



ORIGINAL RESEARCH PAPER

Psychology

EMOTIONAL WELL-BEING AND COPING STRATEGIES AMONG ADULTS DURING COVID-19 PANDEMIC

KEY WORDS: Adolescence, Covid-19, Coping Strategies, Emotional Wellbeing.

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ABSTRACT

The corona virus disease 2019 covid - 19 pandemic may be stressful for adults. The social separation is the effort to help to reduce the corona virus curve, colleges across the nation have closed their campuses and shelters, forcing students to leave their campus community, friends, classes, and routine procedures are changed. In this pandemic situation the students and job going workers or adults are facing lots of problems. For the college students they did not write their semester exam. After that the government announced expects final year students they are cancelled the exam. But the final year students have exam they are confused about their exam and their career. After the exam only they are going to their job otherwise they did not get the job. Many students have lost their on-campus job or private company jobs, and likewise, the job search for seniors has been critically deranged. All the college students are experiencing these sudden and unexpected changes. Some companies are closed during covid-19. So large number of adults are leaved their jobs. The researcher felt the need of understanding their level of emotional well-being and coping strategies among adults during covid-19 pandemic. Thus, the researcher took effort to assess the level of emotional well-being and coping strategies among adults during covid-19 pandemic.

CORONAVIRUS:-

The Novel Corona virus (COVID-19) that first broke out in Wuhan, China in December 2019 and quickly spread to all over the countries around the world. COVID-19 is the disease caused by infection with a new corona virus called SARS-CoV-2. The World Health Organisation (WHO) has announced the corona virus disease 2019 (COVID-19) a pandemic. A global integrated effort is needed to stop the increase spread of the virus. A pandemic is defined as the "occurred over a broad geographic area and affecting an exceptionally highest rate of the populaces." (WHO 2020).

PSYCHOLOGICAL IMPACT DURING CORONAVIRUS:-

The Coronavirus pandemic has not only cause serious menacing to people's physical health but also triggered a broad range of mental health problems or psychological impact. Research shows that the higher prevalence of the individual with psychological symptoms are emotional disturbance, emotional exhaustion, depression, mood alterations, anger, anxiety, irritability, depression, insomnia, confusion and post-traumatic stress symptoms among those who are in quarantine (Reynolds et al., 2008).

WELL - BEING:-

The term well-being includes all the ways in which populace experience and assesses their living positively. It means to experience living positively can be understood in innumerable ways. Some regard as well-being with happiness, but this can sometimes postulate up images of an intensely happy, delightful person that many do not identify with. As a result, some prefer well-being as an extended state of satisfaction.

Well-being is the experience of health, delight, and opulence. It includes having good mental health, high life satisfaction, material sense or goal, and ability to manipulate the stress (Davis et al., 2013).

EMOTIONAL WELL - BEING:-

MEANING:-

Emotional well-being means feeling good. Being happy, experiencing positive emotions like love, feeling of happiness, enjoyment, joy, contentment or compassion, and feeling generally satisfied with life (Diener and Seligman, 2004).

COPING - MEANING:-

Coping refers to a variety of cognitive and behavioural strategies individuals use to manage their stress (Folkman & Moskowitz, 2004).

AIM:

To identify if there is a significant relationship between emotional well-being and coping strategies.

HYPOTHESES:

- H₀1: There is a significant relationship between emotional resilience and coping strategies.
- H₀2: There is a significant relationship between emotional health and coping strategies.
- H₀3: There is a significant relationship between emotional happiness and coping strategies.

SAMPLE:

The convenience sampling method was used. The sample consists of 209 individuals with a mixture of 106 females and 103 males, age ranging from 18years to 25years who are in late adolescent and young adulthood.

INCLUSION CRITERIA:

1. The samples should be in the age range 18-25 years.
2. Students doing their schooling, college and also in job are included.

EXCLUSION CRITERIA:

1. The samples whose ages ranging other than 18-25 years their data are excluded.
2. Samples who are having severe psychotic symptoms are excluded.

TOOLS:

Personal data sheet is prepared. . The Emotional well-being scale, constructed by R. Portia and A.J Shermila (2015).The Brief COPE scale was developed by Carver

PROCEDURE:

The questionnaire for the purpose of gathering data was circulated among 209 respondents by the means of online survey using Google forms. The questionnaires began by asking the participant their age, gender, occupation, Education qualification etc. Later, the Emotional well-being scale and Brief cope scale were in the form and they were asked to respond to the questionnaires as per the given instructions. A total of 209 participants responded to the forms. The collected responses consist of 209 participants, out of which, 103 were males and 106 were females. Their scores were recorded as per the norms and were interpreted. The results are tabulated and the conclusions are drawn.

ANALYSIS OF DATA

The tabulated results were statistically analysed using descriptive statistics, Pearson correlation with use of software SPSS.

RESULTS AND DISCUSSION

TABLE 1.1 DISTRIBUTION OF THE RESPONDENT ACCORDING TO THEIR AGE

N = 209

S.NO	AGE	FREQUENCY	PERCENTAGE
1.	18	25	11.9%
2.	19	8	3.8%
3.	20	20	9.6%
4.	21	51	24.4%
5.	22	57	27.3%
6.	23	26	12.4%
7.	24	9	4.3%
8.	25	13	6.2%
TOTAL		209	100%

From the above table, among the overall sample, 57 respondents falls in the age of 22, 51 respondents falls in the age of 21, 26 respondents falls in the age of 23, 25 respondents falls in the age of 18, 20 respondents falls in the age of 20, 13 respondents falls in the age of 25, 9 respondents falls in the age of 24 and 8 respondents falls in the age of 19.

TABLE 1.2 Shows the Mean, Standard deviation for dimensions of Emotional Well-Being and Coping Strategies.

VARIABLES	MEAN	STANDARD DEVIATION
Emotional Resilience	11.53	1.743
Emotional health	21.50	2.861
Emotional happiness	15.25	2.109
Avoidant coping	25.70	5.426
Approach coping	32.23	6.600

Table 1.6 shows the descriptive statistics for all the variables that is the mean for the variable emotional resilience is 11.53 and the standard deviation is 1.743. The mean for the variable emotional health is 21.50 and the standard deviation is 2.861. The mean for the variable emotional happiness is 15.25 and the standard deviation is 2.109. The mean for the variable avoidant coping is 25.70 and the standard deviation is 5.426. The mean for the variable approach coping is 32.23 and the standard deviation is 6.600.

TABLE 1.3 Shows The Pearson Correlation Co-Efficient Value Between The Emotional Resilience, Emotional Health, Emotional Happiness Avoidant Coping and Approach Coping.

VARIABLES	AVOIDANT COPING	APPROACH COPING
Emotional resilience	.122	-.101
Emotional health	-.302**	.073
Emotional happiness	-.062	.123

** Correlation is significant at the (0.01) level (2-tailed).

Table 1.3 shows Pearson correlation co-efficient between the dimensions of the emotional well-being and coping strategies. The dimension of the emotional well-being scale include emotional resilience, emotional health emotional happiness. The dimension of coping scale include avoidant coping and approach coping. For emotional resilience it has a no significant relationship with avoidant coping and approach coping and the r value is .122, and -.101. For the emotional health there is negatively correlated with avoidant coping and doesn't have a significant relationship with approach coping. The r value for avoidant coping is -.302 and approach coping is .073

CONCLUSION:-

From the study it is concluded that there is a significant negative relationship between emotional health and avoidant coping. For the dimension emotional resilience, there is no significant relationship between emotional resilience and coping strategies. For the dimension emotional happiness there is no significant relationship between emotional happiness and coping strategies. The emotional health is negatively correlated with avoidant coping.

LIMITATIONS:-

- Individuals age ranging from 18-25 years were only used as sample of this study.
- Since this data is collected only from Tamil Nadu it is pertained only to this cultural group.
- The sample size (N=209) is relatively small which makes it difficult to generalization.
- The limited geographical area make up in the analysis poses another limitation for it's generalization.
- Rational statistics were used no definitive reports can be made.

IMPLICATIONS:-

- The study can be replicated taking the samples from adults of different fields to have more reliable and valid conclusions.
- Some more variables could be added.
- This study has seen emotional well-being and coping strategies on the samples as adults and it showed that emotional health had negative relationship with avoidant coping. So this result can be useful for some researchers.

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