

PSYCHOLOGICAL DISTRESS AN COPING RESPONSES TO CONFINEMENT FOR COVID-19

MALESTAR PSICOLÓGICO Y RESPUESTAS DE AFRONTAMIENTO AL CONFINAMIENTO POR LA COVID-19

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Abstract

The statement of the global pandemic situation due to COVID in 2020 led to the implementation of measures to confine the population and limit social contact, bringing with it economic and employment insecurity, which makes it a highly stressful event. These produce psychological distress encourage individuals to deploy coping strategies to overcome the effects. A field study was designed to find out the psychological distress caused by strict confinement and what coping responses triggered individuals to face this event and, through them, evaluate the effectiveness of coping exercised. To do this, a

community sample with 338 participants who responded to a measure of psychological distress and another of coping with confinement was evaluated. The results showed a rate of moderate and clinical deteriorate cases (.834) significantly higher than expected, with an increase in the rate of cases due to the pandemic of 88.0 %. In relation to the coping responses, the results revealed an increase in the use of avoidance strategies, decreasing confidence (-64.5 %) in approximate strategies for coping with confinement due to the pandemic. In addition, coping with confinement due to pandemic increased the use of cognitive and behavioral strategies. Regarding the rate of use of the strategies, a significant frequency of employment was observed in all of them, the Emotional discharge strategy being significantly the most activated.

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The efficacy of the strategies deployed by the population to cope with confinement due to pandemic, characterized as maladaptive, passive, avoidant and focused on emotions, and the implications for the design of empowerment programs are discussed.

Keywords: coping responses; psychological distress; COVID-19; confinement.

Resumen

La declaración de la situación de pandemia mundial por COVID en 2020, conllevó la implantación de medidas de confinamiento de la población y de limitación del contacto social, trayendo aparejada inseguridad económica y laboral, lo que la convierte en un evento altamente estresante. Estos producen malestar psicológico e impelen a los individuos a desplegar estrategias de afrontamiento para superar los efectos. Se diseñó un estudio de campo para conocer el malestar psicológico provocado por el confinamiento estricto y qué respuestas de afrontamiento activaron las personas para encarar este evento y, a través de ellas, evaluar la eficacia del afrontamiento ejercitado. Para ello se evaluó a una muestra comunitaria con 338 participantes que respondieron a una medida de malestar psicológico y a otra de afrontamiento del confinamiento. Los resultados mostraron una tasa de casos de deterioro moderado y clínico (.834) significativamente mayor a la esperada, siendo el incremento en la tasa de casos debida a la pandemia del 88%. En relación a las respuestas de afrontamiento, los resultados revelaron un incremento en el uso de estrategias evitativas, disminuyendo la confianza (-64.5 %) en las estrategias aproximativas para el afrontamiento del confinamiento por la pandemia. Además, el afrontamiento del confinamiento por pandemia incrementó el uso de las estrategias cognitivas y comportamentales. Sobre la tasa de uso de las estrategias, se observó en todas una frecuencia de empleo significativa, siendo la estrategia de descarga emocional significativamente la más activada. Se discute la eficacia de las estrategias desplegadas por la población para el afrontamiento del confinamiento por pandemia, caracterizadas como desadaptativas, pasivas, evitativas y centradas en las emociones, y las

implicaciones para el diseño de programas de potenciación.

Palabras clave: respuestas de afrontamiento; malestar psicológico; COVID-19; confinamiento.

Introduction

Three days after the statement of the global pandemic situation on March 11 by the World Health Organization (WHO, 2020), the government of Spain implemented a state of alarm in order to confine the population (Real Decreto, 463/2020). In addition to the decline in Spanish GDP in 2020 unprecedented in recent history, estimated by the Bank of Spain at around 13.6 % (Banco de España, 2020), the pandemic has brought serious consequences on the health and lives of citizens (with mortality rates that they reached 21.0 % and a Charlton comorbidity index of 61.0 %) and the collapse of the health system (Casas-Royo et al., 2020). The confinement of the population and the limitation of social contact, whose objective was the control of community transmission of the pathogen, have had indirect adverse effects on mental health and family relationships that have already been studied (Fariña et al., 2020; Pampliega et al., 2019; Rodríguez-Rey et al., 2020; Rubin & Wessely, 2020; Xiang et al., 2020). The psychological impact of the pandemic on the general population has been analyzed in several systematic reviews. Thus, Luo et al. (2020) quantified the pooled prevalence of anxiety and depression in 32 and 27 %, respectively, among the general population; and Salari et al. (2020) in 29.6, 31.9 and 33.7 % the prevalence of stress, anxiety and depression, respectively. Similarly, Vindegaard and Benros (2020) also reported in a systematic review of the direct and indirect impact of the pandemic on mental health, suggesting that, although current data are scarce, they are indicative of the affectation of mental health, both among the general population and among healthcare professionals and the psychiatric population. In the same line, Prati and Mancini (2021) conducted a meta-analytic review finding a small, but significant, effect of COVID-19 lockdown on mental health in the general population. However, the reviews found no evidence that confinements reduced positive psychological functioning, general well-

being, or life satisfaction (Prati & Mancini, 2021; Vindegaard & Benros, 2020).

The pandemic situation has generated a new context (Dawson & Golijani-Moghaddam, 2020; Polizzi et al., 2020) in which it is crucial to analyze the psychological coping process; that is, the thoughts and actions that people use to cope with stressful events (Folkman et al., 1987). Different approaches of coping have been differentiated in literature: focused on the problem or the emotion (Lazarus & Folkman, 1984); mixed problem-emotion coping (Carver et al., 1989); active or passive/avoidant (Carver et al., 1989); with approximate or avoidant orientation; and with a cognitive or behavioral focus (Moos, 2002). Strategies that focus on the problem are associated with greater psychological well-being (Graven et al., 2014; Viñas et al., 2015), better adaptation to the stressful situation (Graven et al., 2014; Park & Adler, 2003), lower health issues (Kato, 2015) and greater satisfaction with life (Cantón et al., 2013; Matheny et al., 2008). Likewise, the strategies used may differ depending on gender (Bonnevill-Roussy et al., 2017), the type of population (Nydegger et al., 2011), or the context and the stressful event (Moral-Jiménez & González-Sáez, 2020). The literature has also differentiated between adaptive and maladaptive strategies (Arce et al., 2014; Carver & Connor-Smith, 2010; Holton et al., 2016), considering itself adaptive when it facilitates controllability of the stressful event, so that the person experiences fewer stress-related symptoms (Park et al., 2001). Adaptive strategies help to reduce stress and to promote long-term health, meanwhile maladaptive strategies are linked to avoidant, passive and emotional responses to coping with the stressful event (Arce et al., 2014), which they negatively impact the welfare state (Pérez-Fuentes et al., 2019). In any case, it will be considered beneficial or detrimental to the individual, as a function of the extent to which it allows him to cope with the demand of the situation (Skinner et al., 2003).

At first, research on the management of the COVID-19 pandemic, as a stressful event, focused on the population of health professionals, with controversial results. Thus, some studies (Babore et al., 2020; Vagni et al., 2020) found an increase in the use of emotional and cognitive avoidance strategies –maladaptive, passive strategies–, reducing the use of social support strategies; while other

studies found that they resorted more to active and problem-focused coping strategies –adaptive, active strategies– (Cai et al., 2020; Huang et al., 2020). On the other hand, studies with the general population reported a greater use of active coping strategies –acceptance and positive coping, especially– (Flesia et al., 2020; Fu et al., 2020; Skapinakis et al., 2020). In any case, the COVID-19 pandemic has created an unprecedented new context in which, in order to empower people and promote their resilience, it is necessary to increase knowledge about coping strategies (Agha, 2021). Taking into account the above, we set out a cross-sectional study in which to analyze the psychological distress caused by confinement in the general population, as well as to know the coping strategies used to manage the stress derived from the pandemic context, so that can be contributed useful knowledge for the design of prevention and empowerment programs for citizens.

Methods

Participants

338 subjects participated in the study, 257 women (76.0 %) and 81 men (24.0 %), aged between 18 and 63 years ($M = 32.46$, $SD = 13.65$). Regarding the level of studies, 4.4 % had completed primary or equivalent studies, 22.5 % studies of general secondary education and 73.1 % higher professional education, university or equivalent. The origin of the participants was distributed throughout the country.

Procedure

All the participants were in a situation of confinement imposed by the state of alarm by the Government of Spain (Real Decreto 463/2020), specifically between the April 23 and May 12, 2020. A call for participation in the study was disseminated through social networks (e.g., Facebook, Instagram, Twitter), as well as by WhatsApp, messaging and e-mail. The research included an individual debriefing process, so that those participants who requested it were sent an individual report that included a brief explanation of the research objectives, a personalized expla-

nation of the results, as well as information about available resources for help and psychological care.

Measuring instruments

As for measuring clinical distress, the Spanish adaptation and norms of the *General Health Questionnaire* (GHQ-12; Rocha et al., 2011), a self-report of the severity of psychological distress experienced by the individual in recent weeks, was administered. This instrument consists of 12 items to which the participant responds on a 4-point Likert-type scale, which ranges from 0 (*better than usual*) to 3 (*much less than usual*). Two types of scores are obtained from this questionnaire: research (summation of the response values on the Likert-type scale) and clinical (each item is transformed into a symptom by applying the code 0, 0, 1, 1). Both with the participants in this study, it showed good internal consistency, $\alpha = .75$, as with the questionnaire Spanish adaptation sample, $\alpha = .85$.

In order to measure COVID-19 coping strategies, the Spanish adaptation of the *Coping Responses Inventory: Adult Form* was used (CRI-ADULT; Moos, 1993, 2010), which differentiates between approximate or avoidance strategies, and cognitive or behavioral strategies. This instrument is made up of 48 items, which are answered on a 4-point Likert-type scale, from 0 (*never*) to 3 (*many times*), divided into 8 factors: (1) Logical analysis (cognitive attempts to understand and prepare mentally for a stressor and its consequences; approximate-cognitive); (2) Positive reappraisal (cognitive attempts to construct and restructure a problem in a positive way while accepting the reality of the situation; approximate-cognitive); (3) Seeking guidance and support (behavioral attempts to seek information, advice and support; approximate-behavioral); (4) Problem solving (behavioral attempts to take part in the direct resolution of the problem; approximate-behavioral); (5) Cognitive avoidance (cognitive attempts to avoid thinking realistically about the problem; cognitive-avoidance); (6) Acceptance or resignation (cognitive attempts to react to the problem by accepting it; cognitive-avoidance); (7) Seeking alternative rewards (behavioral attempts to engage in substitute activities and create new forms of satisfaction; avoidant-behavioral); and (8) Emotional discharge (behavioral attempts to reduce stress by

expressing negative feelings; avoidant-behavioral). The scale showed adequate internal consistency, both in the inventory construction study, $\alpha = .85$, as with the sample of the present study, $\alpha = .83$.

Data analysis

The study of clinical distress was approached by contrasting the observed probability with clinical deterioration (.05) and moderate clinical deterioration (.10; Fandiño et al., 2021; Wise, 2004), estimating the effect size in Odds Ratio and interpreting it in terms of the Effect Incremental Index (EII; Redondo et al., 2019) which is an estimate of the increase in cases in the study sample over the normative sample. Complementarily, we obtained the Probability of an Inferiority Score (PIS) which, in this case, reports the probability of cases without damage (Arias et al., 2020).

In the comparison of means, the coping responses of the study sample were compared with a given value, the average of the normative sample. The normative population is preferred to a control group (it would not be possible in this study either) because the control groups are more biased than the normative sample (Schmidt & Hunter, 2015) and because the contrast with the normative sample allows knowing and quantifying the deviation of the normative, through a derivation of the BESD (Corrás et al., 2017). For each result, the effect size was calculated with Cohen's *d* and it was interpreted as the Probability of Superiority of the Effect Size in relation to all possible (P_{SES}; Monteiro et al., 2018). Although the knowledge of the significance, the effects and the magnitude of the results is of great importance in scientific research, it hides the opposite effects, that is, contrary to the effect (Arias et al., 2020). For this measure, we took the Probability of an Inferiority Score (PIS) statistic that solves, in this measure, the probability of individuals in the study sample who would obtain a lower score in the measure than the mean of the population of the normative sample. For the study of the composites of variables, the combined means and variances of the normative sample (test values) were calculated.

For the comparison of the use between the different strategies within the study sample, the confidence interval was calculated for the mean of the study population, such that, if the intervals overlap, the means of use are equal, while if they do not overlap, the highest mean is significantly higher than the lowest, and vice versa (Vilariño et al., 2018).

For the study of the rate of people using the strategies (cases), the use of the coping strategies was recoded into non-use ($rs < 2$) and use ($rs \geq 2$) after weighting the total in each strategy divided by the number of items (6). In this way, a use value of the strategy is obtained on a scale from 0 (*Not at all*) to 3 (*fairly often*), where 1 is almost never (once or twice) and 2 is sometimes. The averages greater than 1.5 were not rounded to 2, but the probable error (more restrictive) of the measurement was calculated around 2. Thus, the recoding resulted in 0 (not used: not or very rare) and 1 (used: sometimes or very frequent). To estimate the frequency of use of the strategies, the observed proportion of use was taken and contrasted with a constant. According to Arce et al. (2020), if the contingency of use of the strategy is $\leq .05$, the use is trivial (not significant); If a frequency of use $< .5$ and $> .05$ is observed, it is of occasional use by the population; if a use ratio of $.5$ is observed, it is frequently used; if the usage ratio is $> .5$ it is commonly used; and if the observed probability of use $\geq .95$, the strategy is ordinarily used by the population.

Results

Study of Clinical Distress during COVID-19 Confinement

The results of the contrast of the probability of cases of clinical distress in the sample of the population in confinement by COVID-19 (.243) showed to be significantly higher than in the general population (.05; clinical significance), $Z(N = 338) = 16.28$, $p < .001$. The magnitude of the effect is 4.86 times greater than expected, $OR = 4.86$, with the increase in the effect (clinical distress) linked to COVID-19 being 79.4 %, $EII = .794$. Likewise, the observed rate of clinical and moderate deteriorate in the

study sample (.834) is significantly higher, $Z(N = 338) = 44.98$, $p < .001$, than that expected under normal conditions in the general population (.10), with an effect magnitude 8.34 times greater than expected and an increase in effect (moderate or clinical deteriorate) of 88.0 %, $EII = .880$, related to COVID-19.

Study of the coping Response to Confinement by COVID-19

The results (see Table 1) show that citizens have faced the COVID-19 pandemic with a significant increase, compared to the normative, in the use of Positive reappraisal, Cognitive avoidance, Acceptance or resignation, Seeking alternative rewards and Emotional discharge strategies. Conversely, they reduced their use of the Logical analysis and Seeking guidance and support strategies. Finally, Problem solving stayed the same.

This led us to study as a whole whether coping with COVID-19 during confinement was carried out through avoidance strategies (i.e., cognitive avoidance, acceptance or resignation, seeking alternative rewards, emotional discharge) to the detriment of approach strategies (i.e., logical analysis, positive reappraisal, seeking guidance and support, problem solving). The results of the comparison of the combined means of the normative population ($M_s = 10.48$ and 5.85 , for approximative and evitative coping responses respectively) with the sample of this study exhibited that in a situation of confinement due to pandemic the same use of the approximate strategies ($M = 10.34$) than before other stressors by the normative population, $t_{(337)} = -1.05$, ns , $d = -0.03$, while the use of avoidance strategies increased ($M = 10.34$), $t_{(337)} = 27.03$, $p < .001$, $d = 1.47$. However, confidence in approximate strategies is lower than in the general population ($M = 0.64$) in coping with stressful events ($M = 0.54$), $t_{(337)} = -29.39$, $p < .001$, $d = -1.60$, an effect size greater than 74.2% of all possible ones, $PS_{ES} = .742$, and which implies a decrease in confidence of 64.5 % ($r = -.645$). In any case, the average use of the approximate Positive reappraisal and Problem solving strategies (lower limit of the confidence interval for mean is over the upper limit of the remaining strategies) was significantly higher ($M = 0.64$) in coping with stressful events ($M = 0.54$),

Table 1.

One-sample *t*-test for the mean comparison of the study sample with the mean score of the normative sample as test value in the CRI-Adult scales.

Scale	<i>t</i>	<i>M</i> [95% CI]	<i>tv</i>	<i>d</i>	PS _{ES}	IS
Logical analysis	-5.67***	9.95[9.62, 10.28]	11.19	-0.31	.243	.622
Positive reappraisal	12.17***	12.25[11.94, 12.56]	10.45	0.66	.362	.255
Seeking guidance and support	-2.32*	8.52[8.25, 8.79]	9.33	-0.13	.072	.552
Problem solving	-0.92	10.65[10.32, 10.98]	10.96	-0.05	.032	.520
Cognitive avoidance	14.04***	9.32[8.95, 9.69]	6.71	0.76	.411	.224
Acceptance or resignation	12.16***	9.49[9.14, 9.84]	7.36	0.66	.431	.255
Seeking alternative rewards	27.09***	9.60[9.29, 9.91]	5.69	1.48	.706	.069
Emotional discharge	21.73***	6.96[6.63, 7.29]	3.63	1.18	.593	.119

Note: *df*(337). *M*[95% CI]: mean of the CPO group[95% confidence interval]; *tv*: test value; *d*: Cohen's *d*; **p* < .05; ****p* < .001.

$t_{(337)} = -29.39$, $p < .001$, $d = -1.60$, an effect size greater than 74.2 % of all possible, $PS_{ES} = .742$, and that supposes a decrease in confidence of 64.5 % ($r = -.645$). In any case, the average use of the approximate Positive reappraisal and Problem solving strategies (lower limit of the confidence interval for mean is over the upper limit of the remaining strategies) was significantly higher than the others.

On the other hand, the results of the comparison of the combined means of cognitive and behavioral coping responses of the normative population ($M_s = 8.93$ and 7.41 , for cognitive and behavioral coping responses) with the sample of this study revealed that in a situation of confine-

ment due to pandemic increased the use of cognitive strategies ($M = 10.25$), $t_{(337)} = 10.63$, $p < .001$, $d = 0.58$, and behavioral ($M = 8.93$), $t_{(337)} = 13.60$, $p < .001$, $d = 0.74$, than when faced with other stressors by the normative population.

The results of the case study on the use of coping strategies against COVID-19 (see Table 2) displayed that none of the strategies has a frequency of trivial use ($> .05$), with an increase over triviality greater 85 % ($EII > .85$); that for Problem solving and Positive reappraisal strategies an occasional frequency of use was registered ($< .5$ and $> .05$); that the strategies Logical analysis, Cognitive avoidance, Acceptance and resignation and Seeking alternative re-

Table 2.

Trivial- and common-use of coping responses among confined people.

Coping response	<i>f</i> [<i>p</i> [95% CI]]	<i>Z</i> ₁	<i>OR</i> ₁	<i>EII</i> ₁	<i>Z</i> ₂	<i>OR</i> ₂	<i>EII</i> ₂
Logical analysis	187(.553[.500, .606])	42.43***	11.06	.910	1.95	1.11	.096
Positive reappraisal	114(.337[.287, .387])	24.21***	6.74	.852	-5.99***	0.67	-.484
Seeking guidance and support	224(.663[.612, .713])	51.71***	13.26	.925	5.99***	1.33	.246
Problem solving	129(.382[.330, .434])	28.01***	7.64	.869	-4.34***	0.76	-.309
Cognitive avoidance	180(.533[.480, .586])	40.74***	10.66	.906	1.21	1.07	.062
Acceptance or resignation	170(.503[.450, .556])	38.21***	10.06	.901	0.11	1.01	.006
Seeking alternative rewards	162(.479[.426, .532])	36.19***	9.58	.896	-0.77	0.96	-.044
Emotional discharge	263(.778[.733, .822])	61.41***	14.66	.936	10.22***	1.56	.357

Note: *N* = 338; *f*[*p*[95% CI]]: frequency of coping strategy use(observed probability)[95% confidence interval]; *Z*₁: zeta score for the difference between the observed proportion of coping response among confined people and a constant (.05, insignificant or trivial use); *OR*₁: odds ratio for the trivial-use; *EII*₁: effect incremental index from trivial-use; zeta score for the difference between the observed proportion of coping response among confined people and a constant (.5, common-use of the coping response); *OR*₂: odds ratio for common-use; *Z*₂; *EII*₂: effect incremental index for common-use; ****p* < .001.

wards presented a frequency of frequent use ($= .5$); and that Seeking guidance and support, and Emotional discharge strategies were commonly used ($> .5$). Comparatively, the Emotional discharge strategy exhibits a significantly higher frequency of use (the lower limit of the confidence interval for the observed ratio is greater than the upper limit of the intervals of the remaining strategies) than the other strategies and with an increase on the effect of 35.7 % on a common use ($= .5$).

Discussion

Before commenting on the implications of the study, it is worth mentioning its limitations. Thus, the type of cross-sectional design used does not allow us to consider the long-term effects of the pandemic; the type of selection of the sample does not guarantee the representativeness of the population; moderators of the effect have not been studied; the time of strict confinement in which the investigation was carried out limits the generalizability to other confinement circumstances; the limitations of the measuring instruments; and the variance due to method bias, but not to the constructs, is unknown; in this case, the simulation of distress (Arce et al., 2008), and the dissimulation related to the non-recognition of the use of maladaptive, passive, avoidant and emotion-focused strategies, which are linked to less social desirability (Fariña et al., 2017).

Regarding the effects on mental health, our results corroborate other studies that reveal the effect on mental health in the general population during lockdowns caused by the spread of SARS-CoV-2 disease (Passavanti et al., 2021; Vindegaard & Benros, 2020). However, these studies focused on specific clinical disorders, observing comorbidity. Thus, by targeting specific disorders, damage to other disorders is left out. Our measure of clinical distress addresses the clinical picture as a whole, and has allowed us to quantify the global clinical damage at 4.86 times higher than the baseline (mean of the normative population) and the increase in clinical distress due to the pandemic in the 79.4 %. In the case study, a rate of moderate and clinical deteriorate 8.34 times higher than that expected in the general population under normal conditions and an increase due to the pandemic in the rate of 88.0 %

was found. To this immediate effect in clinical health we must add the expected effect (of delayed expression) after the traumatic event, that is, at the end of the pandemic (American Psychiatric Association [APA], 2013; Galea et al., 2020). In any case, despite the magnitude and severity of the psychological distress reported by the participants in our study, it is possible that pandemic confinements due to COVID-19 may have a selective impact, that is, they affect certain groups unequally ($\pm 12\%$ do not present any clinical damage).

The results have confirmed a significant increase in the use of avoidance strategies in a pandemic situation, specifically Cognitive avoidance (cognitive attempts to avoid thinking realistically about a problem), Acceptance or resignation (cognitive attempts to react to the problem by accepting it), Seeking alternative rewards (behavioral attempts to get involved in substitute activities and create new sources of satisfaction) and Emotional discharge (behavioral attempts to reduce tension by expressing negative feelings), in line with the literature that has pointed out the cognitive avoidance (Babore et al., 2020; Herrero et al., 2019; Vagni et al., 2020), and the emotional discharge to reduce tension through the expression of negative feelings, as the most likely resources for coping with an epidemic event (Teasdale et al., 2012). These avoidance strategies are not only ineffective, but also facilitate the appearance of psychological damage and incompetence to solve problems (APA, 2013; Brooks et al., 2019; Cacho et al., 2020; Mayorga et al., 2020).

Regarding the strategies classified as approximate, it was verified a reduction in the use of Logical analysis strategies (cognitive attempts to understand and prepare mentally for a stressor and its consequences) and Seeking Guidance and Support (behavioral attempts to seek information, guidance, or support). Since social support reduces stress (Ozbay et al., 2007; Zhong et al., 2021), the low use of this strategy in a pandemic situation shows that the community population did not use this active coping strategy. This could be due either to the fact that they dismissed this strategy as effective, or to the fact that they did not have enough ability to seek support due to the imposed movement restrictions, when they could obtain it by telematic means (Budimir et al., 2021). This search reduction of social support was also observed in samples of

health professionals (Babore et al., 2020; Vagni et al., 2020), although other studies reported an increase in the search for social emotional support (Park et al., 2020); that is, moderators explain the use of this strategy. Future research should have among its objectives to know these moderators of the effect. On the contrary, it is verified a greater use of Positive reappraisal (cognitive attempts to build and restructure a problem in a positive way while still accepting the reality of the situation) that favors adaptation to the situation, reducing stress and/or anxiety (Budimir et al., 2021; Flesia et al., 2020; Huang et al., 2020; Jungmann & Witthöft, 2020; Skapinakis et al., 2020). Finally, the community sample used the Problem Solving strategy (behavioral attempts to take action to deal directly with the problem) equally than the normative one.

Furthermore, the results of the comparison of the combined means of the normative population with the sample of this study reveal that, in a situation of confinement due to COVID, the same use of approximate strategies was maintained as against other stressors. These approximate strategies are associated with less psychopathology (Aldao & Nolen-Hoeksema, 2012; Richardson et al., 2020) and refer to active cognitive and behavioral efforts to master the stressor and engage in problem-solving activities (Soriano et al., 2020). Conversely, an increase was observed, as in samples of health professionals (Babore et al., 2020; Vagni et al., 2020), in the use of avoidance strategies, that compound problems and delay stressor resolution. This increase in the use of avoidance strategies and the maintenance of the approximations leads to the fact that, in the balance between the two, the weight of the approximations has fallen (less confidence in the approximate strategies).

Regarding the frequency of use of the different strategies, it was verified that none of the coping strategies has a trivial use, that is, the prevalence of use is significant in all of them: occasional use of the strategies Problem solving Positive reappraisal; frequent in Logical analysis, Cognitive avoidance, Acceptance and resignation and Seeking alternative rewards strategies; and common in Seeking guidance and support, and Emotional discharge strategies. This result reflects that the impact of the pandemic on psycho-emotional health (Vindegaard & Benros, 2020) has mobilized in the community population a great

activation of coping resources both at the cognitive and behavioral levels, as mechanisms of psychosocial adaptation during periods of high stress (Folkman & Lazarus, 1985; Lazarus & Folkman, 1984; Moos & Schaefer, 1993). However, the highest prevalence and increase in use was for the Emotional discharge strategy, characterized as maladaptive, active, passive and emotional, which not only does not moderate the negative effects on psychological distress, but also praises them (Arce et al., 2014; Basanta et al., 2018; Parsons et al., 1996).

In order to improve the response of individuals to stressful situations, as well as to minimize the effects that the pandemic as a stressful event entails (Elzy et al., 2013; Stächele et al., 2020), this research allows to specify prevention and intervention evidence based programs for the enhancement of adaptive coping skills or the correction of deficits in cognitive competence linked to the use of maladaptive coping strategies (Arce et al., 2014; Arias et al., 2020). In any case, it is necessary to increase the evidence on these and other damages, as an expected increase in the violence (Arce et al., 2014; Gallego et al., 2019), the most vulnerable populations, as well as the moderating and immunizing effects of individual variables such as coping strategies in order to empower people in health and social emergencies (Park et al., 2020).

Conflict of interest

The authors declare no conflict of interest.

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