID-19 pandemic context, that significantly altered all aspects of human life. This raises the problem of psychological and social support that is needed for people to be able to adjust to so many changes that are happening in such short periods of time. Although restrictions have been lifted, the COVID-19 pandemic is far from

being over, fact suggested by the information from the media stating new rises of infected people.

Many people have already started to completely disregard all protective measures, and in time, this may be a new challenge if another wave of infections will start.

Furthermore, new challenges and anxieties arise from the current political context, with the war between Ukraine and Russia literally happening at Romanian borders. New anxieties have already appeared and in this context of so many sources for negative emotions, ensuring psychological well-being and mental health should be a priority.

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