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THE ASSOCIATION BETWEEN PSYCHOLOGICAL INFLEXIBILITY AND MENTAL HEALTH DURING THE THIRD WAVE OF COVID-19 PANDEMIC

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Keywords:
COVID-19;
mental health;
subjective
well-being;
psychological
inflexibility.

Abstract. This study aimed to compare the psychological functioning of people with different experiences with coronavirus infection in the second year of the pandemic (February–June 2021) and to explore the role of psychological inflexibility in the experienced level of distress. A total of 860 people (753 females, 429 COVID-19 convalescents) participated in this study. Results showed that people who experienced the hospitalization of a loved one reported higher levels of stress. On the other hand, people who had recovered from COVID-19 infections showed higher levels of anxiety but, interestingly, lower levels of stress compared to those who had not been infected with the coronavirus. Sequential mediation analysis revealed that psychological inflexibility had both direct and indirect effects on general distress, with the latter occurring via fatigue and subjective well-being. This study provided additional support for the importance of psychological flexibility in mental health, even during adverse times such as COVID-19 pandemic.

Introduction

Numerous studies have shown that the COVID-19 pandemic significantly impacted global mental health. In a study conducted in the UK during the May 2020 lockdown, 37% of adult participants from the general population met the criteria for clinical depression, and 27% met the criteria for clinical anxiety (Dawson & Golijani-Moghaddam, 2020). Comparable findings were reported in Serbia, where 36.8% of participants from the general population were classified as experiencing strongly elevated distress during the period of March–April 2020, even though they were not clinically diagnosed (Blanuša et al., 2020). During the coronavirus outbreak, a significant proportion of the general population, specifically 37.3%, experienced insomnia (Voitidis et al., 2020). Predictably, sleep problems were more common among individuals concerned about the possibility of infection, either for themselves or their loved ones. Furthermore, certain studies also documented the presence of posttraumatic stress symptoms in the general population from Wuhan, one of the hardest-hit areas, and among breast cancer survivors, respectively (Liu et al., 2020; González-Sanguino et al., 2020). The impact of the COVID-19 pandemic on mental health persisted during the second wave. In a study conducted in Poland (Chodkiewicz et al., 2021), it was found that 24% of adult respondents from the general population had suicidal thoughts, 16% reported excessive alcohol use, and 20% exhibited symptoms of anxiety disorder, with an additional 19% experiencing symptoms of both anxiety and depression. Similar results were also found in Germany among the female adult population (Schecke et al., 2021), with 20% reporting symptoms of major depression and 23.4% reporting symptoms of generalized anxiety disorder. This study also showed increased substance abuse.

This study aimed to explore the effects of prolonged stress, i.e., living in a situation of global pandemic on several indicators of mental health (symptoms of depression, anxiety, stress but also subjective well-being). Additionally, we aimed to compare groups of people with and without COVID-19 experience. In the second year of the pandemic, when a significant percentage of people had some direct experience with COVID-19, some more stable psychological dispositions

could be key protective factors for mental health. Psychological flexibility is one potentially useful concept for understanding how people's psychological functioning differs during pandemics. *Psychological flexibility* can be defined as the ability to adapt to situational demands in pursuit of long-term goals. It was shown that psychological flexibility is associated with lower levels of depression, anxiety, and stress and higher well-being (for details see Dawson & Golijani-Moghaddam, 2020). Some studies (e.g., Bryan et al., 2015) showed that psychological flexibility prevents the occurrence of PTSD. Furthermore, psychological flexibility was also negatively correlated with procrastination (Glick et al., 2014). Psychological flexibility is also associated with reduced interference from fatigue (reflecting the extent to which fatigue affects activities and functioning across different domains) and chronic pain (Yu et al., 2020). Furthermore, it has been demonstrated that psychological flexibility can predict well-being, including changes in life satisfaction in individuals with muscle disorders (Graham et al., 2016).

On the other hand, psychological inflexibility is often defined as experiential avoidance, i.e., the avoidance of difficult emotions, thoughts, and situations (Dawson & Golijani-Moghaddam, 2020). Previous studies showed that psychological inflexibility was associated with higher levels of depression, anxiety, and stress and negatively correlated with well-being (González-Fernández et al., 2017; Žuljević et al., 2020), and suicidality (Krafft et al., 2019). During the coronavirus pandemic, a study (Hernández-Lopez et al., 2021) found that psychological inflexibility increased during the lockdown in Spain, along with mental illness symptomatology. Furthermore, it was shown that psychological inflexibility could be a risk factor that can amplify the effects of COVID-19 stress on suicidal risk (Crastra et al., 2020).

Similarly, another study (Arslan & Allen, 2021) showed that psychological flexibility moderated the effect of coronavirus stress on subjective well-being. The author of this study stated that "psychological flexibility is an essential contract in improving well-being in the face of adversity" (Arslan & Allen, 2021, p. 7).

Previous studies clearly showed that psychological (in)flexibility could predict different aspects of mental health. While many studies that investigate mental health still emphasize psychopathological symptoms (mainly anxiety, depression, stress, and PTSD), it is well known that subjective well-being is also an indicator of mental health. *Subjective well-being* can be conceptualized as an affective and cognitive evaluation of one's own life. Cognitive evaluation is defined as life satisfaction while affective evaluation includes the frequency of occurrence of positive emotions but also negative (Diener et al., 1997). Previous studies showed that subjective well-being is negatively correlated with anxiety and depression (Jovanović & Novović, 2008), stress (Bell et al., 2012), and psychological inflexibility (Žuljević et al., 2020). Additionally, subjective well-being is associated with better health and longevity (Diener & Chan, 2011) as well as better psychological functioning (Arslan & Coşkun, 2020).

Although the majority of studies in the context of COVID-19 pandemic focused on mental health disturbance, some of them also investigated well-being. For example, one study conducted in Germany (Zacher & Rudolph, 2020) that started before the beginning of the pandemic showed that well-being, life satisfaction, positive affect, and negative affect did not change in the period from December 2019 to March 2020. However, in the period from March 2020 to May 2020 (on March 11, WHO declared a pandemic) well-being on average decreased. A decrease in subjective well-being at the beginning of the global pandemic is somewhat expected. However, we were interested in examining subjective well-being in situations of prolonged pandemics and stress.

In particular, it is expected that even in a situation of global crisis (such as a pandemic), after a while habituation occurs and people go back to their usual functioning. For example, one study (Allman, 1990 according to Diener et al., 1996, p. 184) found that people with disabilities, including wheelchair users, did not significantly differ from people without disabilities in terms of their level of happiness. Furthermore, other significant life events, such as marriage, starting a new job, or receiving a promotion, were found to have an impact that lasted for up to 3 months (Suh et al., 1996). This is something that could also occur in the context of the COVID-19 pandemic. On the other hand, some other studies showed that predictors of well-being in cross-cultural studies were income, human rights, and individualism (Diener et al., 1995). All three were affected during the pandemic due to restrictive measures; therefore, they might negatively impact well-being.

This study aimed to evaluate whether different experiences with COVID-19 (loved one infected, hospitalization of loved one, death of loved one or own COVID-19 infection) could affect someone's well-being and mental health (via experienced levels of depression, anxiety, and stress). Furthermore, we wanted to explore the relationship between psychological inflexibility, fatigue, well-being, symptoms of depression, anxiety, and stress.

We assumed that:

- people with direct experience with coronavirus infection will report higher levels of depression, anxiety, and stress and lower scores on subjective well-being compared with those who did not have coronavirus infection;
- psychological inflexibility could predict experienced distress but also subjective well-being and experienced levels of fatigue.

Method

Sample and procedure. A total of 860 people participated in this study (average age 40.37). Details are provided in Table 1. The study was conducted online via a Google Forms questionnaire which was distributed in several Facebook groups

from February to June of 2021. We used convenience sampling and snowball sampling methods. Participants voluntarily took part in this study by clicking on the agreement at the beginning of the questionnaire.

The research was approved by the Ethical Board of the Faculty of Sport and Psychology, Educons University, Novi Sad.

Table 1. Sample description

		N
Gender	Female	753
	Male	107
Marital status	Single	183
	Married	458
	In informal marriage	109
	In relationship	95
	Widowed	15
Employment status	Unemployed	89
	Employed	668
	Student	38
	Pensioner	25
	Other	40
Did your loved one have COVID-19?	Yes	739
	No	121
Was your loved one in the hospital for COVID-19?	Yes	328
	No	532
Did your loved one die of COVID-19?	Yes	190
	No	670
Did you have a COVID-19 infection?	Yes	429
	No	431

Instruments. For measuring experienced levels of depression, anxiety, and stress we used The Short Version of the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995; Serbian version: Jovanović et al., 2014). DASS-21 is a 21-item instrument with a 4-step scale (0 to 3). It consists of 3 subscales: depression, anxiety, and stress. The Cronbach alpha coefficient in our sample for the whole scale was 0.950 (alpha for the depression scale was .912; for the anxiety scale .849 and stress scale alpha was .911).

Subjective well-being was measured by the *Short Subjective Well-Being Scale* (KSB⁵). KSB was constructed and validated on a Serbian sample (Jovanović & Brdarić, 2008 cited in Jovanović, 2010, pp 178). It is an 8-item scale with a 5-point Likert format (1 to 5). KSB consists of two subscales: positive affectivity and

⁵ In Serbian: *Kratka skala subjektivnog blagostanja* – KSB.

positive life evaluation. Cronbach alpha in our sample for the whole instrument was .926 (.941 for positive affectivity and .885 for positive life's evaluation).

The presence of mental and physical fatigue was measured by the *Fatigue Assessment Scale* (FAS–Michielsen et al., 2004; De Vries et al., 2004). FAS is a 10-item instrument with 5-point Likert scales (1 to 5) that measures chronic fatigue. FAS measures two aspects: mental and physical fatigue. The Cronbach alpha coefficient for the whole scale was 0.907 (for subscale physical fatigue it was .825 and for mental fatigue .870)

Psychological inflexibility was measured using the Serbian version of the *Acceptance and Action Questionnaire* (AAQ–II, Bond et al., 2011, Serbian version: Žuljević et al., 2020). It consists of 7 items with a 5-point Likert scale (1 to 5). The Cronbach's alpha in our sample was .941. Additionally, we developed a questionnaire to assess demographic variables.

Data Analysis. In the initial phase of analysis, we examined descriptive statistics and assessed the internal reliability of the instruments used. Furthermore, we conducted several ANOVAs to investigate potential differences in experienced levels of depression, anxiety, stress, and subjective well-being among groups with varying coronavirus experiences. In the third phase, we examined Pearson correlation, and we performed sequential mediation analysis using PROCESS macro in SPSS to explore the relationship between psychological inflexibility, fatigue, subjective well-being, and experienced levels of depression, anxiety, and stress.

Results

Descriptive statistics are presented in Table 2. The skewness and kurtosis values for all scales were below critical limits (i.e., <3 skewness, <10 kurtosis) proposed by Kline (2005).

Table 2. Descriptive statistics for variables used in this research.

	Theoretical range	Achieved range	<i>M</i>	<i>SD</i>	<i>Skew.</i>	<i>Kurt.</i>
Depression (DASS-21)	0–21	0–21	6.453	5.858	.744	-.510
Anxiety (DASS-21)	0–21	0–21	6.142	5.268	.715	-.378
Stress (DASS-21)	0–21	0–21	9.802	6.026	.104	-1.071
Fatigue Assessment Scale (FAS)	10–50	10–50	28.243	9.291	.217	-.829
Psychological inflexibility – AAQ–II	7–49	7–49	21.362	11.689	.587	-.710
Positive affectivity KSB	4–20	4–20	12.395	4.342	-.063	-.798
Positive attitude toward life KSB	4–20	4–20	15.098	4.07	-.775	-.060
Subjective well-being KSB	8–40	8–40	27.493	7.814	-.401	-.484

Initially, we wanted to explore in detail the severity of experienced symptoms of depression, anxiety, and stress in our sample. For this purpose, we applied the norms proposed by the authors of the DASS scale (Lovibond & Lovibond, 1995) by doubling the scores of each subscale. The percentage of people with moderate, severe, and extremely severe symptoms of depression was 41.7%, while more than half of the participants reported moderate to extremely severe symptoms of anxiety (52.7%) and stress (50.1%) (Table 1.1 in the Appendix).

To identify more vulnerable groups in our sample we performed several ANOVAs. Interestingly, results showed that there are no differences in DASS-21 total, and all subscales regarding gender, marital status, employment status, and whether someone close had COVID-19 infection or died from it. However, certain differences were observed (Table 1.2 in the Appendix).

Hospitalization of loved ones and personal experiences with coronavirus infections were important factors in explaining anxiety and stress levels. Higher levels of stress and a higher total DASS-21 score were observed in the group with the experience of a loved one's hospitalization. Additionally, individuals who experienced a coronavirus infection reported higher levels of anxiety, while those who had not contracted COVID-19 since the beginning of the pandemic experienced higher levels of stress.

The second aspect we wanted to explore is the concept of subjective well-being in individuals with different experiences of coronavirus infection. ANOVA showed that there are no statistically significant differences in total subjective well-being score and on each subscale separately regarding gender, marital status, employment status, whether a loved one was infected with COVID-19, hospitalized due to the COVID-19 infection or own coronavirus infection. The only significant difference observed was related to the loss of a loved one. Individuals who experienced such losses had lower scores on one subscale of subjective well-being, specifically positive affectivity ($F=4.522$, $p=.034$), as expected. However, it's important to note that our data indicate lower overall subjective well-being scores on both scales compared to the results obtained before the pandemic (Jovanović & Novović, 2008). Specifically, our results (Table 2) show that the average scores were 27.493 (SD= 7.814) for the entire KSB scale, 12.395 (SD=4.342) for the Positive affectivity scale, and 15.098 (SD= 4.07) for the Positive attitude toward life scale. Jovanović and Novović (2008) reported average scores as follows: 33.04 (SD=4.52) for the entire KSB scale, 15.50 (SD= 2.84) for the Positive affectivity scale, and 17.53 (SD= 2.26) for the Positive attitude toward life scale.

The Relationship Between Psychological Inflexibility, Chronic Fatigue, Subjective Well-Being and Distress

Before the main analysis, we checked the intercorrelations among all variables. The data is presented in Table 3. All correlations were significant, with the highest correlation observed between fatigue and DASS-21 total, as well as between psychological inflexibility and the DASS-21 total score.

Table 3. Intercorrelation between variables used in analysis

	1	2	3	4
1. Psychological inflexibility AAQ-II	-	.573**	-0.498**	.713**
2. Fatigue FAS		-	-0.542**	.746**
3. Subjective well-being KSB			-	-.527**
4. DASS-21 total				-

Note: * $p < .05$, *** $p < .001$.

Furthermore, we performed sequential mediation analysis using the PROCESS macro in SPSS (Model 6, Hayes, 2018). The aim was to explore both the direct and indirect effects of psychological inflexibility on mental functioning. As covariates, we used two variables that describe someone's experience with COVID-19 and showed significance in explaining experienced levels of depression, anxiety, and stress (the death of a loved one and one's own COVID-19 infection). The results of the mediation analysis are presented in Figure 1.

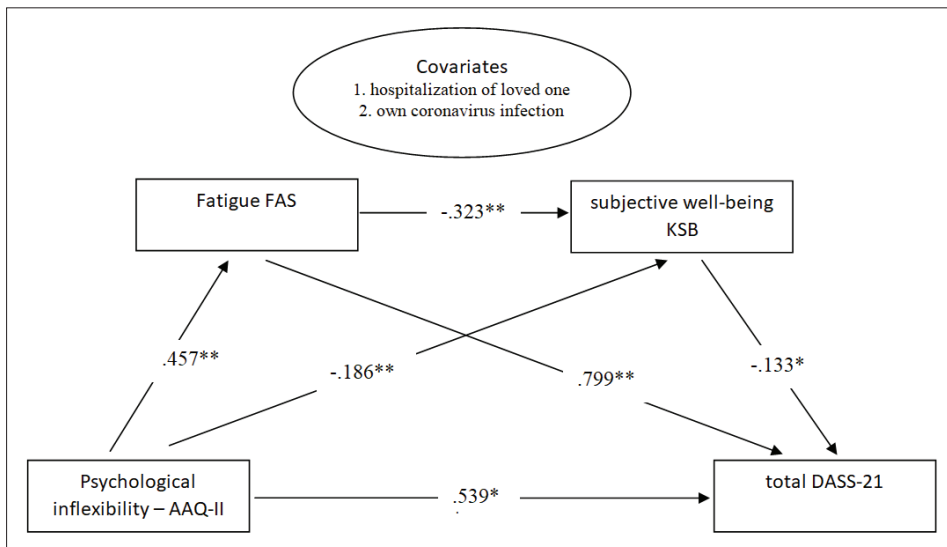


Figure 1. The result of the mediation model. The values shown are unstandardized coefficients.

Note: * $p < .05$, *** $p < .001$.

Our data suggest strong direct effects of psychological inflexibility on experienced distress ($B = 0.538, p < .001$). Avoiding difficult thoughts, emotions, and situations was associated with poorer mental health. When mediators were also included, the total effect of psychological inflexibility was stronger ($B = .948, p < .001$). The indirect effect of psychological inflexibility on distress was significant via fatigue ($B = .365, 95\% \text{ CI } [.235, .314]$) and also via subjective well-being ($B = .019, 95\% \text{ CI } [.004, .035]$). Therefore, avoiding difficult thoughts, emotions, and situations, which might necessitate additional resources and mobilization, could lead to fatigue that affects experienced levels of depression, anxiety, and stress. Similarly, psychological inflexibility influences well-being, which in turn affects mental functioning. Finally, it is important to note that fatigue also affected well-being ($B = -0.323, p < .001$), and the compound effect of AAQ-II – Fatigue – Subjective well-being – Distress was significant ($B = .015, 95\% \text{ CI } [.003, .028]$). In other words, psychological inflexibility leads to fatigue, which affects well-being and all together psychological functioning, i.e., level of experienced distress.

Discussion

This study aimed to explore psychological functioning in the context of prolonged stress. First, we compare levels of depression, anxiety, and stress between groups with various experiences with coronavirus infections. Two events turned out to be particularly important for mental functioning. Namely, people who experienced the hospitalization of a loved one reported a higher level of stress and total distress. The second important event was their own coronavirus infection. Interestingly, people who recovered from COVID-19 infections reported higher levels of anxiety while those who had never been infected reported a higher level of stress. Perhaps the first group was anxious about the possible consequences since there were growing concerns regarding long COVID while the second group was stressed out due to the uncertainty and perceived threat.

Regarding subjective well-being, although the obtained scores were in general lower compared to the validation study (Jovanović & Novović, 2008) the only difference was that people who experienced the loss of a loved one due to COVID-19 had a lower score on positive affectivity. However, this result is expected as a part of the grieving process. Other differences were not obtained between groups with various coronavirus experiences. Such results are in accordance with the adaptation hypothesis that presumes that big events have only temporary effects on our well-being (Diener et al., 1997). In other words, by the second year of the pandemic, we likely became habituated not only to the restrictive measures that interfered with our regular lifestyle and personal freedom but also to the possibility of ourselves or our loved ones getting infected.

Such results are in line with the previous studies that explored well-being before the pandemic (Allman, 1990 cited in Diener et al., 1996; Suh et al., 1996).

Finally, this study confirmed the importance of psychological inflexibility for mental health. Namely, our study showed that psychological inflexibility could predict levels of distress both directly and indirectly via fatigue and subjective well-being. Our results are in line with the previous studies that showed a connection between psychological inflexibility and higher levels of depression, anxiety, and stress and lower levels of well-being (González–Fernández et al., 2017; Žuljević et al., 2020). Similar results were obtained in Spain (Hernández-Lopez et al., 2021) where it was reported that psychological inflexibility together with mental illness symptoms increased during lockdown. Furthermore, this study showed that psychological inflexibility could also increase distress via fatigue. Although it is expected that people who have virus infection experience physical fatigue, our results indicate that fatigue could be also associated with inadequate coping, i.e., avoidance. Such results have practical implications suggesting how important it is to improve psychological flexibility.

Conclusion

This study provides additional support to the growing body of literature that indicates that psychological flexibility could be the key factor that affects both physical and mental health. The unique context of the pandemic (data were collected during the second year of the pandemic) allows us to also explore the effects of habituation on well-being which also contribute to our general knowledge and understanding of resilience. This study does have several limitations. Firstly, the majority of participants in our sample were females. Moreover, some of the groups that we compared in ANOVA had different sizes, potentially affecting the obtained results. Additionally, due to the nature of this study (conducted online, with questionnaires distributed in specific Facebook groups), some participants with lower computer/internet literacy were unintentionally excluded. Furthermore, it is possible that individuals facing more difficulties were more motivated to join these groups initially. Lastly, it is essential to note that this was a cross-sectional study.

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Appendix

Table 1.1. Distribution of DASS-21 scores by categories

	Normal	Mild	Moderate	Severe	Extremely severe
Depression	47.9 %	10.4%	16.5%	9.6%	15.6%
Anxiety	39.7%	7.6%	16.7%	9.5%	26.5%
Stress	39.9%	10%	14.8%	17.7%	17.6%

Table 1.2. Different experiences with coronavirus and its effects on anxiety and stress

		<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Did a loved one hospitalized due to coronavirus infection? ("yes". "no")	depression	6.86	6.04	2.555	.110
		6.20	5.73		
	anxiety	6.48	5.44	2.170	.141
		5.93	5.15		
Stress	10.41	6.20	5.504	.019*	
	9.42	5.88			
Total DASS -21	23.75	16.07	4.049	.045*	
	21.56	15.16			
Did you have a coronavirus infection? ("yes". "no")	depression	6.49	6.07	.028	.866
		6.42	5.64		
	anxiety	6.71	5.32	9.927	.002**
		5.58	5.16		
Stress	9.34	6.25	5.056	.025*	
	10.26	5.76			
Total DASS-21	22.53	16.14	.066	.798	
	22.26	14.93			

Note: * $p < .05$, Note: ** $p < .01$

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Висока школа струковних студија за образовање васпитача и тренера, Суботица

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Повезаност психолошке нефлексибилности и менталног здравља током трећег таласа пандемије изазване вирусом ковид 19

Резиме

Приказана студија имала је за циљ поређење психолошког функционисања људи са различитим степеном искуства са инфекцијом вируса короне у другој години пандемије (од фебруара до јуна 2021), као и да утврди улогу психолошке нефлексибилности у доживљеном нивоу дистреса. У студији је учествовало 860 испитаника (753 испитаника женског пола, од тога је 429 било заражено ковидом 19). Резултати су показали да испитаници чији су ближњи били хоспитализовани током пандемије показују више нивое стреса. Са друге стране, опорављени од инфекције ковидом 19 показали су виши ниво анксиозности и нижи ниво стреса у поређењу са испитаницима који нису имали инфекцију. Секвенцијална анализа медијације показала је да психолошка нефлексибилност има директне и индиректне ефекте на ниво дистреса (путем хроничног умора и субјективног благостања). Ова студија даје додатну потпору тези о значају психолошке флексибилности у очувању менталног здравља, чак и током тешких околности каква је пандемија ковида 19.

Кључне речи: ковид 19; ментално здравље; субјективно благостање; психолошка нефлексибилност.



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