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# COVID-19 Lockdown as an Atypical Stressful Situation and Ways of Coping with It

**Abstract:** Little is known as to what extent the pandemic lockdown has changed the perceived level of stress and stress-coping strategies. In response to this gap we present the results of quantitative and qualitative studies on stress levels and coping with stress conducted among Polish adults during the COVID-19 lockdown. The first study indicates that the lockdown has changed stress appraisal moderately, and it has also affected stress-coping strategies in various areas. The second study reveals miscellaneous reasons for stress appraisal (health, economic, political, social, freedom restriction, and religious). Participants perceived pandemic and lockdown as a moderate stressor, more as a challenge than a threat. Moreover the avoidant style recognized as the most adaptive reaction on stress in our study, confirms that people have a natural ability to adapt to unpredictable and unexpected situations like COVID-19 lockdown.

**Keywords:** stress appraisal; stress coping; COVID-19; lockdown; adults.

## INTRODUCTION

On March 11, 2020, the World Health Organization assessed the outbreak of COVID-19 as a pandemic (WHO, 2020a). Currently (as of September 14, 2020), there are 28,637,952 cases of the disease and 917,417 deaths worldwide. In Poland, 73,650 cases of COVID-19 and 2,182 deaths caused by the virus were confirmed (WHO, 2020b). In order to contain the spread of the virus, many countries around the world have decided to implement serious social and economic restrictions. These have led to a drastic change in the lifestyle of many citizens worldwide (Marazziti & Stahl, 2020). Overnight, billions of people across the globe were confined to domestic quarantine as part of the social distancing strategy applied by their countries (Banerjee & Rai, 2020).

The already conducted studies indicate the negative psychological consequences of the lockdown and the social isolation strategy. Symptoms of post-traumatic stress disorder, confusion, and anger can exacerbate in home isolated individuals. When stressors such as quarantine (because of the virus threat) continue to be present for a longer period of time, this increases anxiety, frustration, boredom, and misinformation; it also leads to the loss of funds, increases harmful drinking, and causes stigmatization (Brooks et al., 2020; Ahmed et al., 2020). As a result, symptoms of mental disorders may appear

among people without such a history in the past or symptoms among people with already existing mental problems may intensify (Mucci, Mucci, & Diolaiuti, 2020). Based on a literature review, Brooks et al. (2020) listed five factors causing psychological stress during quarantine. These are: duration of lockdown, fear of infection, feelings of frustration and boredom, inadequate supplies, and inadequate information. Moreover, people during the quarantine period tend to have mental ruminations about their own illness, the world, and its future. According to Mucci et al. (2020), such behavior exposes individuals to fear, aggression, and both obsessive and delusional thoughts; in some cases, it may also lead to psychosis. A greater likelihood of acts of domestic violence during a social distancing period is an additional stress factor associated with quarantine mentioned in literature (Vieta, Pérez, & Arango, 2020).

As researches show, there are many factors that increase the probability of experiencing stress during the outbreak of COVID-19. Gender, age, and the level of education were some of the factors most frequently mentioned in the literature. Men turned out to be less susceptible than women to developmental symptoms as a consequence of stressful events (Moccia et al., 2020; Liu et al., 2020). People aged 35 and less were more likely to experience anxiety than people over 35 (Huang & Zhao, 2020). This may have been due to their greater life

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experience or better self-regulation skills. In addition, people with a master's degree showed stronger depressive tendencies than those with a bachelor's degree. Professionals were also more prone to depression than workers in the service sector and other occupations (Wang et al., 2020).

Many of the available studies focus on the level and types of stressors during the outbreak of COVID-19. However, little is known about the differences between the intensity of stress in the current (particular) situation of the pandemic and in everyday life, as well as the resulting difference in dealing with stress. The aim of the article is to compare the level of stress and ways of coping with it among Poles during the spring lockdown of COVID-19 and in everyday life (permanent predisposition).

The article describes two different studies: (1) a quantitative study in which respondents assessed their stress level and their reported ways of coping with stress in typical situations and during the spring lockdown of COVID-19, and (2) a qualitative study in which the subjects spontaneously wrote down reasons for stress and ways of coping with stress during the spring lockdown of COVID-19. According to Study 1, two hypotheses were formulated: 1) Poles experiencing the consequences of lockdown in the face of COVID-19 declare different levels of stress in a pandemic situation and everyday life (not associated with pandemic and lockdown), 2) Poles experiencing the consequences of lockdown in the face of COVID-19 declare different types of stress coping strategies in a pandemic situation and everyday life (not associated with pandemic and lockdown). We did not formulate hypotheses in the second study because it was exploratory.

The described results may contribute to a better understanding of the situation of an individual in an extreme international lockdown situation. This can have an impact on the quality of psychological support activities, the necessity of which, due to the current situation, has already been emphasized (Vieta et al., 2020; Naguy, Moodliar-Rensburg, & Alamiri, 2020). Furthermore, the results may inspire international comparative research on how different nations respond to the social and economic consequences of COVID-19.

## STUDY 1

### Method

#### *Participants*

Three hundred and twenty-six Polish adults (230 women) took part in the study. The mean age of the participants was  $M = 31.21$  ( $SD = 11.61$ ; range = 18–72). Participation in the study was voluntary and the participants were not rewarded. Participants were recruited via social media and advertisements posted on the websites. The sample size was determined taking into account the minimum number of observations needed to detect small effect size in dependent sample  $t$ -test (Kohn & Senyak,

2020). The only criterion for participation in the study was being an adult.

#### *Measures*

***Stress Appraisal*** To measure the appraisal of a stressful situation, we used the Stress Appraisal Questionnaire (SAQ) in the Polish adaptation of Wrześniewski, Jakubowska-Winecka, and Włodarczyk (Włodarczyk & Wrześniewski, 2010). The SAQ consists of two parts: dispositional stress appraisal (DSA) and situational stress appraisal (SSA). In both versions of the SAQ, there are 35 adjectives describing stressful situations. The participants are asked to assess the degree to which each item describes their feelings. The assessments are made on a four-point scale (0 = definitely not, 1 = rather not, 2 = rather yes, 3 = definitely yes). In the SSA version, the participants were asked for an appraisal of stress during the COVID-19 lockdown, in the DSA they appraised the level of stress with regard to typical and everyday situations. Both versions have a coherent factor structure that includes four factors characterized by high consistency. These factors have the following values in the DSA and the SSA respectively: Threat ( $\alpha = .93/.92$ ), Challenge-Activity ( $\alpha = .80/.86$ ), Challenge-Passivity ( $\alpha = .73/.84$ ), and Harm/Loss ( $\alpha = .80/.84$ ).

***Stress Coping Strategies*** To identify the ways of coping with stressful situations, we used the Brief COPE Questionnaire (Carver, 1997) in the Polish adaptation of Juczyński and Ogińska-Bulik (2009). The Brief COPE consists of 28 items and 14 subscales. The participants evaluated their strategies on a four-point scale (1 = I haven't been doing this at all, 2 = I've been doing this a little bit, 3 = I've been doing this in a medium amount, 4 = I've been doing this a lot). The Brief COPE is intended to measure the dispositional strategy of coping with stressful situations. However, for the purpose of our study, we prepared a parallel version of the Brief COPE to identify what kind of strategies are implemented during the COVID-19 lockdown. Therefore, two versions of the Brief COPE were used: the original version, which was intended to measure dispositional stress coping (Brief COPE-D), and the modified version, which was intended to assess strategies used during the lockdown (Brief COPE-S). Both versions differ only in instructions. In the first version, the participants were asked for their usual behaviors; in the modified version, they were asked for the strategy of coping during the lockdown. The internal consistency of the subscales is the following for COPE-D and COPE-S respectively: active coping =  $.76/.70$ , planning =  $.76/.68$ , use of instrumental support =  $.82/.71$ , use of emotional support =  $.91/.82$ , self-blame =  $.87/.27$ , return to religion =  $.95/.93$ , positive reframing =  $.83/.81$ , discharge =  $.34/.19$ , acceptance =  $.62/.45$ , denial =  $.82/.69$ , self-distraction =  $.72/.63$ , behavioral disengagement =  $.72/.51$ , substance use =  $.94/.94$ , and sense of humor =  $.48/.47$ .

***Pandemic-Related Questions*** To find out to what extent the pandemic affects the situation of individuals, we asked participants to select the statements that apply to them from the following: 1. I am infected with the

coronavirus; 2. I am at the risk group of coronavirus-infected people; 3. My loved ones are at risk of coronavirus infection (people over 65 years of age, people with impaired immunity, people with a history of lung disease); 4. I am in a 14-day quarantine; 5. My loved ones/friends are in a 14-day quarantine; 6. Due to the epidemic threat, I have prepared food supplies; 7. I work/learn online; 8. I work on site (as I normally do); 9. I am looking after a child/children/family members who require care, so I do not go to work; 10. I am looking after a child/children/family members who need care, but I have to go to work. At the end of the survey, we ask the open question: How much time do you spend tracking information about the COVID-19 pandemic in the media?

**Procedure**

Ethical permission was obtained from Ethical Committee at Institute of Psychology, Pedagogical University of Krakow. The data were gathered via an online questionnaire among the Polish adult sample between March 16 and April 14, 2020. During this period, many restrictions were introduced in Poland due to the pandemic lockdown. The subjects were informed about the purpose of the study, anonymity, and details of the survey. We informed the participants that the study is focused on the assessment of stress and coping with it in typical and unusual situations. The questionnaires were filled in the following sequence: SSA, Brief COPE-S, DSA, and Brief COPE-D. At the end of the survey, the questions about the group characteristics were placed.

**Results**

All analyses were conducted in the Statistica 13 package. The database was complete and there were no missing data.

First, we present the participants' responses to the pandemic-related questions. No participant was infected with the coronavirus, but 11.6% of them declared that they or their family members (56.4%) were in the risk group. Only 3.7% of the subjects were in quarantine when completing the survey, while 11% of their family members or friends were in quarantine at that time. Almost ¾ respondents (73.9%) worked from home and only 13.5% worked on-site. 10.4% of adults indicated that they worked from home because they looked after children or loved ones; however, 6.7% indicated that they worked on-site despite the fact that they had to look after their family members. All participants spent around two hours daily ( $M = 1.51, SD = 1.38$ , range 0–10) tracking information about the coronavirus in the media and 42.3% of them prepared food supplies in case of quarantine.

To answer the question about difference between dispositional and situational stress appraisal and coping strategies we used the dependent sample *t*-test. To assess the effect size of the differences between the means, Hedges's *g* indices were calculated (Uanhero, 2017).

The evaluation of the stress level in typical situations and during the pandemic lockdown was compared (see Table 1). The results partially confirmed hypothesis 1, indicating that dispositional and situational stress appraisal

**Table 1. Comparison of the Dispositional and Situational Feeling of Stress and Dealing with It**

		Dispositional (typical)		Situational (pandemic)		<i>t</i>	Hedges's <i>g</i> [95% <i>CI</i> ]
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Stress appraisal (SAQ)	Threat	14.52	6.83	10.98	6.18	10.69, $p < .001$	.56 [.45,.67]
	Challenge-Activity	9.12	3.32	10.36	3.08	-6.73, $p < .001$	-.39 [-.50,-.27]
	Challenge-Passivity	5.49	3.10	6.71	3.33	-6.54, $p < .001$	-.39 [-.50,-.26]
	Harm/Loss	5.08	2.23	4.95	2.87	.74, $p = .458$	-.38 [-.5,-.26]
Stress coping strategies (Brief COPE)	Active coping	4.22	1.35	2.96	1.51	13.99, $p < .001$	.80 [.74,1.02]
	Planning	4.43	1.29	3.83	1.48	8.28, $p < .001$	.43 [.32,.54]
	Use of instrumental support	3.71	1.59	3.02	1.63	8.57, $p < .001$	.43 [.32,.53]
	Use of emotional support	3.66	1.63	3.37	1.73	3.60, $p < .001$	.17 [.08,.27]
	Self-blame	2.31	1.83	.68	.97	17.42, $p < .001$	1.11 [.96,1.26]
	Return to religion	2.50	2.33	2.44	2.30	.99, $p = .321$	.03 [-.02,.07]
	Positive reframing	3.45	1.55	3.24	1.68	2.53, $p = .012$	.13 [.03,.23]
	Discharge	3.16	1.42	2.44	1.40	10.08, $p < .001$	.51 [.40,.62]
	Acceptance	4.20	1.26	4.61	1.16	-5.70, $p < .001$	-.34 [-.46,-.22]
	Denial	1.15	1.45	.81	1.28	5.22, $p < .001$	.25 [.15,.34]
	Self-distraction	3.55	1.62	3.53	1.68	.22, $p = .826$	.01 [-.09,.11]
	Behavioral disengagement	1.39	1.33	1.09	1.11	3.89, $p < .001$	.24 [.12,.37]
	Substance use	.79	1.33	.58	1.21	3.70, $p < .001$	.16 [.08,.25]
Sense of humor	2.10	1.34	2.15	1.34	-.71, $p = .477$	-.04 [-.14,.06]	

significantly differed ( $p < .001$ ) in threat, challenge-activity, and challenge-passivity, but no differences were observed in the harm/loss area. A higher score for threat appraisal was noted in typical stress situations in comparison to the pandemic lockdown, whereas the pandemic lockdown was evaluated as more challenging in comparison to typical situations. The differences in the evaluation of stress as a threat and challenge (activity or passivity) between everyday situations and the pandemic lockdown were medium.

Then it was tested whether there were differences between stress-coping strategies in typical stressful situations in comparison to the lockdown. The results partially confirmed hypothesis 2, indicating significantly ( $p < .05/.001$ ) higher scores for typical stressful situations in comparison to the pandemic lockdown in the areas of active coping (large effect), planning, use of instrumental support, self-blame, discharge (medium effect), use of emotional support, positive reframing, denial, behavioral disengagement, and substance use (small effect). A higher score for the pandemic lockdown in comparison to typical stress situations (medium effect) was observed only in the frequency with which the strategy of acceptance was used. There were no significant differences in the frequency of such strategies as return to religion, self-distraction, and sense of humor.

## STUDY 2

The first study allowed us to determine that the level of stress and stress-coping strategies in typical situations and during the pandemic lockdown differed. However, we were not able to establish the reasons for this stress. Moreover, we did not know whether adults during the lockdown took unusual stress-reduction activities. Therefore, a second qualitative study was conducted to ascertain stress reasons and stress-coping strategies without imposing any ready-made answers on the participants. We asked questions about the level of stress, the reasons for stress, and stress coping strategies during the COVID-19 lockdown as well as about the participants' pandemic situation.

### Method

#### Participants

Sixty-two participants (42 women) answered the questions in the second study. Their mean age was 36.17 years ( $SD = 12.81$ , range = 18–68). The participants in the second study were different from those in the first study. Participation in the study was voluntary and not rewarded. Participants were recruited via social media and advertisements posted on the websites.

#### Measures

**Stress** We measured the level of experienced stress by asking one question: "Evaluate your stress level due to the coronavirus pandemic on a scale of 0 to 10 (0 = definitely no stress, 10 = definitely strong stress)."

**Reasons for Stress** To identify stressors related to the course and consequences of the pandemic, we formulated an open question: "Please describe what issues most worry you in relation to the course and effects of the COVID-19 pandemic in Poland."

**Coping with Stress** To find out what people do to cope with stress related to the pandemic lockdown, we asked them: "Please describe how you deal with stress related to the COVID-19 pandemic in Poland."

**Pandemic-Related Questions** We asked the same questions as in the first study.

### Procedure

The study was approved by the Ethical Committee at Institute of Psychology, Pedagogical University of Krakow. The study was conducted online between 28 March 2020 and 8 April 2020. In this period many restrictions were introduced due lockdown in Poland. We informed participants about the purpose of the study, anonymity, and details of the survey. We first asked for the level of experienced stress, then we asked the participants to describe the most worrying issues related to the course and effects of the COVID-19 lockdown in Poland, and finally we asked about coping with stress associated with the COVID-19 lockdown. At the end of the survey, pandemic-related questions were placed.

### Results

All analyses were conducted in the Statistica 13 package. There were no missing data in the dataset. First, we present information on the pandemic situation of the respondents. None of the respondents was infected with the coronavirus or was in quarantine, but 13.8% declared that they were in the risk group. 55.4% of the participants indicated that their family members were in the risk group, and 1.5% declared that their family members were in quarantine. Because of the lockdown, 47.7% of the participants worked from home, including 9.2% who had loved ones in their care. 13.8% of the respondents worked on-site, and 10.7% of them declared that they had family members in their care. The participants spent an average of 1.48 hours ( $SD = 1.60$ , range 0–8) tracking information about the coronavirus in the media and 33.8% of them prepared food supplies in case of illness or quarantine.

To answer the question of whether lockdown caused severe stress in the adult group, we calculated the mean level of stress. The mean level of stress related to the pandemic lockdown in adults was 5.48 ( $SD = 2.39$ , ranged 0–9), and no statistically significant difference was established between intensity of this variable and the mean possible score (criterion = 5; one sample  $t$  test: = 1.61,  $p = .113$ ). Therefore, the mean level of stress related to the lockdown in the tested group was medium.

Afterwards, we wanted to find out what issues most worry adults in relation to the course and effects of the COVID-19 pandemic in Poland. The reasons for feeling stress they given were classified based on the answers in the following categories: [1] health ([1a] death and illness/[1b] health service), [2] economic, [3] political, [4] social,

[5] freedom restriction, and [6] religious. If the respondent mentioned a reason corresponding to presented categories, we coded such response as "1", if the reason did not appear, we assigned "0" in the Excel sheet. We then calculated the percentage of affirmative answers to all possible answers in the given category. Some respondents mentioned several reasons, others only one. The most frequent reasons for stress were related to health [1]. 58.4% of the respondents indicated that they were afraid for the health and life of their family, friends, and their own [1a]. Additionally, 15.4% of the respondents declared that they were anxious about the efficiency of the health service and the restrictions associated with the use of medical services [1b]. Economic issues were the second most stressful factor for the respondents [2]. 58.5% of them were afraid of the economic effects of lockdown such as the lack of income, growing debt, job loss, difficulty finding a job. Fewer people pointed to the political consequences of the pandemic lockdown as a reason for stress (10.7%), and they indicated the poor functioning of the state, the abuse of power by politicians, possible riots, and war [3]. 12.3% of the respondents emphasized displeasure because of the restrictions imposed on their freedom and everyday activities [5]. A comparable number of people (9.2%) mentioned social factors such as isolation and the lack of contact with loved ones as a source of stress [4]. 3.1% of the people indicated worries associated with the limitation of religious practices, including the closure of or limited access to places of worship [6].

Finally, we wanted to check what kind of stress-coping strategies were used by Poles during lockdown. For this purpose, stress-coping strategies were evaluated in accordance with Endler and Parker's (1990) classification of stress-coping styles. We used this classification to formulate conclusions that would be general and comparable to those of other researchers globally (Stanisławski, 2019). Therefore, we classified the respondents' answers into the following categories: [1] avoidance ([1a] replacement activities, [1b] searching for social contacts, [1c] cognitive and informational avoidance), [2] task-focused strategies, and [3] emotion-focused strategies. Moreover, we also noted that a bundle of responses indicated no strategy used ([4a] living in a normal way, without feeling stress related to the pandemic, [4b] do not cope at all). The participants differed in the number of stress-coping strategies they mentioned (some gave one; others two, three, or four). Therefore, we calculated two indicators of stress coping-strategies. First, we tested whether the given strategy occurred ("1") or not ("0") and then we added up the points and calculated the percentage for each category [1, 2, 3]. Secondly, we calculated the occurrence of specific strategies that were mentioned. We checked how many percent of people manifest a given strategy among all people therefore the percentages do not add up to 100 [1a, 1b, 1c, 2a, 2b, 2c, 3a, 3b, 4a, 4b].

Most participants used the avoidant style of dealing with stress ([1] 69.2%). [1a] 64% participants indicated that they engaged in substitute activities such as housework, active and passive leisure, and hobbies. Around one

fifth of the adults ([1b] 21.5%), declared they sought and engaged in social contacts: calling and chatting with their family and friends, spending time with their nearest and dearest. Some respondents coped by avoiding thinking about the pandemic or by refusing to browse information about it ([1c] 16.9%). Definitely fewer respondents indicated the emotion-focused ([3] 10.8%) style manifested in ([3a] 9.2%) the cognitive and emotional re-evaluation or ([3b] 1.5%) emotional rebound. Only few people described the task-focused ([2] 3.1%) style such as ([2a] 4.6%) searching for information, ([2b] 3.1%) religious practice, and ([2c] 6.2%) protection activities. Moreover, we observed that the answers indicated that some of the respondents tried to live normally ([4a] 21.5%) or that they did not cope at all ([4b] 7.7%).

## DISCUSSION

The public health perspective strongly justifies the social distancing strategy adopted for the pandemic lockdown, as it effectively prevents the spread of diseases, including COVID-19 (Jackson, Mangtani, Hawker, Olowokure, & Vynnycky, 2014; Flaxman et al., 2020; Sen-Crowe, McKenney, Boneva, & Elkbuli, 2020). Although staying at home seems to be a key way to combat SARS-COV-2, it also puts a tremendous strain on the social and economic resources of the global community. Our first main objective was to test whether the feeling of stress and stress-coping strategies differed for Poles in typical and everyday situations and during the pandemic lockdown. Our second aim was to identify reasons for feeling stress and ways of coping with stress during the spring lockdown of COVID-19.

Our first study partially confirmed hypotheses 1 and 2 indicating significant differences between the disposable properties of stress and those typical of the COVID-19 lockdown. Interestingly, typical stress situations were considered to be more threatening than the pandemic lockdown. However, the pandemic lockdown was evaluated as more challenging in comparison to typical situations. It is possible that threat of illness was treated by adults as something which concerned other people rather than themselves, whereas typical stressors were believed to have a direct effect on their situation. Indeed, no participant was diagnosed with COVID-19, which may explain the obtained results. The evaluation of the current situation as challenging may result from the participants' inability to resolve their situation. On the one hand, people try to adapt their known ways of acting to a new situation, e.g. they stockpile food; on the other hand, they feel that such actions cannot resolve the situation. Various feelings were observed not only among Poles. Zhang and Ma (2020) reported that half of their respondents did not feel helpless because of the COVID-19 outbreak; however, over fifty percent of the respondents felt horrified and apprehensive for the same reason.

Concerns about the COVID-19 lockdown revealed in second study appear to be transnational in nature. In our research, the most common reasons of experienced stress

was health. More than half of the respondents admitted that they were worried about the health and life of their loved ones, friends, and their own. The second most stressful factor at the time of the study were economic factors such as the lack of income, debt, and the loss of a job or difficulty finding it. More than half of the respondents in the Chinese population were generally afraid of the COVID-19 pandemic or of being infected with the virus by their family members (Wang et al., 2020). Researchers from the Netherlands showed that one of the main concerns among the respondents was the fear for the health of their loved ones (Mertens, Gerritsen, Duijndam, Saleminck, & Engelhard, 2020). Taylor et al. (2020), who developed the COVID Stress Scales, isolated five factors causing stress and anxiety in relation to the coronavirus in two large groups of respondents from Canada and the USA. These were: (1) danger and contamination fears, (2) fears about economic consequences, (3) xenophobia, (4) compulsive checking and reassurance-seeking, and (5) traumatic stress symptoms about COVID-19. Another group of US researchers provided a list of stressors associated with the COVID-19 pandemic that were most frequently mentioned by the Americans they surveyed. These were: reading/hearing about the severity and contagiousness of COVID-19, uncertainty about the length of quarantine and social distancing, changes in social and daily personal care routines (Park et al., 2020). All these factors seem to correspond with the stressors given by Polish respondents.

Forced home lockdown led to the violation of daily routines and life structure. These factors, together with uncertainty about the future and financial insecurity, require special coping strategies to deal with stress, depression, and anxiety (Király et al., 2020). However, our first study demonstrates that the participants made a more frequent use of numerous stress-coping strategies (mentioned in the Brief COPE questionnaire) in typical stressful situations rather than during the pandemic lockdown. These are active coping, planning, use of instrumental support, self-blame, discharge, use of emotional support, positive reframing, denial, behavioral disengagement, and substance use. Only the strategy of acceptance was more specific to the pandemic lockdown than to typical stress situations. We hypothesize that typical stress situations are well known and solvable by taking appropriate action whilst the pandemic is an unknown situation and the virus is an external factor that cannot be eradicated by a single person. Therefore, it is not surprising that the strategy of acceptance is used more often during the pandemic lockdown in comparison to typical situations. These results do not mean that adults do not adopt stress-coping strategies. The participants reported various methods of dealing with stressors.

The most common ways of managing stress during the pandemic lockdown were: to avoid stress, to engage in substitution activities such as hobbies, and to engage in or seek social support. It is possible that such popular strategies are sufficient for most people. As shown by

researchers from Spain, the best strategies to reduce anxiety or depression during the pandemic were: maintaining a healthy balanced diet, refraining from reading news about COVID-19, pursuing a hobby, staying outdoors, and not talking to family and friends too often (the last strategy proved particularly useful in reducing COVID-19-related anxiety) (Fullana, Hidalgo-Mazzei, Vieta, & Radua, 2020). Other common coping strategies used by Americans during the outbreak of COVID-19 were: seeking a distraction, active coping, and seeking emotional social support (Park et al., 2020). This is consistent with the outcomes from our second study in which the respondents spontaneously listed strategies of coping with stress during the pandemic lockdown. Our research also shows that at the time of the study the participants did not declare severe stress that would be associated with the pandemic lockdown. The stress level in the study group was moderate. In comparison, Italian researchers reported that 62% of their respondents declared no likelihood of psychological distress, 19.4% and 18.6% revealed a mild and moderate-to-severe likelihood of distress (Moccia et al., 2020).

However, it cannot be ignored that the consequences of lockdown such as depression, anxiety, and stress may develop and make life difficult for many people (Cao et al., 2020; Wang et al., 2020; Zhang, Wang, Rauch & Wei, 2020). The experience of anxiety and depression is expected to be systematically reinforced in the current situation by local and global uncertainties and the accompanying information flow. The negative consequences of stress such as loneliness can effectively disrupt the functioning of society, leading to psychological pain and suffering for the individual (Araújo, de Lima, Cidade, Nobre, & Neto, 2020; Asmundson & Taylor, 2020). Poles are also exposed to social isolation. Almost  $\frac{3}{4}$  of all the participants in our study worked from home and were separated from other people in some important life areas.

Undoubtedly, the outbreak of COVID-19 is a very stressful situation for the general public and can cause mental health problems among individuals. The general public may suspect the disease not only in people who have fever and cough, but also among those who vomit and do not wear masks. According to some researchers, this may cause discrimination and stigmatization because of COVID-19 (Feng et al., 2020). Polizzi, Lynn, and Perry (2020) believe that the COVID-19 pandemic is inextricably linked to feelings of helplessness and the loss of a basic sense of security, financial stability, and vision of a bright future. The omnipresent lack of trust in others due to fear of infection can extend to family members, friends, and authorities.

With the global pandemic, the analysis of human behavior in such an exceptional situation is no longer limited mainly to Asian countries where such phenomena occurred in previous years. The COVID-19 pandemic has made it possible to make international and even intercontinental comparisons of reactions among people who have been forced to change their lifestyles to the extreme

and are exposed to the fear of uncertainty of tomorrow. Many researchers focus on stress triggers and specific ways of dealing with them. Our research not only examined these elements, but also verified how typical stressors' assessments and coping practices differ from those used during the pandemic lockdown.

Finally, the methodological issues should be noted. Although we were able to collect data from a wide range of adults, the results of the survey can only be generalized to the population of people who have access to and use the Internet. There were no people diagnosed with COVID-19 in the study group. The lockdown in Poland was launched after a violent outbreak of the pandemic in Italy, which could have intensified stress, anxiety, and fear of the unknown. However, we did not control anxiety as a trait and other psychological variables that could explain the results. This is due to the fact that online psychological research required the use of free and publicly available research measures.

### CONCLUSION

COVID-19 pandemic is considered as an untypical and unpredictable situation that affects many areas of human life. Indeed, the first study conducted among Poles showed that the COVID-19 pandemic lockdown changed the level of stress appraisal and stress-coping strategies in adults. Typical stress situations were evaluated as more threatening than a pandemic lockdown, whilst pandemic lockdown was evaluated as more challenging. Considering strategies to coping with stress, a higher scores for typical stressful situations in comparison to the lockdown were observed in the areas of active coping, planning, use of instrumental support, self-blame, discharge, use of emotional support, positive reframing, denial, behavioral disengagement, and substance use. More often used strategies by adults during the outbreak of COVID-19 in comparison to typical stressful situations was the strategy of acceptance. The second study showed that Poles in a similar way to other nations indicated miscellaneous reasons for stress appraisal in areas of health, economic, political, social, freedom restriction, and religious. Moreover, we observed the avoidant style of coping with stress as a phenomenon specific to the lockdown of COVID-19. We interpret these results in a category of humans natural and adaptive predisposition to cope with typical and predictable or untypical and unexpected situations in a different manner.

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### DATA STATEMENT

The data is available [DOI: 10.17605/OSF.IO/VXQTW].

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