



AFFECTIONS AND COPING STRATEGIES IN TIME OF CORONAVIRUS: A QUALITATIVE STUDY

AFETOS E ESTRATÉGIAS DE ENFRENTAMENTO EM TEMPO DE CORONAVÍRUS: UM ESTUDO QUALITATIVO

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ABSTRACT

This study aimed to raise coping strategies to deal with social isolation during the COVID-19 pandemic. The spread of the Covid-19 virus has turned into a pandemic as it spread throughout the world, leading to mobility restrictions for billions of people who have faced varying degrees of confinement. This situation has led to extreme emotions of fear, sadness, and feelings of anxiety, with impacts on people's psychological health. Research has shown that the ability to adequately regulate one's own emotions is important for mental physical, and social health and it is relevant to study how people deal with their emotions in stressful situations, such as the current context of isolation in the pandemic. A questionnaire was applied electronically to 463 participants from all over Brazil over the age of 18 years. Data analysis was qualitative, based on responses to an open item that asked about coping strategies to deal with social isolation. The results showed the use of varied strategies to minimize stress and increase well-being. Cognitive reassessment, the search for social support, and distraction were highlighted.

KEYWORDS: Coping strategy. Affections. Social isolation. COVID-19

RESUMO

Este estudo objetivou levantar as estratégias de enfrentamento para lidar com isolamento social durante a pandemia do COVID-19. A disseminação do vírus Covid-19 transformou-se em pandemia ao se espalhar pelo mundo, levando a restrições de mobilidade de bilhões de pessoas que passaram a enfrentar graus variados de confinamento. Essa situação tem levado a emoções extremas de medo, tristeza e sentimentos de ansiedade, com impactos na saúde psicológica das pessoas. Pesquisas têm mostrado que a habilidade para regular adequadamente as próprias emoções é muito importante para a saúde mental, física e relações sociais, sendo relevante estudar como as pessoas lidam com suas emoções frente a situações estressoras, tal como o contexto atual do isolamento na pandemia. Foi aplicado questionário, por meio eletrônico, Google Forms, a 463 participantes de todo Brasil com idade superior a 18 anos. A análise dos dados foi qualitativa, por análise do discurso com base nas respostas a um item aberto que interrogava acerca das estratégias de enfrentamento para lidar com isolamento social. Os resultados evidenciaram o uso de estratégias variadas a fim de minimizar o estresse e ampliar o bem-estar. Destacou-se a reavaliação cognitiva, a busca de suporte social e a distração.

PALAVRAS-CHAVE: Estratégia de enfrentamento. Afetos. Isolamento social. Covid-19

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INTRODUCTION

With the spread of Covid-19 becoming a relevant public health problem in China in January 2020 and subsequently becoming a pandemic, spreading throughout Iran, Europe, and the Americas, approximately one billion people, primarily in China, began to face various restrictions due to varying degrees of confinement. This included bans on public transportation, trade, and business in general, quarantine on travelers returning from abroad, and restrictions for most people to work and circulate normally. The Covid-19 outbreak disrupted lives, work, triggered public panic and mental health problems in China (Bao, Sun, Meng, Shi & Lu, 2020), affecting not only physically, but also psychologically inhabitants.

After China reported covid-19's first death on January 11, new cases were confirmed in Thailand, Nepal, Australia, Malaysia, Singapore, South Korea, Vietnam, and Taiwan, and gradually viruses were spreading to countries such as Iran, Italy, France, and the U.S. On February 26, Brazil announced the first case of Covid-19 and, while we wrote this paper, Brazil recorded 18.9 million cases and 529,000 deaths.

Similarly, several other countries have also taken similar measures to contain the spread of the pandemic. In fact, regardless of the nation, there has never been a blockade or quarantine of this magnitude, involving millions of people with no end in sight. Only this fact already gives the question an emotional dimension that affects the stability of the mental health of a population. And now we have evidence of mental health problems in China (Qiu, Shen, Zhao, Wang, Xie and Xu, 2020; Li, Wang, Xue, Zhao and Zhu, 2020) and Iran (Jahanshahi, Dinani, Madavani, Li & Zhang, 2020).

During the first months of the pandemic, numerous actions with no precedent emerged, such as the decree of social isolation, the massive investment in scientific research, efforts to rapidly sequence the viral genome, the development of effective diagnostic methods, and the research and development of vaccines aimed at minimizing the effects of the virus (Campos et al., 2021).

Self-isolation is certainly an extremely important means of protecting public health by stopping the spread of the virus. However, it is also certain that the longer it remains in isolation, the greater the chance of being affected by psychiatric, psychological, or cognitive disorders, such as mood swings, depression, irritability, anxiety, fear, anger, insomnia, changes in appetite. Many scholars have stated that the ideal proportion of self-isolation in Brazil would be 50% of the population.

Thinking about the role that social isolation could play on the health of adults who have undergone mandatory one-month blockage in China, Dr. Stephen Zhang of the University of Adelaide in Australia, together with his team, conducted a study (Psychiatry Research, 2020, 288: 112958) that identified adult participants with pre-existing health conditions and unable to work due to the blockade, as being the most vulnerable to the decline in physical and mental health. For this, the general health of 369 adults living in 64 different Chinese cities with different rates of confirmed cases of coronavirus was analyzed after each of the participants completed a cross-sectional questionnaire.



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In Zhang's study, et al (2021) an incidence of individuals with anxiety and depressive symptoms in Brazil was much higher after the initial outbreak than pre-pandemic rates, thus indicating that the mental health of Brazilians was directly impaired during the COVID-19 pandemic.

Emotions and affections play important roles in human existence. In prehistory, its main roles were survival, activating the physiological system, which made the human being predisposed to perform specific actions for the maintenance of life. Soon acquiring the function of communication and recording of significant moments in the history of the subject (Aldao *et al.*, 2010).

The expression of subjectivity and individuality is another important role of emotions and affections. Emotions are distinguished from affections in that they are related to physiological and behavioral changes triggered by internal stimuli, such as thoughts and mental images or external stimuli, and are independent of conscious action. On the other hand, affections, subdivided into feelings, moods, and temperaments, present greater temporal constancy and are related to cognitive aspects.

Seeking definitions for a phenomenon as multifaceted as affective-emotional states have resulted in significant theoretical divergences, with no consensus as to what aspect the primacy would exert. From the biological perspective, emotion, due to its maintaining function of survival, would select the appropriate affective manifestations. On the other hand, the perspective of social constructivism points to the cultural determination about the expression of emotion and affections, implying in cognitive deliberations prior to the expression of emotion (LEITÃO et al, 2006; Aldao et al., 2010)

Coping strategies used to deal with stressful situations have been considered important mediators in the relationship between stress and psychological symptoms, attenuating the effects of stressors (Watson & Sinha, 2008). That is, the types of strategies used by individuals can interfere with psychological vulnerability, increasing or reducing the predisposition to stress and psychological disorders (Aldao *et al.*, 2010; Kashdan, Barrios, Forsyth, & Steger, 2006).

This research aims to investigate the strategies for coping with social isolation during the Covid-19 pandemic and the affections experienced by Brazilians in the period of social isolation of the pandemic.

COGNITION AND EMOTION

Scholars who dedicate themselves to studies between cognition and affection, thought and feeling, reason and emotion, still seek to discover the relationship between cognition and emotion, whether they are under cognitive domain or if they exert control over cognition.

Cognitists state that the way we think influences our feelings, behaviors and physiological related. In this theory, the nature and function of information processing (attribution of meaning) are



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the key to understanding the poorly adaptive behavior of positive therapeutic processes (BECK, 1997).

Thus, to argue that emotion is not entirely controlled by cognition means to think that it occurs outside the sphere of consciousness. Neurophysiologists corroborate this thought, who say that external emotional stimuli reach the brain through the sensory thalamus, which would relay this stimulus to the brain by two simultaneous routes: a faster (responsible for emotion), to ensure the response of the organism, and another slower (responsible for cognition), to allow the evaluation of the organism.

Although emotions are processed unconsciously, it is at the level of consciousness and social interactions that they acquire meaning. According to Damásio (1996), cognition allows us to evaluate the stimulus that triggers negative or positive emotions and prepares a flexible individual repertoire that allows us to avoid or activate it, instead of reacting only automatically.

There is a relationship of interdependence between emotion and reason, not exclusion. The importance given to relationships assumes that the needs and interests of organizations are the needs and interests of individuals collectively. Their needs originate in the complex being that we are and that necessarily pass through the emotionality of social relations and their intersubjective exchanges (LEITÃO *et al.*, 2006).

Inspired by Fineman (2001) that between the interrelations between emotions and reason in three perspectives, one can think of these three perspectives also in a situation of social isolation and may reflect on which strategies would be more appropriate. These being: (1) Emotions that disturb rationality, where people act on what they perceive and, since these perceptions suffer external interference, the resulting actions will always be biased and distortable; (2) emotions that may be useful to rationality, in which it is recognized that the human being is not able to equate and process a large volume of information that will make him envision all possible alternatives of solution and evaluate, even, its consequences. Their decisions are optimized by the use of alternatives such as intuition and heuristics; (3) emotions and reasons conceived as two sides of the same coin, which argues that emotions and reasons intertwine, in an extreme position, stating that the distance between cognition and affection are not sustainable, and rationality is a myth. Thus, decisions are very little rational and are strongly anchored in affections.

One cannot deny the search for rationality in the context of social isolation, and one should not deny the importance that emotions achieve in this context. It is the obstacles in reconciling the levels of emotion and reason that make it privileged over the other. The rationality so desired by people in social isolation can be more successful in seeking to include affective aspects.

We are beings of relationships because they are in the formation of our identity. And any form of human association that harms our identity, hindering coexistence, is a source of uneasy. The issue of interpersonal relationships and their inherent emotional dimension is crucial for the associated life, because it is these interactive processes that form the set of systems that organize it. The conditions



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in which such relationships occur define the way of coexistence between human beings. In the condition of social isolation, these relationships change significantly, and interpersonal relationships are mostly mediated electronically.

METHOD

To find out what strategies Brazilians have sought to regulate emotions in social isolation in the Covid-19 pandemic, we conducted a *qualitative survey*, which was conducted through an electronic form, between April and July of 2020 under the CAAE protocol 31862820.2.0000.5281, and only after the approval of the ethics committee, which initiated the application of the questionnaire. The questionnaire applied presented closed and open questions. We present the results regarding the data of the open question that was processed through the Content Analysis technique.

PROFILE OF PARTICIPANTS

The survey had 463 participants, most respondents were between 46 and 60 years old (32.1%, $n=147$), 64.7% of women ($n=312$), 32.4% of men ($n=150$) and 2.9% of described as non-binary ($n=1$). Of these, the majority with graduate studies (34.3%, $n=159$) or higher complete (25.7%, $n=119$), with well-diversified professional situations (private, autonomous, unemployed, civil servants, students, retirees), and 83% of the respondents resided in the state of Rio de Janeiro.

INSTRUMENT

Initially, two instruments were elaborated, the first with eight items (S 1-8) for the collection of sociodemographic data, and the second a scale with thirty items (V 1-29) referring to the indicators of emotions and strategies for regulating them.

The questions of the indicators were formulated in interrogative form and the answers applied on a Likert scale with the alternatives "Much less than before the pandemic"; "Less than before the pandemic"; "Just like before the pandemic"; "More than before the pandemic" and "Much more than before the pandemic." Only the last question allowed one open answer of the participant (V13).

Item V30 is an open question: Could you cite the strategy that has used the most to deal with social isolation in this pandemic time? We presented the complete instrument, but we selected the qualitative analysis for the report of this research.



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Table 1: Search Items

S1	I am 18 years old or older and agree to participate in the research.
S2	Gender
S3	schooling
S4	Professional Situation
S5	Now you have monthly fixed income.
S6	religion
S7	State in which it resides.
S8	How old you are.
V1	I have been reading.
V2	I have been working.
V3	I have been studying.
V4	I have been listening to music.
V5	I have been watching TV.
V6	I have seen series and/or movies.
V7	I have been playing.
V8	I have been eating food, drinks, alcoholic beverages or smoking.
V9	I have used strategies to be aware of the present moment rather than thinking about the future.
V10	Having used strategies to see the positive side of situations.
V11	I have been using social media.
V12	I have been talking at home.
V13	I have been talking to work partners.
V14	I have been talking to family, relatives and friends.
V15	I have been paying attention to myself.
V16	I have been doing physical exercises.
V17	I have sought my faith and/or spirituality.
V18	I have been doing relaxation exercises, meditation.
V19	I have been taking care of the house/house.
V20	I have been feeling sad.
V21	I have been feeling bored.
V22	I have been feeling happy.
V23	I have been feeling scared.
V24	I have been disgusted.



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- V25** I have been worried.
- V26** I have been feeling anxious.
- V27** I have been feeling depressed.
- V28** I have been feeling frustrated.
- V29** I have been feeling angry.
- V30** You could cite the strategy that has used the most to deal with social isolation in this pandemic time.
-

Source: Prepared by the authors

RESULTS

It was evidenced in the reports of participants' strategies to cope with social isolation, such as solidarity, empathy, charity with others, caring for relatives, sharing reliable information, and talking with family members who do not live at home.

The following are the evidence divided into categories constructed based on a higher frequency.

Category 1. Prosocial behavior talks.

In these categories, the answers that indicated prosocial behaviors as a strategy to cope with social isolation were grouped. Answers such as: "Calm, patience, tolerance, discernment, a charity with others, and above all, especially faith in God"; "Taking care of my mother"; "Talk more, have more patience tries not to stress MT"; "Video call with people nearby"; "I have given more attention to my patients"; "Breathing, solidarity, empathy"; "Spending time with family, pedaling, taking care of my daughters." "(...) always advising family and friends to take care of themselves and if possible, stay at home!"; evidenced the care, aid, and behaviors for the benefit of the other as a recurrent strategy.

Category 2. Maintaining social interactions

In this category, the answers that informed the maintenance of face-to-face or technology-mediated social contact as strategies for coping with social distancing were inserted. Participants answered: "Watch movies, series, listen to music and chat with friends"; "Stopped watching the news from the lying and scoundrel media. Seeking to talk to more enlightened people and sought comfort in uplifting reading"; "Chat with friends, watch movies and study"; "Social isolation is not affecting me much. I keep the work routine as far as possible – I have weekly meetings, talk through WhatsApp with my co-workers, and when I'm feeling bad, I dress up like I'm going out to work. I'm with my kids at home and that's good. So as a strategy I would say I'm trying to keep up the routine"; "to use social



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networks to talk to people who do me good to forget the concerns brought about by the interruption of my plans for the year 2020"; "Talking more, having more patience tries not to stress too much."

Category 3. Religious feeling and spirituality

Reports such as: "Prayer and much faith that this is already passing God in control 🙏"; "Think positive, believe in God and watch serials; "I came much closer to God"; "I don't know, I don't know, Only God gives me the strength to continue"; "Prayer, and intimacy with God!" "Much prayer, faith and participation of all"; Prayer, work and a lot of!!!" highlighted the religious feeling and spirituality as a strategy to cope with the period.

Category 4. Physical and body strategies

Physical exercises, skills development, and playful activities appeared as strategies in responses such as: "Exercise, talk, pray, seek hobbies, practice musical instrument"; "Study, practice physical exercises, listen to music, watch movies"; "Planning study, reading, leisure, food, and physical exercise... As a plant, I have thought that I need vitamin D, I need to move, I need to feed my mind and body, I need water, I need to rest; and as a human being, I need to understand when it fails"; "I kept my work routine and exercises, including practicing yoga online"; "Mindfulness and physical exercises"; "Meditation, Pilates, belly dancing, readings, studies, music, time with my daughter, establish a routine at home".

Category 5. Meditation

Meditation also appears with a prevalent strategy in responses such as: "Thinking positive, doing things to distract, doing meditation"; "Yoga practice, meditation, being more attentive to myself, avoiding too much information, studying and thinking about what I can"; "Meditation and believing that there is a good side to everything that will occur positive changes in the part of society and keep me always busy"; "Meditation and focus on the present moment"; "I'm sleeping and changing schedules. I've been doing meditation." "A lot of meditation, watching television to stay informed, trying not to emotionally absorb the news, balance home office activities, college, kids, and home, believe that I'm doing my best and understand that I can't handle everything, some things will go undone and everything is fine."

In addition to these strategies, the use of social networks was reported, seeing the positive side of situations, talking at home, paying attention to each other, and being attentive in the present moment.



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FINAL CONSIDERATIONS

Somehow prosocial behaviors emerged to deal with and face difficult and stressful situations. In addition to these, other strategies have been reported that are often used to deal with stress and related to greater well-being and health and are described in the literature on Emotional Regulation, such as (a) *Seeking social support* (talking with colleagues, with friends, family, chatting with more enlightened people; talking to people who do me well; chatting by WhatsApp with co-workers), (b) *Distraction* (shifting focus, taking the focus off bad news, not thinking about the pandemic, keeping busy, working to distract me, doing activities to distract thinking, paying attention to things around me, paying attention to the present moment), (c) *Cognitive reassessment* (see the positive side of the situation, reflect before the facts and try to deconstruct some certainties and improve as a human being, positive thinking).

There were also several reports related to religious feeling and spirituality (faith, prayer, seeking God), strategies related to physical and body activities/exercises, meditation exercises, yoga, *mindfulness*, as well as the experience of hope and resilience.

Observed that people are looking for ways to be able to mitigate stressful situations to improve their well-being. Overall, we have seen very positive ways to deal with the pandemic situation. This may be associated with the population studied with a higher level of education and with greater cognitive and affective resources to deal more effectively with the situation. Or people who suffered a less socioeconomic impact.

Suggested that further research be conducted increasing the sample number as well as another data analysis technique.

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